



2021 Income Tax Returns

FORDHAM UNIVERSITY

Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2021 calendar year, or tax year beginning 07/01/2021 and ending 06/30/2022

Header section containing organization name (FORDHAM UNIVERSITY), address (441 E FORDHAM ROAD FMH 512 BRONX, NY 10458-5170), EIN (13-1740451), and other identifying information.

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, membership counts, revenue breakdown, and expense details.

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.

Signature block containing officer signature (Martha K. Hirst), date (5/5/2023), preparer name (DEVIN L. DUNCAN), and firm information (KPMG LLP).

May the IRS discuss this return with the preparer shown above? See instructions. [X] Yes [] No

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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 \$ 823,438,410. including grants of \$ 313,031,131.) (Revenue \$ 794,944,901.)

HIGHER EDUCATION
FORDHAM UNIVERSITY IS AN INDEPENDENT, NOT-FOR-PROFIT, COEDUCATIONAL INSTITUTION OF HIGHER LEARNING, IN THE JESUIT TRADITION, WITH ITS PRINCIPAL CAMPUSES LOCATED IN NEW YORK CITY. FORDHAM UNIVERSITY SERVES AND EDUCATES APPROXIMATELY 9,500 UNDERGRADUATE STUDENTS AND 6,600 GRADUATE AND PROFESSIONAL STUDENTS. FOR MORE INFORMATION, SEE SCHEDULE O.

4b (Code:) (Expenses \$ 98,789,461. including grants of \$) (Revenue \$ 90,654,013.)

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 922,227,871.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	X	
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?.		X
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?.		X
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>		X
28c 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>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a 7,290		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		X	
b	If "Yes," enter the name of the foreign country ► UNITED KINGDOM See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d 2		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . .			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c	Enter the amount of reserves on hand	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator 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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (39), 1b (37), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA,
18 Section 6104 requires an organization to make its Forms 1023 (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.
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

NICHOLAS MILOWSKI 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 X

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, 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) DONNA RAPPACCIOLI DEAN	35.00 NONE						X	684,519.	NONE	85,717.
(2) DENNIS C. JACOBS PROVOST & SVP ACADEMIC AFFAIRS	35.00 NONE			X				651,282.	NONE	88,875.
(3) MARTHA K. HIRST SR VP, CFO & TREASURER	35.00 NONE			X				613,746.	NONE	47,266.
(4) STEPHANIE V. GAITLEY WMNS BKTBALL COACH (END 6/22)	35.00 NONE						X	531,544.	NONE	83,981.
(5) MATTHEW DILLER DEAN	35.00 NONE						X	520,350.	NONE	84,198.
(6) PETER STACE SVP ENRLLMNT & STGY (END 6/22)	35.00 NONE			X				530,917.	NONE	64,951.
(7) ROGER MILICI VP FOR DEV AND UNIV RELATIONS	35.00 NONE			X				434,002.	NONE	155,953.
(8) IFTEKHAR HASAN PROFESSOR	35.00 NONE						X	487,924.	NONE	58,794.
(9) KYLE NEPTUNE MEN'S BKTBALL COACH (END 4/22)	35.00 NONE						X	487,337.	NONE	57,809.
(10) JONATHAN CRYSTAL FMR. INTERIM PROVOST	35.00 NONE						X	427,193.	NONE	89,827.
(11) JEFFREY GRAY SVP OF STUDENT AFFAIRS	35.00 NONE			X				415,883.	NONE	85,994.
(12) FRANK SIMIO VP FOR LINCOLN CENTER	35.00 NONE			X				415,415.	NONE	86,072.
(13) MARCO VALERA VP FOR ADMINISTRATION	35.00 NONE			X				442,659.	NONE	47,543.
(14) NICHOLAS MILOWSKI VP FOR FINANCE & ASST TREAS	35.00 NONE			X				366,959.	NONE	88,581.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) ANAND PADMANABHAN VP & CIO	35.00 NONE			X				358,641.	NONE	66,499.
(16) MARGARET BALL GENERAL COUNSEL & SECR OF UNIV	35.00 NONE			X				352,029.	NONE	63,512.
(17) KAY TURNER VP FOR HUMAN RESOURCES	35.00 NONE			X				341,856.	NONE	65,242.
(18) JOHN BUCKLEY VP FOR ADM & STUDENT FIN SRVC	35.00 NONE			X				263,828.	NONE	83,972.
(19) DENNY CHIN TRUSTEE & ADJUNCT PROFESSOR	2.00 NONE	X						25,000.	NONE	NONE
(20) JOSEPH M. MCSHANE S.J. PRESIDENT & TRUSTEE (END 6/22)	35.00 NONE	X		X				NONE	NONE	NONE
(21) CAROLYN M. ALBSTEIN TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(22) DONALD ALMEIDA TRUSTEE & VICE CHAIR	2.00 NONE	X		X				NONE	NONE	NONE
(23) MEAGHAN JARENSKY BARAKETT TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(24) JAMES E. BUCKMAN TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(25) ULDERICO CALERO, JR TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total								8,351,084.	NONE	1,404,786.
c Total from continuation sheets to Part VII, Section A								NONE	NONE	NONE
d Total (add lines 1b and 1c)								8,351,084.	NONE	1,404,786.

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 **▶** 913

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) ANTHONY P. CARTER TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(27) EMANUEL CHIRICO TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(28) GREGORY C. CHISHOLM, S.J. TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(29) CAROLYN DURSI CUNNIFFE TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(30) ROBERT D. DALEO TRUSTEE & CHAIR	2.00 NONE	X		X			NONE	NONE	NONE	
(31) MICHAEL J. DOWLING TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(32) CHRISTOPHER F. FITZMAURICE TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(33) JAMES P. FLAHERTY TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(34) NORA AHERN GROSE TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(35) PATRICIA HELLER TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(36) ANDREW J. HINTON TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) DARLENE LUCCIO JORDAN TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(38) MARYANNE R. LAVAN TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(39) JOHN L. LUMELLEAU TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(40) SYLVESTER MCCLEARN TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(41) HENRY S. MILLER TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(42) JAMES J. MIRACKY, S.J. TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(43) ARMANDO NUNEZ, JR. TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(44) VALERIE IRICK RAINFORD TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(45) THOMAS J. REGAN, S.J. TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(46) GUALBERTO RODRIGUEZ-FELICIANO TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(47) SUSAN CONLEY SALICE TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(48) RICHARD P. SALMI, S.J. TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(49) JORGE B. SAN MIGUEL TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(50) EILEEN FITZGERALD SUDLER TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(51) MARY ANN SULLIVAN TRUSTEE & VICE CHAIR	2.00 NONE	X		X			NONE	NONE	NONE	
(52) DARIO WERTHEIN TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(53) GERALD R. BLASZCZAK, S.J. TRUSTEE (START 07/21)	1.00 NONE	X					NONE	NONE	NONE	
(54) DARRYL EMERSON BROWN TRUSTEE (START 07/21)	1.00 NONE	X					NONE	NONE	NONE	
(55) THOMAS C. ENNIS TRUSTEE (START 07/21)	1.00 NONE	X					NONE	NONE	NONE	
(56) KATHLEEN MACLEAN TRUSTEE (START 07/21)	1.00 NONE	X					NONE	NONE	NONE	
(57) EDWARD M. STROZ TRUSTEE (START 07/21)	1.00 NONE	X					NONE	NONE	NONE	
(58) JOHN CECERO S.J. VP MISSION & MIN (START 8/21)	35.00 NONE			X			NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(59) MICHAEL C. MCCARTHY S.J. VP MISSION & MIN (END 7/21)	35.00 NONE			X				NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SEE SCHEDULE O		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 247

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	1,862,497.					
	d Related organizations	1d						
	e Government grants (contributions) . .	1e	44,955,693.					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	62,799,721.					
	g Noncash contributions included in lines 1a-1f	1g	\$ 2,490,386.					
	h Total. Add lines 1a-1f			109,617,911.				
	Program Service Revenue				Business Code			
2a TUITION AND FEES			611600	788,477,545.	788,477,545.			
b STUDENT HOUSING & FOOD SERVICES			611710	90,654,013.	89,555,122.		1,098,891.	
c ATHLETIC AND SUMMER PROGRAMS			611710	3,519,899.	3,519,899.			
d FEES FOR EDUCATIONAL SERVICES			611600	839,264.	839,264.			
e FACILITIES RENTAL			611710	402,471.	402,471.			
f All other program service revenue			611710	1,705,722.	1,705,722.			
g Total. Add lines 2a-2f				885,598,914.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			15,320,136.		2,752,970.	12,567,166.	
	4 Income from investment of tax-exempt bond proceeds .			47,378.			47,378.	
	5 Royalties			227,907.			227,907.	
	6a Gross rents	6a	(i) Real	276,543.				
			(ii) Personal					
	b Less: rental expenses	6b						
	c Rental income or (loss)	6c	276,543.	NONE				
	d Net rental income or (loss)			276,543.			276,543.	
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	900,133,584.				
			(ii) Other					
	b Less: cost or other basis and sales expenses . .	7b	843,572,253.					
	c Gain or (loss)	7c	56,561,331.					
d Net gain or (loss)			56,561,331.			56,561,331.		
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a		511,644.					
			1,209,624.					
b Less: direct expenses	8b							
c Net income or (loss) from fundraising events			-697,980.			-697,980.		
9a Gross income from gaming activities. See Part IV, line 19	9a		NONE					
			NONE					
b Less: direct expenses	9b							
c Net income or (loss) from gaming activities			NONE					
10a Gross sales of inventory, less returns and allowances	10a		NONE					
			NONE					
b Less: cost of goods sold	10b							
c Net income or (loss) from sales of inventory			NONE					
Miscellaneous Revenue				Business Code				
	11a PARKING INCOME - OPEN TO PUBLIC		812930	498,229.		498,229.		
	b TRAVEL TOURS		561500	14,029.		14,029.		
	c _____							
	d All other revenue							
	e Total. Add lines 11a-11d			512,258.				
12 Total revenue. See instructions			1,067,464,398.	884,500,023.	3,265,228.	70,081,236.		

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,515,063.	1,515,063.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	311,515,443.	311,515,443.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	6,509,735.	3,323,835.	2,612,134.	573,766.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	294,247,286.	262,477,352.	23,858,508.	7,911,426.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	20,914,597.	19,252,190.	1,335,347.	327,060.
9 Other employee benefits	70,698,572.	56,615,536.	10,691,365.	3,391,671.
10 Payroll taxes	20,415,723.	18,792,969.	1,303,495.	319,259.
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	542,269.		542,269.	
c Accounting	345,500.		345,500.	
d Lobbying	13,462.		13,462.	
e Professional fundraising services. See Part IV, line 17	1,215,696.			1,215,696.
f Investment management fees	9,829,588.		9,829,588.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	42,865,643.	33,860,356.	8,582,538.	422,749.
12 Advertising and promotion	6,337,198.	5,515,582.	288,538.	533,078.
13 Office expenses	13,367,335.	11,928,692.	1,220,201.	218,442.
14 Information technology	13,404,858.	9,011,312.	4,373,138.	20,408.
15 Royalties	52,399.	42,833.	9,566.	
16 Occupancy	36,597,743.	34,524,313.	1,593,983.	479,447.
17 Travel	7,575,834.	6,979,037.	384,666.	212,131.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	10,130,996.	8,228,293.	1,127,573.	775,130.
20 Interest	15,167,193.	15,142,751.	24,442.	
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	57,167,194.	51,793,477.	4,001,704.	1,372,013.
23 Insurance	4,617,439.	1,019,360.	3,595,290.	2,789.
24 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.)				
a ONLINE LEARN - 3RD PTY PMT	28,899,013.	28,899,013.		
b STUDENT MEAL COSTS	18,532,279.	18,532,279.		
c LIBRARY MATERIALS	3,318,806.	3,318,806.		
d DUES/SUBSCRIPTIONS	2,797,509.	2,126,757.	526,048.	144,704.
e All other expenses	18,221,813.	17,812,622.	238,253.	170,938.
25 Total functional expenses. Add lines 1 through 24e	1,016,816,186.	922,227,871.	76,497,608.	18,090,707.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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
Assets	1 Cash - non-interest-bearing	13,835,075.	1	3,234,857.
	2 Savings and temporary cash investments	53,369,167.	2	54,231,118.
	3 Pledges and grants receivable, net	98,620,464.	3	100,200,015.
	4 Accounts receivable, net	10,807,194.	4	16,003,069.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	5	NONE
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
	7 Notes and loans receivable, net	6,318,249.	7	5,899,788.
	8 Inventories for sale or use	705,670.	8	719,047.
	9 Prepaid expenses and deferred charges	6,268,596.	9	9,262,931.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1899611420.		
	b Less: accumulated depreciation	10b 751,650,796.		
		1,110,528,580.	10c	1,147,960,624.
	11 Investments - publicly traded securities	91,001,680.	11	159,237,487.
	12 Investments - other securities. See Part IV, line 11	868,728,193.	12	768,298,475.
	13 Investments - program-related. See Part IV, line 11	NONE	13	NONE
	14 Intangible assets	NONE	14	NONE
15 Other assets. See Part IV, line 11	169,958,830.	15	109,843,206.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	2,430,141,698.	16	2,374,890,617.	
Liabilities	17 Accounts payable and accrued expenses	95,705,179.	17	96,426,032.
	18 Grants payable	NONE	18	NONE
	19 Deferred revenue	29,926,472.	19	36,643,997.
	20 Tax-exempt bond liabilities	535,334,188.	20	531,751,132.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	22	NONE
	23 Secured mortgages and notes payable to unrelated third parties	3,092,566.	23	NONE
	24 Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	182,004,423.	25	156,127,770.
	26 Total liabilities. Add lines 17 through 25	846,062,828.	26	820,948,931.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	722,097,784.	27	738,683,357.
	28 Net assets with donor restrictions	861,981,086.	28	815,258,329.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	1,584,078,870.	32	1,553,941,686.
33 Total liabilities and net assets/fund balances	2,430,141,698.	33	2,374,890,617.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,067,464,398.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,016,816,186.
3	Revenue less expenses. Subtract line 2 from line 1	3	50,648,212.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,584,078,870.
5	Net unrealized gains (losses) on investments	5	-116,320,168.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	35,534,772.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,553,941,686.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

FORDHAM UNIVERSITY

Employer identification number

13-1740451

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box 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)						
Total						

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

Schedule A (Form 990) 2021

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2021 (82.70%); 15 Public support percentage from 2020 Schedule A, Part II, line 14 (81.47%); 16a 33 1/3% support test - 2021; 16b 33 1/3% support test - 2020; 17a 10%-facts-and-circumstances test - 2021; 17b 10%-facts-and-circumstances test - 2020; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2021, 2020. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)). Row 16: Public support percentage from 2020 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2021, 2020. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)). Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

19b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. 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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
e	Excess from 2021			

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

SCHEDULE A, PART II, LINE 10

OTHER INCOME:

LINE 10 INCLUDES OTHER PROGRAM REVENUE EXCLUDED FROM UNRELATED BUSINESS

TAXABLE INCOME.

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

Employer identification number

FORDHAM UNIVERSITY

13-1740451

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 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

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 <p style="text-align: center;">FORDHAM UNIVERSITY</p>	Employer identification number <p style="text-align: center;">13-1740451</p>
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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	N/A <hr/> <hr/> <hr/>	\$ 5,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A <hr/> <hr/> <hr/>	\$ 2,533,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ <hr/>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ <hr/>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ <hr/>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ <hr/>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

FORDHAM UNIVERSITY

Employer identification number

13-1740451

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

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

Name of organization <p style="text-align: center;">FORDHAM UNIVERSITY</p>	Employer identification number <p style="text-align: center;">13-1740451</p>
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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
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	

**SCHEDULE C
(Form 990)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

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

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

Schedule C (Form 990) 2021

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

Yes No

4-Year Averaging Period Under Section 501(h)

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

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

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

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

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

Part IV Supplemental Information

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

SEE PAGE 4

Part IV Supplemental Information (continued)

SCHEDULE C, PART II-B, LINE 1

LOBBYING ACTIVITIES:

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

LINE 1I

THE UNIVERSITY PAID MEMBERSHIP DUES TO SIX ORGANIZATIONS, EACH OF WHICH ENGAGED IN SOME DEGREE OF LOBBYING ACTIVITY. TOTAL MEMBERSHIP DUES PAID DURING FISCAL YEAR 2022 (AND THE PORTIONS OF WHICH WERE ATTRIBUTED TO LOBBYING ACTIVITIES) WERE AS FOLLOWS:

THE ASSOCIATION OF JESUIT COLLEGES AND UNIVERSITIES \$98,076 (\$4,168)

THE COMMISSION OF INDEPENDENT COLLEGES AND UNIVERSITIES \$93,706 (\$3,767)

NATIONAL ASSOCIATION OF INDEPENDENT COLLEGES & UNIVERSITIES \$17,900

(\$1,343)

AMERICAN COUNCIL ON EDUCATION \$14,055 (\$1,321)

ASSOCIATION OF GOVERNING BOARDS \$9,945 (\$99)

NATIONAL HUMANITIES ALLIANCE \$2,750 (\$825)

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Employer identification number

FORDHAM UNIVERSITY

13-1740451

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

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

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose(s) of easements, total number, acreage, and monitoring expenses.

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

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

Table with 3 columns: Line number, Description, and Amount. Includes rows for art collections, revenue included, and assets included.

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

Schedule D (Form 990) 2021

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,000,215,785.	712,774,540.	733,516,335.	729,179,329.	691,077,330.
b Contributions	63,049,670.	118,069,666.	16,343,516.	17,425,000.	23,836,007.
c Net investment earnings, gains, and losses	-44,227,443.	212,399,359.	2,276,483.	24,248,865.	51,431,735.
d Grants or scholarships	15,389,788.	14,806,543.	14,053,700.	13,408,657.	12,897,356.
e Other expenditures for facilities and programs	21,372,761.	17,799,657.	17,823,983.	17,414,662.	17,522,652.
f Administrative expenses	9,829,588.	10,421,580.	7,484,111.	6,513,540.	6,745,735.
g End of year balance	972,445,875.	1,000,215,785.	712,774,540.	733,516,335.	729,179,329.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ 43.2900 %
 - b Permanent endowment ▶ 37.3300 %
 - c Term endowment ▶ 19.3800 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | X |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		14,607,245.		14,607,245.
b Buildings		1446853500.	477,076,958.	969,776,542.
c Leasehold improvements		7,471,183.	2,760,846.	4,710,337.
d Equipment		344,599,612.	253,217,248.	91,382,364.
e Other		86,079,880.	18,595,744.	67,484,136.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,147,960,624.

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	154,936,165.	FMV
(B) HEDGE FUNDS	204,892,676.	FMV
(C) PRIVATE CAPITAL FUNDS	408,373,794.	FMV
(D) OTHER INVESTMENTS	95,840.	FMV
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	768,298,475.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶		

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) POSTRETIREMENT BEN. OBLIGATION	53,364,000.
(3) U.S. GOVT REFUNDABLE ADVANCES	2,354,857.
(4) AMTS HELD ON BEHALF OF OTHERS	6,470,597.
(5) CAPITALIZED LEASE OBLIGATION	320,578.
(6) OPERATING LEASE LIABILITY	93,617,738.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	156,127,770.

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

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

1	Total revenue, gains, and other support per audited financial statements		683,742,837.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a -116,320,168.	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d -258,781,429.	
e	Add lines 2a through 2d	2e -375,101,597.	
3	Subtract line 2e from line 1	3	1058844434.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 9,829,588.	
b	Other (Describe in Part XIII.)	4b -1,209,624.	
c	Add lines 4a and 4b	4c	8,619,964.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1067464398.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements		713,660,852.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d -297,442,766.	
e	Add lines 2a through 2d	2e -297,442,766.	
3	Subtract line 2e from line 1	3	1011103618.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 9,829,588.	
b	Other (Describe in Part XIII.)	4b -4,117,020.	
c	Add lines 4a and 4b	4c	5,712,568.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1016816186.

Part XIII Supplemental Information.

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

SEE SUPPLEMENTAL PAGE

Part XIII Supplemental Information (continued)

SCHEDULE D, PART III, LINE 4

COLLECTIONS:

THE UNIVERSITY'S MOST SIGNIFICANT COLLECTION IS EXHIBITED AT ITS MUSEUM OF GREEK, ETRUSCAN AND ROMAN ART. THE MUSEUM OCCUPIES 4,000 SQUARE FEET OF SPACE AND FEATURES AROUND 350 ANTIQUITIES DATING FROM THE 10TH CENTURY B.C. THROUGH THE 3RD CENTURY A.D. THE MUSEUM, ADMISSION TO WHICH IS FREE OF CHARGE, IS OPEN TO THE PUBLIC FOR BOTH EDUCATIONAL AND RESEARCH-RELATED PURPOSES.

SCHEDULE D, PART V, LINE 4

ENDOWMENT FUNDS:

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

Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2

INCOME TAXES:

THE UNIVERSITY EVALUATES UNCERTAINTIES IN INCOME TAXES AND ACCOUNTS FOR THEM IN ITS FINANCIAL STATEMENTS IF THEY EXCEED A THRESHOLD OF MORE-LIKELY-THAN-NOT OF BEING SUSTAINED. THE UNIVERSITY HAS NO MATERIAL UNCERTAIN TAX POSITIONS.

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 ITS UNRELATED BUSINESS ACTIVITIES, IT MAINTAINED A DEFERRED TAX ASSET ON ITS BOOKS TOTALING \$1,151,527 AT JUNE 30, 2022 AND 2021, WHICH IS INCLUDED IN OTHER ASSETS TO REFLECT THE FACT THAT NET OPERATING LOSS CARRYFORWARDS WILL LIKELY BE DEDUCTIBLE AGAINST FUTURE TAXABLE INCOME.

SCHEDULE D, PARTS XI, LINES 2 AND 4

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

SCHEDULE D, PARTS XI, LINE 2D

OTHER ADJUSTMENTS:

CHANGE IN FAIR VALUE OF PERPETUAL TRUST	209,530
CHANGE IN FAIR VALUE OF INTEREST RATE SWAP	5,136,602
FINANCIAL AID AWARDS	-297,440,936

Part XIII Supplemental Information (continued)

CHANGE IN POST RETIREMENT HEALTH BENEFIT

OBLIGATION OTHER THAN NET PERIODIC BENEFIT COST	27,472,000
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GAIN ON REFUNDING OF DEBT	7,088,205
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NET PERIODIC BENEFIT COST OTHER THAN SERVICE COST	-1,245,000
---	------------

TRAVEL TOUR EXPENSE	-1,830
---------------------	--------

TOTAL	-258,781,429
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SCHEDULE D, PARTS XI, LINE 4B

OTHER ADJUSTMENTS: SCHEDULE D, PARTS XII, LINE 4B

SPECIAL EVENT EXPENSES	-1,209,624
------------------------	------------

SCHEDULE D, PART XII, LINES 2 AND 4

OTHER ADJUSTMENTS:

FINANCIAL AID AWARDS	-297,440,936
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TRAVEL TOUR EXPENSE	-1,830
---------------------	--------

TOTAL	-297,442,766
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OTHER ADJUSTMENTS:

LONDON PGM EXP & CURRENCY ADJ	-2,907,396
-------------------------------	------------

SPECIAL EVENTS EXPENSES	-1,209,624
-------------------------	------------

TOTAL	-4,117,020
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**SCHEDULE E
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schools

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
- ▶ Attach to Form 990 or Form 990-EZ.
- ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

FORDHAM UNIVERSITY

Employer identification number

13-1740451

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	X	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	X	
3 Has the organization publicized its racially nondiscriminatory policy on its primarily publicly accessible Internet homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	X	
<u>SEE SUPPLEMENTAL PAGE</u>		
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions?	X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II.		
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities?		X
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		
6a Does the organization receive any financial aid or assistance from a governmental agency?	X	
b Has the organization's right to such aid ever been revoked or suspended?		X
If you answered "Yes" on either line 6a or line 6b, explain on Part II.		
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	X	

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

SCHEDULE E, PART I, LINE 3

NONDISCRIMINATION POLICY:

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

SCHEDULE E, PART I, LINE 6A

EXPLANATION OF GOVERNMENT FINANCIAL AID:

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

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

FORDHAM UNIVERSITY

Employer identification number

13-1740451

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) EUROPE	1	52	PROGRAM SERVICES	INTERNATIONAL STUDIES	7,638,766.
(2) EUROPE	NONE	10	PROGRAM SERVICES	LAW SCHOOL	2,400.
(3) EAST ASIA AND THE PACIFIC	NONE	1	PROGRAM SERVICES	LAW SCHOOL	27,265.
(4) EAST ASIA AND THE PACIFIC	NONE	16	PROGRAM SERVICES	INTERNATIONAL STUDIES	967,644.
(5) CENTRAL AMERICA/CARIBBEAN	NONE	NONE	INVESTMENTS		305,875,074.
(6) NORTH AMERICA	NONE	NONE	INVESTMENTS		11,526,911.
(7) EUROPE	NONE	NONE	INVESTMENTS		53,548,267.
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	1	79.			379,586,327.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	1.	79.			379,586,327.

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

Schedule F (Form 990) 2021

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as 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 . . . ▶ _____

3 Enter total number of other organizations or entities ▶ _____

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

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

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

METHOD OF ACCOUNTING:

EXPENSES ARE REPORTED USING THE ACCRUAL METHOD OF ACCOUNTING,

CONSISTENT WITH FORDHAM UNIVERSITY'S AUDITED FINANCIAL STATEMENTS.

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

Employer identification number

FORDHAM UNIVERSITY

13-1740451

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
SEE SUPPLEMENT INFORMATION 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				1,392,837.	1,149,914.	242,923.

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

NY,

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		FOUNDERS DINNER (event type)	GOLF CLASSIC (event type)	<u>1</u> (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	1,642,339.	331,790.	400,012.	2,374,141.
	2	Less: Contributions	1,441,589.	105,165.	315,743.	1,862,497.
	3	Gross income (line 1 minus line 2)	200,750.	226,625.	84,269.	511,644.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	168,597.			168,597.
	6	Rent/facility costs	605,710.	225,835.	8,074.	839,619.
	7	Food and beverages	80,692.			80,692.
	8	Entertainment				
	9	Other direct expenses	88,837.		31,879.	120,716.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				1,209,624.
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				-697,980.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶			

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

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

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

SCHEDULE G, PART I, LINE 2B, COLUMN (III)

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

COMMUNITY COUNSELLING SERVICE, LLC PROVIDES FUNDRAISING CONSULTING SERVICES TO SUPPORT FUNDRAISING CAMPAIGNS.

LIPMAN HEARNE, INC. PROVIDES FUNDRAISING CONSULTING SERVICES, INCLUDING DEVELOPMENT OF MESSAGING AND CREATIVE CONCEPT, FOR FUNDRAISING CAMPAIGNS. AMOUNTS PAID TO LIPMAN HEARNE RESULTED IN A CURRENT YEAR LOSS BUT SECURED

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

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

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

FUTURE DONORS.

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

=====

NAME:

RUFFALO NOEL LEVITZ, LLC

ADDRESS:

1025 KIRKWOOD PARKWAY SW
CEDAR RAPIDS, IA 52404

ACTIVITY :

PROF. FUNDRAISING

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY :	392,837.
AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER :	433,289.
AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION :	-40,452.

NAME:

COMMUNITY COUNSELLING SERVICE, LLC

ADDRESS:

527 MADISON AVENUE, 5TH FLOOR
NEW YORK, NY 10022

ACTIVITY :

PROF. FUNDRAISING

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY :	1,000,000.
AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER :	525,000.
AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION :	475,000.

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

=====

NAME:

LIPMAN HEARNE, INC.

ADDRESS:

200 S. MICHIGAN AVENUE, 16TH FLOOR
CHICAGO, IL 60604

ACTIVITY :

PROF. FUNDRAISING

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY : NONE

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 191,625.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : -191,625.

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

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

Name of the organization

FORDHAM UNIVERSITY

Employer identification number

13-1740451

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF TENNESSEE 615 MCCALLIE AVENUE, CHATTANOOGA, TN 37403	XX-XXX1636	GOV'T	67,457.				RESEARCH
(2) OKLAHOMA STATE UNIVERSITY 401 WHITEHURST, STILLWATER, OK 74078	XX-XXX3996	GOV'T	12,783.				RESEARCH
(3) MOUNT SINAI SCHOOL OF MEDICINE ONE GUSTAVE L LEVY, NEW YORK, NY 10029	XX-XXX1197	501(C)(3)	394,636.				RESEARCH
(4) HAVERFORD COLLEGE 370 LANCASTER AVE, HAVERFORD, PA 19041	XX-XXX2304	501(C)(3)	22,478.				RESEARCH
(5) POLYTECHNIC UNIVERSITY OF PUERTO RICO 377 PONCE DE LEON AVE, HATO REY, PR 00918	XX-XXX2666	501(C)(3)	85,362.				RESEARCH
(6) MARQUETTE UNIVERSITY 1250 W. WISCONSIN AVE, MILWAUKEE, WI 53233	XX-XXX6251	501(C)(3)	10,450.				RESEARCH
(7) TENNESSEE TECHNOLOGICAL UNIVERSITY 1 WILLIAM L. JONES DR, COOKEVILLE, TN 38505	XX-XXX6806	GOV'T	89,186.				RESEARCH
(8) DREXEL UNIVERSITY 3141 CHESTNUT ST, PHILADELPHIA, PA 19104	XX-XXX2630	501(C)(3)	7,072.				RESEARCH
(9) GONZAGA UNIVERSITY 502 E.BONNE AVE, SPOKANE, WA 99258	XX-XXX6600	501(C)(3)	20,000.				RESEARCH
(10) SANTA CLARA UNIVERSITY 500 EL CAMINO REAL, SANTA CLARA, CA 95053	XX-XXX6617	501(C)(3)	20,000.				RESEARCH
(11) XAVIER UNIVERSITY 3800 VICTORY PKWY, CINCINNATI, OH 45207	XX-XXX7516	501(C)(3)	29,309.				RESEARCH
(12) ALBERT EINSTEIN COLLEGE OF MEDICINE 1300 MORRIS PARK AVE, BRONX, NY 10461	XX-XXX1846	501(C)(3)	35,952.				RESEARCH

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

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

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

Schedule I (Form 990) 2021

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

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

Name of the organization

Employer identification number

FORDHAM UNIVERSITY

13-1740451

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) PILNET 199 WATER ST., 11TH FL, NEW YORK, NY 10038	XX-XXX7783	501(C)(3)	235,809.				RESEARCH
(2) METROPOLITAN STATE UNIVERSITY OF DE 890 AURARIA PKWY, DENVER, CO 80204	XX-XXX6459	GOV'T	100,566.				RESEARCH
(3) NEW JERSEY CITY UNIVERSITY 2039 KENNEDY BLVD, JERSEY CITY, NJ 07305	XX-XXX0882	GOV'T	59,438.				RESEARCH
(4) UNIVERSITY OF NORTH FLORIDA 1 UNF DRIVE, JACKSONVILLE, FL 32224	XX-XXX6169	GOV'T	54,674.				RESEARCH
(5) UNIVERSITY OF NORTH TEXAS 1155 UNION CIRCLE #3, DENTON, TX 76203	XX-XXX2149	GOV'T	52,276.				RESEARCH
(6) CREIGHTON UNIVERSITY PRESS 2500 CALIFORNIA PLAZA, OMAHA, NE 68718	XX-XXX6583	501(C)(3)	40,000.				RESEARCH
(7) GEORGETOWN UNIVERSITY 2115 WISCONSIN AVE.NW, WASHINGTON, DC 20007	XX-XXX6603	501(C)(3)	40,000.				RESEARCH
(8) LOYOLA UNIVERSITY MARYLAND 4501 N.CHARLES ST., BALTIMORE, MD 21210	XX-XXX1623	501(C)(3)	40,000.				RESEARCH
(9) TULANE UNIVERSITY 1430 TULANE AVE, NEW ORLEANS, LA 70112	XX-XXX3889	501(C)(3)	23,771.				RESEARCH
(10) JOHN HOPKINS UNIVERSITY 3910 KESWICK ROAD, BALTIMORE, MD 21211	XX-XXX5110	501(C)(3)	22,342.				RESEARCH
(11) UNIVERSITY OF CONNECTICUT 343 MANSFIELD ROAD, STORRS, CT 06269	XX-XXX2160	GOV'T	10,138.				RESEARCH
(12) NORTH CAROLINA A&T STATE UNIVERSITY 1601 EAST MARKET ST, GREENSBORO, NC 27411	XX-XXX0007	GOV'T	24,033.				RESEARCH

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

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

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

Schedule I (Form 990) 2021

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 STUDENT SCHOLARSHIPS	17,087	297,440,936.		N/A	N/A
2 COVID-19 ASSISTANCE TO STUDENTS	5,528	14,074,507.		N/A	N/A
3					
4					
5					
6					
7					

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

SCHEDULE I, PART I, LINE 2

GRANT MONITORING:

ANY ORGANIZATION 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.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

FINANCIAL AND PROGRAM PROGRESS REPORTS RECEIVED FROM 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.

SCHOLARSHIP GRANT MONITORING:

FORDHAM PROVIDES VARIOUS TYPES OF FINANCIAL ASSISTANCE TO PROMOTE ACCESS

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

CODE OF FEDERAL REGULATIONS. THESE REQUIREMENTS MAY INCLUDE A MINIMUM COURSE LOAD, DEMONSTRATED ACADEMIC PROGRESS, AND OTHER SIMILAR REQUIREMENTS.

SCHOLARSHIP GRANTS ARE APPLIED DIRECTLY TOWARD A STUDENT'S TUITION AND ROOM AND BOARD COSTS, THEREBY ENSURING THE FUNDS ARE USED AS INTENDED.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

SCHEDULE I, PART III, LINE 2

THE UNITED STATES CONGRESS PASSED THE CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY (CARES) ACT ON MARCH 27, 2020. THE UNIVERSITY RECOGNIZED \$23,202,701 THROUGH THE CARES ACT AND, IN FY2022, EXPENDED \$14,074,507 OF THE AWARD FOR COVID-19 ASSISTANCE TO STUDENTS, AND \$9,128,194 TO MITIGATE A PORTION OF THE FINANCIAL LOSSES INCURRED BY THE UNIVERSITY FOR THE NUMEROUS HEALTH AND SAFETY EXPENDITURES AND MEASURES TAKEN.

**SCHEDULE J
(Form 990)**

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 for instructions and the latest information.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

13-1740451

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2021

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				
MARGARET BALL 1 GENERAL COUNSEL & SECR OF UNIV	(i)	333,918.	15,000.	3,111.	47,625.	15,887.	415,541.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JOHN BUCKLEY 2 VP FOR ADM & STUDENT FIN SRVC	(i)	254,321.	7,500.	2,007.	41,629.	42,343.	347,800.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JONATHAN CRYSTAL 3 FMR. INTERIM PROVOST	(i)	419,683.	5,000.	2,510.	46,400.	43,427.	517,020.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MATTHEW DILLER 4 DEAN	(i)	509,598.	7,000.	3,752.	46,400.	37,798.	604,548.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JEFFREY GRAY 5 SVP OF STUDENT AFFAIRS	(i)	389,413.	10,000.	16,470.	46,400.	39,594.	501,877.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
IFTEKHAR HASAN 6 PROFESSOR	(i)	485,029.	NONE	2,895.	46,400.	12,394.	546,718.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MARTHA K. HIRST 7 SR VP, CFO & TREASURER	(i)	597,889.	10,000.	5,857.	46,400.	866.	661,012.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DENNIS C. JACOBS 8 PROVOST & SVP ACADEMIC AFFAIRS	(i)	588,683.	10,000.	52,599.	46,400.	42,475.	740,157.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ROGER MILICI 9 VP FOR DEV AND UNIV RELATIONS	(i)	431,492.	NONE	2,510.	46,400.	109,553.	589,955.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
NICHOLAS MILOWSKI 10 VP FOR FINANCE & ASST TREAS	(i)	354,646.	10,000.	2,313.	46,400.	42,181.	455,540.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ANAND PADMANABHAN 11 VP & CIO	(i)	347,449.	10,000.	1,192.	26,706.	39,793.	425,140.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DONNA RAPPACCIOLI 12 DEAN	(i)	675,009.	7,000.	2,510.	46,400.	39,317.	770,236.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
FRANK SIMIO 13 VP FOR LINCOLN CENTER	(i)	401,980.	10,000.	3,435.	46,400.	39,672.	501,487.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
PETER STACE 14 SVP ENRLLMNT & STGY (END 6/22)	(i)	512,917.	10,000.	8,000.	46,400.	18,551.	595,868.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
KAY TURNER 15 VP FOR HUMAN RESOURCES	(i)	329,373.	10,000.	2,483.	47,267.	17,975.	407,098.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MARCO VALERA 16 VP FOR ADMINISTRATION	(i)	419,568.	20,000.	3,091.	46,400.	1,143.	490,202.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE

Schedule J (Form 990) 2021

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				
STEPHANIE V. GAITLEY 1 WMNS BKTBALL COACH (END 6/22)	(i)	398,016.	120,000.	13,528.	46,400.	37,581.	615,525.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
KYLE NEPTUNE 2 MEN'S BKTBALL COACH (END 4/22)	(i)	479,757.	NONE	7,580.	46,400.	11,409.	545,146.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

SCHEDULE J, PART I

FORDHAM UNIVERSITY'S PRESIDENT, JOSEPH M. MCSHANE S.J., VP FOR MISSION INTEGRATION & PLANNING (STARTING SEPTEMBER 2021), JOHN CECERO S.J., AND VP FOR MISSION INTEGRATION AND PLANNING (ENDING AUGUST 2021), MICHAEL C. MCCARTHY S.J. ARE MEMBERS OF THE SOCIETY OF JESUS. PAYMENTS ARE MADE TO THE SOCIETY OF JESUS FOR THESE OFFICERS AND OTHER MEMBERS OF THE JESUIT COMMUNITY FOR THEIR SERVICES TO FORDHAM UNIVERSITY. TOTAL PAYMENTS TO THE JESUIT COMMUNITY IN CALENDAR YEAR 2021 TOTALED \$3,520,015.

SCHEDULE J, PART I, LINE 1A

FIRST-CLASS OR CHARTER TRAVEL:

FORDHAM UNIVERSITY DOES NOT GENERALLY PERMIT FIRST CLASS TRAVEL. HOWEVER, FOR BUSINESS TRIPS IN EXCESS OF 6 HOURS, EMPLOYEES ARE PERMITTED TO UPGRADE FROM THE LOWEST COACH FARE OFFERED BY THE AIRLINE TO THE NEXT CLASS AVAILABLE. IN CONNECTION WITH ITS ATHLETICS PROGRAM, THE MEN'S AND WOMEN'S BASKETBALL TEAMS AND THE FOOTBALL TEAM UTILIZE CHARTER TRAVEL.

Part III Supplemental Information

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

HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE:

HOUSING WAS PROVIDED TO JOHN CECERO S.J. AND MICHAEL C. MCCARTHY S.J.,
(CURRENT AND FORMER VP FOR MISSION INTEGRATION & PLANNING, RESPECTIVELY).
BOTH ARE MEMBERS OF THE SOCIETY OF JESUS AND LIVE AS RESIDENT MINISTERS
IN A UNIVERSITY DORMITORY ON CAMPUS, PROVIDING GUIDANCE TO STUDENTS FOR
THE CONVENIENCE OF THE UNIVERSITY. ACCORDINGLY, THE HOUSING BENEFITS
PROVIDED TO THEM ARE NOT INCLUDABLE AS GROSS INCOME UNDER SECTION 119 OF
THE INTERNAL REVENUE CODE.

THE UNIVERSITY'S PROVOST RECEIVES A TAXABLE HOUSING ALLOWANCE, WHICH IS
INCLUDED IN OTHER REPORTABLE COMPENSATION IN PART II, COLUMN (B)(III).

SCHEDULE J, PART I, LINE 7

NON-FIXED PAYMENTS

ELEVEN OFFICERS, ONE FORMER OFFICER, AND THREE HIGHEST COMPENSATED

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.

EMPLOYEES RECEIVED A DISCRETIONARY BONUS PAYMENT DURING CALENDAR YEAR

2021, AS REPORTED IN PART II, COLUMN (B)(II).

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

**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
A DASNY SERIES 2008A	14-6000293	649903C33	05/21/2008	96,895,000.	REFUNDING 2005 DEBT ISSUE		X		X		X
B DASNY SERIES 2014	14-6000293	649907YZ9	04/03/2014	66,182,433.	REFUND 2004 ISSUE AND CO-OP ACQ		X		X		X
C DASNY SERIES 2016A	14-6000293	64990BD75	05/05/2016	169,720,220.	REF PRIOR ISSUES & REN ACAD BLG		X		X		X
D DASNY SERIES 2017	14-6000293	64990C5S6	12/21/2017	91,211,032.	REFUNDING 2011 DEBT ISSUE		X		X		X

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired	38,940,000.		20,827,432.		17,950,000.		2,890,000.	
2 Amount of bonds legally defeased					32,000,000.			
3 Total proceeds of issue	96,895,000.		66,180,455.		169,720,220.		91,211,032.	
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	602,276.		867,854.		1,209,489.		826,227.	
8 Credit enhancement from proceeds	59,047.							
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds			54,071,689.		15,075,000.			
11 Other spent proceeds	96,233,677.		11,252,040.		153,435,731.		90,384,805.	
12 Other unspent proceeds								
13 Year of substantial completion	2008		2016		2016		2017	
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X		X			X
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X	X		X	
16 Has the final allocation of proceeds been made?	X		X		X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

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

Schedule K (Form 990) 2021

Part III Private Business Use

1

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

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

Part IV Arbitrage (continued) 1

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X		X		X
b Name of provider	BOA ML							
c Term of hedge.		24.110						
d Was the hedge superintegrated?	X							
e Was the hedge terminated?		X						
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

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

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

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

SCHEDULE K, PART I, BOND ISSUES:

2014 BOND ISSUE

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

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

2016 BOND ISSUE

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

(F) DESCRIPTION OF PURPOSE: REFUND CERTAIN TRANCHES OF THE 2011 DEBT ISSUE, DEFEASE AND ADVANCE REFUND ALL OF THE 2008B DEBT ISSUE, AND REFURBISH ACADEMIC BUILDING

2017 BOND ISSUE

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

(F) DESCRIPTION OF PURPOSE: REFUND CERTAIN TRANCHES OF THE 2011 DEBT ISSUE AND COVER COSTS OF ISSUANCE

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

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

SCHEDULE K, PART II, (1), LINE 3, COLUMN B

2014 BOND ISSUE PROCEEDS LISTED IN PART II, LINE 3 ARE LESS THAN PROCEEDS LISTED IN PART I DUE TO INVESTMENT LOSSES.

SCHEDULE K, PART II, (2), LINE 3, COLUMN A

2020 BOND ISSUE PROCEEDS LISTED IN PART II LINE 3 ARE GREATER THAN PROCEEDS LISTED IN PART 1 DUE TO INVESTMENT EARNINGS.

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

SCHEDULE K, PART III, LINE 4

ALL ACTIVITIES AND CONTRACTS CURRENTLY OPERATED WITHIN BOND-FINANCED SPACE ARE EITHER RELATED TO FORDHAM'S 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, (1), LINE 2C, COLUMN A

2008 BOND ISSUE
THE DATE OF THE REBATE COMPUTATION IS 7/1/17.

SCHEDULE K, PART IV, (1), LINE 2C, COLUMN B
2014 BOND ISSUE
THE DATE OF THE REBATE CALCULATION IS 04/03/19.

SCHEDULE K, PART IV, (1), LINE 2C, COLUMN C
2016 BOND ISSUE
THE DATE OF THE REBATE CALCULATION IS 05/05/21.

SCHEDULE K, PART IV, (1), LINE 4C, COLUMN A

ARBITRAGE
THE UNIVERSITY PAYS A FIXED RATE OF 3.2475% AND RECEIVES 67% OF ONE MONTH LIBOR ON THE NOTIONAL PRINCIPAL AMOUNT OF THE 2008A BONDS.

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

**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
A DASNY SERIES 2020	14-6000293	64990GXZ0	01/29/2020	165,170,475.	EXPANSION & REFURB CAMPUS CENTER		X		X		X
B DASNY SERIES 2021A	14-6000293	65000BFZ6	11/17/2021	32,437,976.	REFUND 2016A DEBT ISSUE		X		X		X
C											
D											

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue	166,060,082.		32,437,976.					
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds	14,067,298.							
6 Proceeds in refunding escrows			32,108,307.					
7 Issuance costs from proceeds	978,177.		329,669.					
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds	145,988,475.							
11 Other spent proceeds	125,000.							
12 Other unspent proceeds	4,901,132.							
13 Year of substantial completion	2022		2021					
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X	X					
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X				
16 Has the final allocation of proceeds been made?		X	X					
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

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

Schedule K (Form 990) 2021

Part III Private Business Use 2

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test?		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV Arbitrage

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

Part IV Arbitrage (continued)

2

Table with 9 columns (A, B, C, D) and 7 rows of questions regarding arbitrage hedge and GIC investments.

Part V Procedures To Undertake Corrective Action

Table with 9 columns (A, B, C, D) and 1 row of questions regarding corrective action procedures.

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

Multiple horizontal lines provided for supplemental information.

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

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Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number

FORDHAM UNIVERSITY

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				
3 Art - Fractional interests				
4 Books and publications	X		202,490.	APPRAISAL
5 Clothing and household goods				
6 Cars and other vehicles.				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	45	2,250,108.	MARKET QUOTATION
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (YAMAHA PIANO)	X	1	29,500.	APPRAISAL
26 Other ▶ (FNDRSNG EVNT)	X	1	8,288.	INVOICES
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** 3

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2021

JSA

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

SCHEDULE M, PART I, COLUMN (B)

NUMBER OF CONTRIBUTORS:

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

SCHEDULE M, PART I, LINE 32A

THIRD PARTY ASSISTANCE:

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 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

FORDHAM UNIVERSITY

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

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FORM 990, PART III, LINE 1

MISSION STATEMENT:

THE MISSION OF THE UNIVERSITY

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

CHARACTERISTICS OF THE UNIVERSITY

AS A UNIVERSITY -

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

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

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.

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

Department of the Treasury
Internal Revenue Service

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AS A CATHOLIC UNIVERSITY -

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

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

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

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

AS A JESUIT UNIVERSITY -

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

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

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

JESUIT EDUCATION IS COSMOPOLITAN EDUCATION. THEREFORE, EDUCATION AT

**SCHEDULE O
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FORDHAM IS INTERNATIONAL IN ITS SCOPE AND IN ITS ASPIRATIONS. THE WORLD
WIDE NETWORK OF JESUIT UNIVERSITIES OFFERS FORDHAM FACULTY AND STUDENTS
DISTINCTIVE OPPORTUNITIES FOR EXCHANGE AND COLLABORATION.

AS A UNIVERSITY IN NEW YORK CITY -

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

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

STRATEGIC PLANNING

FORDHAM INSTITUTED A CONTINUOUS UNIVERSITY STRATEGIC PLANNING (CUSP)
PROCESS IN SEPTEMBER 2015 TO FOSTER A CULTURE OF STRATEGIC THINKING
THROUGHOUT THE UNIVERSITY AND PRODUCE A STRATEGIC FRAMEWORK OF PRIORITIES
TO GUIDE PLANNING. A DEDICATED COMMITTEE OF FACULTY AND ADMINISTRATORS
ENGAGED THE UNIVERSITY COMMUNITY IN A PROCESS OF DISCERNMENT THAT YIELDED
"A STRATEGIC FRAMEWORK FOR FORDHAM'S FUTURE: BOTHERED EXCELLENCE" WHICH
THE BOARD OF TRUSTEES APPROVED IN SEPTEMBER 2016. SINCE THEN, LOCAL
PLANNING UNITS HAVE DEVELOPED INITIATIVES THAT ADVANCE THE PRIORITIES IN
WAYS APPROPRIATE TO THE UNIT'S SPHERE OF ACTIVITY AND IN 2018 THE

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UNIVERSITY ESTABLISHED A STRATEGIC INITIATIVES FUND TO SUPPORT SIGNIFICANT PROJECTS. IN DECEMBER 2019, THE BOARD OF TRUSTEES APPROVED THE NEXT ITERATION OF THE PLAN ENTITLED "ADVANCING BOTHERED EXCELLENCE: A PLAN TO IMPLEMENT FORDHAM'S STRATEGIC PRIORITIES 2020-2025." CONSISTENT WITH THE SPIRIT OF CONTINUOUS PLANNING, THE TRUSTEES IN DECEMBER 2020 APPROVED THE MOST RECENT ITERATION OF THE STRATEGIC PLAN (EDUCATING FOR JUSTICE).

THROUGH THIS CONTINUOUS PLANNING PROCESS FORDHAM IS CONSTANTLY ATTUNED TO THE OPPORTUNITIES AND RISKS IN A RAPIDLY CHANGING ENVIRONMENT AND ABLE TO ADVANCE ITS MISSION AS THE JESUIT UNIVERSITY OF NEW YORK GUIDED CURRENTLY BY THE THREE PRIORITY AREAS IDENTIFIED IN EDUCATING FOR JUSTICE:

- EDUCATE STUDENTS AS GLOBAL CITIZENS AND TRANSFORMATIVE LEADERS FOR JUSTICE IN THE INNOVATION AGE
- EXCEL ACROSS THE NATURAL AND APPLIED SCIENCES AND ALLIED FIELDS TO PROMOTE SOCIAL CHANGE AND EQUITY
- CULTIVATE A DIVERSE, EQUITABLE, INCLUSIVE, CARING, AND CONNECTED COMMUNITY THAT PROMOTES EACH MEMBER'S DEVELOPMENT AS A WHOLE PERSON

FORM 990, PART III, LINE 4A

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 9,500 UNDERGRADUATE STUDENTS AND 6,600 GRADUATE AND PROFESSIONAL STUDENTS. THE UNIVERSITY AWARDS BACCALAUREATE, GRADUATE, AND PROFESSIONAL DEGREES TO STUDENTS FROM

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

Department of the Treasury
Internal Revenue Service

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FORDHAM UNIVERSITY

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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.

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.

FORM 990, PART VI, LINE 2

RELATIONSHIPS:

FAMILY RELATIONSHIP - PETER STACE, OFFICER/SVP FOR ENROLLMENT & STRATEGY, HAS A FAMILY RELATIONSHIP WITH MARGARET BALL, OFFICER/GENERAL COUNSEL & SECRETARY OF THE UNIVERSITY.

FORM 990, PART VI, LINE 11B

FORM 990 REVIEW:

THE OFFICE OF FINANCE WORKS CLOSELY WITH KPMG LLP, AS PAID PREPARER OF FORDHAM'S TAX-RELATED FILINGS, TO PREPARE THE FORM 990. ONCE PREPARED, THE FORM UNDERGOES A SERIES OF REVIEWS BY SENIOR FINANCIAL STAFF AND LEADERSHIP BEFORE SUBMISSION TO THE AUDIT AND RISK MANAGEMENT COMMITTEE OF THE BOARD OF TRUSTEES FOR REVIEW AND APPROVAL. THE BOARD OF TRUSTEES

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

Department of the Treasury
Internal Revenue Service

Name of the organization

FORDHAM UNIVERSITY

Supplemental Information to Form 990 or 990-EZ

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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.

FORM 990, PART VI, LINE 12C

CONFLICT OF INTEREST REVIEW:

THE UNIVERSITY HAS A WRITTEN CONFLICT OF INTEREST POLICY COVERING ALL TRUSTEES, OFFICERS, AND EMPLOYEES THAT REQUIRES, AMONG OTHER THINGS, NO INDIVIDUAL MAY PARTICIPATE IN A DISCUSSION OR DECISION ON ANY MATTER IN WHICH HE OR SHE HAS A MATERIAL FINANCIAL INTEREST. ALL TRUSTEES, OFFICERS AND INDIVIDUALS WHO HAVE 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.

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

COMPENSATION REVIEW:

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

FORDHAM UNIVERSITY

Supplemental Information to Form 990 or 990-EZ

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

JOSEPH M. MCSHANE, S.J., WHO HAS LED FORDHAM UNIVERSITY FOR NEARLY TWO DECADES, FOSTERING ONE OF THE MOST REMARKABLE PERIODS OF SUSTAINED GROWTH IN THE 180-YEAR HISTORY OF THE UNIVERSITY, STEPPED DOWN AS PRESIDENT ON JUNE 30, 2022. HE SERVED 19 YEARS IN THE POSITION.

IN FEBRUARY 2022, THE BOARD OF TRUSTEES UNANIMOUSLY ELECTED TANIA TETLOW, J.D., THE 33RD PRESIDENT OF FORDHAM UNIVERSITY. PRESIDENT TETLOW IS THE FIRST LAYPERSON AND THE FIRST WOMAN TO OCCUPY THE POST IN FORDHAM'S 181-YEAR HISTORY. SHE TOOK OFFICE ON JULY 1, 2022.

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

FORM 990, PART VI, LINE 19

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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2021

▶ Attach to Form 990 or 990-EZ.

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Internal Revenue Service

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Name of the organization

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XX-XXX0451

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 X

RECLASSIFICATIONS:

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

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS:

CHANGE IN FAIR VALUE OF INTEREST RATE SWAP	5,136,602
CHANGE IN POST RETIREMENT HEALTH BENEFIT	
OBLIGATION OTHER THAN NET PERIODIC BENEFIT COST	27,472,000
NET PERIODIC BENEFIT COST OTHER THAN SERVICE COST	(1,245,000)
CHANGE IN FAIR VALUE OF PERPETUAL TRUST	209,530
LONDON PGM EXP & CURRENCY ADJ	(2,907,396)
GAIN ON REFUNDING OF DEBT	7,088,205
CHANGE IN LONDON NET ASSETS	18,770
CHANGE IN LONDON CASH	(237,939)

TOTAL TO FORM 990, PART XI, LINE 9	35,534,772

Name of the organization

Employer identification number

FORDHAM UNIVERSITY**XX-XXX0451**

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
TISHMAN INTERIORS CORPORATION 100 PARK AVENUE NEW YORK, NY 10017	CONSTRUCTION	61,555,241.
2U INC 7900 HARKINS ROAD LANHAM, MD 20706	ONLINE EDUCATION	29,600,716.
ARAMARK SERVICES, INC. 1101 MARKET STREET PHILADELPHIA, PA 19107	FOOD SERVICE	21,433,932.
ALLIED UNIVERSAL SECURITY SERVICES EIGHT TOWER BRIDGE, 161 WASHINGTON ST CONSHOHOCKEN, PA 19428	SECURITY SERVICES	8,966,853.
CALDWELL & WALSH BUILDING CONSTRUCTION 60 EAST 42ND STREET, SUITE 601 NEW YORK, NY 10165	CONSTRUCTION	7,098,903.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

FORDHAM UNIVERSITY

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

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**Open to Public
Inspection**

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		NONE	FORDHAM U.
(2) FORDHAM WATERFRONT HOLDINGS, LLC 3341 COUNTRY CLUB ROAD BRONX, NY 10465	HOLDING CO.	NY		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, UK EC3A 7AR	EDUCATION	UK			FORDHAM U.	X	
(2) FORDHAM UNIVERSITY UK CHARITABLE TRUST 138 HOUNDSDITCH EC3A 7AR LONDON, UK EC3A 7AR	EDUCATION	UK			FORDHAM U.	X	
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2021

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CHARITABLE REMAINDER TRUST (1) (OH)	INVESTMENT	OH	N/A	TRUST				X	
(2) CHARITABLE REMAINDER TRUST (10) (NY)	INVESTMENT	NY	N/A	TRUST				X	
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) FORDHAM UNIVERSITY UK CHARITABLE TRUST	R	3,296,269.	COST
(2)			
(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)													
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