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DLN: 93493132043935

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

► Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2013

Open to Public Inspection

		2013 ca pplicable	C Name of organization Fordham University	0-2014	D Employ	er iden	itification number
Add	dress ch	nange			13-17	40451	
	me cha	_	Doing Business As				
	ial retu		Number and street (or P O box if mail is not delivered to street address) Room/su CONTROLLERS OFFICE 441 E FORDHAM	ite	E Telepho	ne numb	per
	mınate		Suite FHM522		(718)	817-1	000
_	ended		City or town, state or province, country, and ZIP or foreign postal code BRONX, NY 104585170				
App	olication	n pending					974,124,064
			F Name and address of principal officer JOSEPH M MCSHANE SJ		this a group ubordinates?	return	for
			441 EAST FORDHAM ROAD BRONX,NY 104585170				·
					re all subordıı cluded?	nates	Γ Y es Γ No
I Ta	x-exem	npt status	501(c)(3)	If	"No," attach	a list ((see instructions)
j W	ebsite	e: ► W\	NW FORDHAM EDU	H(c) G	Group exempti	on num	nber ►
K For	n of or	ganızatıor	Corporation Trust Association Other ►	L Year o	of formation 184	11 M	State of legal domicile NY
	rt I		nmary				
Governance	'	,	describe the organization's mission or most significant activities OVIDE HIGHEST QUALITY EDUCATION TO UNDERGRADUATE AND FION	GRADUA [*]	TE STUDENT	SINT	HE JESUIT
oven:	2	Check t	this box 🔭 if the organization discontinued its operations or disposed o	of more tha	ın 25% of ıts	net as:	sets
	3	Number	of voting members of the governing body (Part VI, line 1a)			з	39
Activities &	I		of independent voting members of the governing body (Part VI, line 1b)			4	39
Ĕ			umber of individuals employed in calendar year 2013 (Part V, line 2a)			5	7,396
व	6	Total nu	umber of volunteers (estimate if necessary)			6	750
	I		nrelated business revenue from Part VIII, column (C), line 12			7a	394,643
	ь	Net unr	elated business taxable income from Form 990-T, line 34			7b	-699,674
		Contr	whytions and grants (Part VIII June 1h)	F	Prior Year 63,887,8	6.2	Current Year 82,790,803
ā	8		ributions and grants (Part VIII, line 1h)		600,072,8		627,055,523
Revenue	10		stment income (Part VIII, column (A), lines 3, 4, and 7d)		40,177,13		63,532,990
æ	11		r revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,452,5	_	563,150
	12		revenue—add lines 8 through 11 (must equal Part VIII, column (A), line	e	705,590,3	43	773,942,466
	13		s and similar amounts paid (Part IX, column (A), lines 1–3)		139,435,9	_	148,018,193
	14		fits paid to or for members (Part IX, column (A), line 4)		· , ,	0	0
ιń	15		ies, other compensation, employee benefits (Part IX, column (A), lines		227.424.0		222.070.620
Expenses	16a	5-10) ssional fundraising fees (Part IX, column (A), line 11e)......		327,434,9 562,4		332,079,628 525,936
<u>⊕</u>	b		undraising expenses (Part IX, column (D), line 25) ▶8,983,814	'	302,4	00	323,930
Э	17		r expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		195,830,3	68	203,803,553
	18		expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		663,263,7	_	684,427,310
	19	Reve	nue less expenses Subtract line 18 from line 12		42,326,5	72	89,515,156
Net Assets or Fund Balances				Begin	ning of Currer Year	nt	End of Year
Sets Ses	20	Total	assets (Part X, line 16)		1,729,196,0	97	1,877,208,238
AAS AB	21		liabilities (Part X, line 26)		590,393,1	_	638,243,728
žĒ	22	Neta	ssets or fund balances Subtract line 21 from line 20		1,138,802,9	14	1,238,964,510
Pai	rt II	Sign	nature Block				
my k	nowled arer ha	dge and as any k	nature of officer				
. 161	_	Fran	nk Simio VP for Finance e or print name and title				
		''	Print/Type preparer's name Preparer's signature D		Check If	PTIN P00634	279
Paid		F	Firm's name KPMG LLP		self-employed Fırm's EIN ►	P00634	570
	pare	er				017 10	00
Use	On	IV [Firm's address ► 345 Park Avenue		Phone no (718)	01/-10	00

New York, NY 101540102

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

✓ Yes ☐ No

Form 990 (2013) Part IV Checklist of Required Schedules

	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? *	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
LO	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10	Yes	
L1	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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
L3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 🥵	13	Yes	
L4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
L 5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		No
L7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20h		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III </i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Ċ	Statements Regarding Other 1RS Fillings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V		· ·	.l No
la	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 1,062			110
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
_	gaming (gambling) winnings to prize winners?	1c	Yes	
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			
b	by this return	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	103	
а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
)	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
la	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country •UK			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
		_		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N o
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	E-		
:-	Does the organization have applied gross rescents that are normally greater than \$100,000, and did the	5c 6a		No
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		IN C
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
,	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
•	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
2	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			NI.
	file Form 8282?	7 c		No
a	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
3	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
)	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
_	Section 501(c)(7) organizations. Enter	90		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
_	against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

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

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
_	organization of maining dudicoo. If Teo, provide the numes and addresses in schedule O			.,,,
	ection B. Policies (This Section B requests information about policies not required by the Internal R		ıe Cod	
			ie Cod Yes	
Se				e.)
Se 10a	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu		e.) No
Se 10a b	Did the organization have local chapters, branches, or affiliates?	evenu 10a		e.) No
Se 10a b	Did the organization have local chapters, branches, or affiliates?	10a	Yes	e.) No
Se 10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	e.) No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	e.) No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes	e.) No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	e.) No
Se 10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes	e.) No
See 10a b 11a b 12a b c 13	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	e.) No
See 10a b 11a b 12a c 13 14 15	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	e.) No
See 10a b 11a b 12a b c 13 14 15 a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	e.) No
See 10a b 11a b 12a b c 13 14 15 a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	e.) No
See 10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	e.) No
See 10a b 11a b 12a c 13 14 15 a b 16a	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10a 10b 11a 12a 12b 12c 13 14 15a	Yes Yes Yes Yes Yes Yes Yes Yes	e.) No No
See 10a b 11a b 12a b c 13 14 15 a b b 16a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes Yes	e.) No No

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available.

- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►FRANK SIMIO FORDHAM UNIVERSITY 441 FORDHAM RD BRONX,NY 104585170 (718)817-1000

Form 990	(2013	
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М	а	ч	u	•

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter - 0 - in columns (D), (E), and (F) if no compensation was paid

◆ List all of the organization's current key employees, if any See instructions for definition of "key employee"

List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more t	han o	one l both	box, an o	heck sofficer (stee) Highest compensated	Former	(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

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

(A) Name and Title		(B) A verage hours per week (list any hours	more t perso	tion (han c n is l	ne both ctor	oox, an o	heck unless officer stee)		(D) Reportable compensation from the organization (W-	from related V- organizations (\	N-	(F) Estima amount of compens from t	ted fother ation he
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC	2) 2/1099-MISC		organizati relate organiza	ed
1b c	Sub-Total	 sto Dart VII S	 ection A		• •			•					
d	Total (add lines 1b and 1c) .			` ·	٠.	٠.		Þ	6,672	,488	0		938,009
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) w	ho received mor	e than			
												Yes	No
3	Did the organization list any fo on line 1a? <i>If "Yes," complete S</i>					key •	emplo	yee,	or highest com	pensated employee	3	163	No
4	For any individual listed on line organization and related organ individual											V	
5	Did any person listed on line 1	a receive or acc	rue cor	npen	• satio	• on fr	om an	• / unr	elated organizat	ion or individual for	4	Yes	
	services rendered to the organ										5		No
	ction B. Independent Co												
1	Complete this table for your five compensation from the organization											tax year	
	_	(A)								(B)		(C	

(A)	(B)	(C)
Name and business address	Description of services	Compensation
GOTHAM CONSTRUCTION COMPANY LLC, 1010 AVENUE OF THE AMERICAS 4TH FL NEW YORK NY 10018	CONSTRUCTION	70,345,329
SODEXHO INC AFFILIATES, 9801 WASHINGTON BLVD GAITHERBURG MD 20878	FOOD SERVICE	17,595,511
SUMMIT SECURITY SERVICES, 390 REXCORP PLAZA/LOBBY LEVEL UNIONDALE NY 11553	SECURITY SERVICE	6,243,056
STRUCTURE TONE, 770 BROADWAY NEW YORK NY 100039545	CONSTRUCTION	3,732,920
ELLUCIAN COMPANY LP, 4 COUNTRY VIEW RD MALVERN PA 19355	IT SUPPORT	2,647,860
Tabal and a second and a second ask	and a second second the second	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►293

Form 99		*						Page 9
Part V	/!!!	Statement of Check of Schedu	of Revenue ule O contains a respon	ise or note to any lin	ie 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
တည	1a	Federated cam	paigns 1a					
ant	ь	Membership du	ies 1b					
يقق	С	Fundraising ev	ents 1c	2,073,860				
ifts,	d	Related organiz	zations 1d					
<u>.</u>	e	Government grant	s (contributions) 1e	15,148,457				
ons	f	All other contribute	ons, gifts, grants, and 1f	65,568,486	-			-
Contributions, Gifts, Grants and Other Similar Amounts	•	sımılar amounts no	ot included above		ļ			ļ
Ę ŏ	g	Noncash contributi 1a-1f \$	ons included in lines	1,177,703				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add line:	s 1a-1f	🛌	82,790,803			
				Business Code				
nu.	2a	TUITION AND FEES	5	611600	544,707,908	544,707,908		
₽e Y	b	AUXILIARY ENTER	PRISES	611710	72,871,717	71,656,264		1,215,453
AC e	С	ATHLETIC AND SU	MMER PROGRAMS	611710	3,910,894	3,910,894		
Ser.	d	FEES FOR EDUCAT		611600	2,372,580	2,372,580		
Ē	e	VISITING PROFESS		611600	683,749	683,749		
Program Serwice Revenue	f	All other progra	am service revenue		2,508,675	2,508,675		
<u>~</u>	g	Total. Add lines	s 2a – 2f		627,055,523			
	3		ome (including divident ar amounts)		11,812,886		266,956	11,545,930
	4		stment of tax-exempt bond p	-	6,795			6,795
	5	Royalties .		►	568,641			568,641
	6-	Cross rants	(ı) Real 500,000	(II) Personal				
	6a b	Gross rents Less rental	300,000					
	c	expenses Rental income	500,000	0				
	d	or (loss)	me or (loss)		500,000			500,000
	u	Net lental inco	(i) Securities	(II) O ther	300,000			300,000
	7a	Gross amount from sales of assets other than inventory	250,376,303	344,038				
	ь	Less cost or	100 007 022					
		other basis and sales expenses	199,007,032					
	C	Gain or (loss)	51,369,271	344,038	51,713,309			51,713,309
	d 8a	Gross income f	from fundraising		31,713,303			31,713,303
Other Revenue		events (not inc \$2,073	luding 8,860 s reported on line 1c) ne 18					
ř. α	ь	Lace direct :	a h	159,000				
Ťfe	C		penses b [(loss) from fundraising e	1,174,566 events -	-1,015,566			-1,015,566
•	9a	Gross income f	from gaming activities ne 19	,				
	ь	Less direct ex	penses b					
	С	Net income or	ا loss) from gamıng actı) ت	vities	0			
	10a	Gross sales of returns and allo						
	b c	Net income or	oods sold b (loss) from sales of inve	entory	o			
	4.4	Miscellaneous		Business Code	01.042		91,942	
	11a	PARKING INC PUBLIC	OME - OPEN TO	812930	91,942		91,942	
	b	TRAVELTOUR	RS	561500	35,745		35,745	
	c d	DEBT	OM REFUNDING	525990	382,388			382,388
	a e	Total. Add lines	L	🕨				
	12		See Instructions		510,075			
		iocai revenue.	oce THRUMCHOUR	• • • •	773,942,466	625,840,070	394,643	64,916,950

Form 990 (2013) Page **10** 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 (D) (B) Do not include amounts reported on lines 6b, (A) Program service Management and Fund raising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 148,018,193 148,018,193 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 0 Benefits paid to or for members 0 Compensation of current officers, directors, trustees, and 4,977,554 2,181,027 2,280,545 515,982 key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 113,985 113,985 Other salaries and wages 238,260,670 209,030,235 26,481,974 2,748,461 Pension plan accruals and contributions (include section 401(k) 17,328,516 15,568,968 1,440,244 319,304 and 403(b) employer contributions) 55,415,990 44,517,542 10,074,356 Other employee benefits 824,092 10 15,982,913 14,359,998 1,328,406 294,509 11 Fees for services (non-employees) O Management 1,337,741 1,337,741 Legal Accounting 321,715 321,715 15,259 15,259 525,936 Professional fundraising services See Part IV, line 17 525,936 Investment management fees 4,288,188 4,288,188 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 14,508,048 13,227,840 Schedule O) 1.165.140 115.068 Advertising and promotion . . 6,818,472 6,171,269 411,917 12 235,286 13 Office expenses . . . 14,991,722 11,379,693 3,348,491 263,538 8,039,534 2,857,501 14 Information technology . . 5,133,423 48,610 15 66,380 54,220 12,160 Royalties . 51,799,660 39,882,457 10,514,412 1,402,791 16 Occupancy **17** 9,543,885 8,837,713 412,563 293,609 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 11,083,904 19 Conferences, conventions, and meetings . 9,470,985 1,090,000 522,919 20 11,717,672 11,621,088 96,584 Payments to affiliates 21 O 39,986,853 799,737 22 Depreciation, depletion, and amortization . 36,787,905 2,399,211 23 2,562,123 1,536,248 1,024,648 1,227 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a STUDENT MEAL COSTS 11,238,209 11,238,209 **EXCHANGE STUDENT COSTS** 5,071,824 5,071,824 LIBRARY MATERIALS 3,022,522 3,022,522 d DUES/SUBSCRIPTIONS 1,617,202 1,454,965 159,596 2,641 5,772,640 4,749,836 952,700 e All other expenses 70,104 Total functional expenses. Add lines 1 through 24e 25 684,427,310 602,918,545 72,524,951 8,983,814 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► [if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

ΓŒ	rt X	Check if Schedule O contains a response or note to any lin	e in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		183,160	1	259,947
	2	Savings and temporary cash investments		59,188,774	2	113,291,435
	3	Pledges and grants receivable, net		68,524,301	3	66,003,848
	4	Accounts receivable, net		6,874,572	4	6,621,603
	5	Loans and other receivables from current and former officer key employees, and highest compensated employees Comschedule L	plete Part II of	1,137,500	_	1,137,500
Assets	6	Loans and other receivables from other disqualified persons section 4958(f)(1)), persons described in section 4958(c) employers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions) Complete Part	(3)(B), and contributing (9) voluntary employees'	1,137,300	6	1,137,300
8	,	Notes and loans receivable, net		13,631,169		13,147,136
Ą	8	Inventories for sale or use		1,166,372		1,241,629
	9	Prepaid expenses and deferred charges		10,403,658		22.753.620
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1,359,018,788		9	22,700,020
	Ь	Less accumulated depreciation	10b 400,679,468	886,620,491	10c	958,339,320
	11	Investments—publicly traded securities		338,583,645		260,990,974
	12	Investments—other securities See Part IV, line 11		331,164,469	12	387,508,610
	13	Investments—program-related See Part IV, line 11	0	13	0	
	14	Intangible assets	0	14	0	
	15	Other assets See Part IV, line 11	11,717,986	15	45,912,616	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		1,729,196,097		1,877,208,238
	17	Accounts payable and accrued expenses		80,262,731	17	76,109,179
	18	Grants payable		0	18	0
	19	Deferred revenue		26,072,036	19	29,142,737
	20	Tax-exempt bond liabilities		412,870,367	20	458,398,087
Ø	21	Escrow or custodial account liability Complete Part IV of S		0	21	0
Liabilities	22	Loans and other payables to current and former officers, di key employees, highest compensated employees, and disq	rectors, trustees,			
аp		persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third pa	irties	20,802,439	23	18,009,981
	24	Unsecured notes and loans payable to unrelated third parti	es	0	24	0
	25	Other liabilities (including federal income tax, payables to and other liabilities not included on lines 17-24) Complete	Part X of Schedule	50.005.040		50 500 744
		D		50,385,610		56,583,744
	26	Total liabilities. Add lines 17 through 25		590,393,183	26	638,243,728
ğ	27	lines 27 through 29, and lines 33 and 34.		500 665 060		636 363 543
Fund Balance	27	Unrestricted net assets		599,665,060 285,922,374	27 28	636,362,543 330,431,052
<u>~</u>	28	Temporarily restricted net assets	253,215,480	28	272,170,915	
ĭ	29	Permanently restricted net assets		255,215,460	29	272, 170, 915
or Fi		Organizations that do not follow SFAS 117 (ASC 958), checomplete lines 30 through 34.	ck nere 🗲 and			
Ş	30	Capital stock or trust principal, or current funds			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fu			31	
	32	Retained earnings, endowment, accumulated income, or oth	ner funds		32	
Net	33	Total net assets or fund balances		1,138,802,914	33	1,238,964,510
	34	Total liabilities and net assets/fund balances		1,729,196,097	34	1,877,208,238

				'	age ==
Par	Reconcilliation of Net Assets Check If Schedule O contains a response or note to any line in this Part XI				. F
1	Total revenue (must equal Part VIII, column (A), line 12)	1		773,9	942,466
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses Subtract line 2 from line 1	3		89,5	515,156
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,138,8	302,914
5	Net unrealized gains (losses) on investments	5		14,8	310,310
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-4,1	63,870
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		1,238,9	64,510
Par	t XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII		• •		· I
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed or	1		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of th	e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	1			
3 a	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?	e	За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Yes	

Software ID: Software Version:

EIN: 13-1740451

Name: Fordham University

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Form 990, Part VII - Compensation Compensated Employees, and Inde	ependent Co	ntracto	ors, ers	ıru	ste	es, r	чеу	employees, nig	nest	
(A) Name and Title	(B) A verage hours per week (list any hours for related	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
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2,2033 11200,	2,1000	related organizations
JOSEPH MCSHANE SJ	35 0	х		х						14,052
PRESIDENT/TRUSTEE										11,032
ROBERT D DALEO	1 0	х								
ROSEMARY T BERKERY	1 0	х								
TRUSTEE VINCENT L BIAGI SJ	10						\vdash			
TRUSTEE		Х								
KENNETH BOLLER SJ	1 0	×								
TRUSTEE JAMES BROWN							_			
TRUSTEE	1 0	х								
DARRYL EMERSON BROWN	1 0						 			
TRUSTEE		Х								
ELIZABETH BURNS	1 0	x								
TRUSTEE VINCENT CAPPUCCI	1 0						\vdash			
TRUSTEE		Х								
DONNA M CARROLL	1 0	x								
TRUSTEE JOHN J CECERO SJ	1 0	X								
TRUSTEE MICHAEL J COSGROVE	1 0						├			
TRUSTEE		Х								
GERALD C CROTTY	1 0	х								
TRUSTEE CAROLYN N DOLAN	10						\vdash			
TRUSTEE		Х								
CHRISTOPHER F FITZMAURICE	1 0	х								
TRUSTEE HONORA AHERN GROSE	1 0						 			
TRUSTEE		Х								
PATRICIA HELLER	1 0	x								
TRUSTEE DARLENE LUCCIO JORDAN	10						\vdash			
TRUSTEE		Х								
JOHN M KEANE	1 0	Х								
TRUSTEE ANDREW C KERIN	1 0						_			
TRUSTEE		х								
WILLIAM LOSCHERT	1 0	х					 			
TRUSTEE										
BRIAN MACLEAN	1 0	х								
TRUSTEE J THOMAS MCCLAIN SJ	1 0						\vdash			
TRUSTEE		Х								
STEPHEN J MCGUINNESS	1 0	Х								
TRUSTEE HENRY S MILLER	1 0	-					-			
TRUSTEE		x								
	_			•	•	•	•			

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) (D) (E) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation organization (Wany hours and a director/trustee) organizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Highest employe Former <u>8</u>0€ Individual trustee or director organizations related Institutional Trustee below organizations employee dotted line) t compensated ee PATRICIA A NAZEMETZ 1 0 Χ TRUSTEE ARMANDO NUNEZ JR 1 0 Χ TRUSTEE JOSEPH P PARKES SJ 10 TRUSTEE THOMAS REGAN SJ 1 0 Х TRUSTEE DENNIS G RUPPEL 10 Х TRUSTEE PETER JOHN SACRIPANTI 1.0 Χ TRUSTEE THOMAS P SALICE 10 Χ TRUSTEE LUIS E SAN MIGUEL 1 0 Х TRUSTEE EDWARD M STROZ 1 0 Χ TRUSTEE WILLIAM J TOPPETA 10 Χ TRUSTEE MARK H TUOHEY III 1 0 Х TRUSTEE VINCENT VIOLA 1 0 Χ TRUSTEE JOHN M ZIZZO 10 Χ TRUSTEE LILIAN WU 10 Х TRUSTEE MARGRET BALL 35 0 Χ 167,812 0 19,299 UNIVERSITY SECRETARY BRIAN BYRNE 35 0 Х 307,656 53,244 VP OF ADMINISTRATION THOMAS A DUNN 35 0 Χ 371,055 53,197 VP OF GOV'T REL & URBAN AFFAIR STEPHEN FREEMAN 35 0 Χ 480,245 50,408 **PROVOST** JEFFREY GRAY 35 0 Х 346,027 75,383 VP OF STUDENT SERVICES JOHN LORDAN 35 0 Χ 483,562 31,623 SENIOR VP, CFO, & TREASURER ROGER MILLICI 35 0 Χ 356,985 50.428 VP OF DEVELOPMENT MSGR JOSEPH QUINN 35 0 Χ 150,666 19,948 VP OF MISSION AND MINISTRY FRANK SIMIO 35 0 Χ 300,390 50,948 VP OF FINANCE FRANK SIRIANNI 35 0 Χ 305,656 69,886 VP OF INFORMATION TECHNOLOGY PETER STACE 35 0

Χ

VP OF ENROLLMENT SVCS

342,421

50,680

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Name and Title	Average hours per week (list any hours	Posit more th persoi and a	ion (d nan oi n is b	ne b	ox,ι an o	ınless fficer	i	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line) for director for related organizations below dotted line) Individual trustee A		2/1099-MISC)	organization and related organizations						
MARCO VALERA	35 0			х				291,678		52,131
VP OF FACILITIES										
ERIC WOOD	35 0			х				228,679		40,285
CHIEF INVESTMENT OFFICER							\vdash			
THOMAS PECORA	35 0					х		695,210		42,677
HEAD MENS BASKETBALL COACH										
DONNA RAPACCIOLI SCHOOL OF BUSINESS DEAN	35 0					х		482,546		91,504
MICHAEL M MARTIN	35 0					х		471,559		71,649
LAW SCHOOL DEAN										
DAVID GAUTSHI	35 0					х		452,640		50,239
GRAD BUS SCH OF ADMIN DEAN										
IFTEKHAR HASAN	35 0					х		437,701		50,428
PROFESSOR AND CHAIR										

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493132043935

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

Name of the organization

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. ► See separate instructions.

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

Open to Public **Inspection**

Fordha	m Univ	ersity							12 17404	г.			
Par	4+ T	Peac	on for Du	blic Charity Sta	tus (All ord	nanizatione	must comr	olata this n	13-17404				
				e foundation becaus						isti uctions.			
1				on of churches, or as	· ·		= -		-				
2	Ţ.		-	I in section 170(b)(1					-/(-/(-//-/-				
3	,			perative hospital se			•	n 170(b)(1)	(A)(iii).				
4	,			n organization operat	_					1)(A)(iii). F	nter the		
•	'			ty, and state	ica iii conjan	ecton with a	nospital dest		270(2)(-)(A)(III): L	incer enc		
5	Γ			erated for the benefi	t of a college	or universit	y owned or o	perated by a	government	al unit desc	rıbed ın		
		sect ion	170(b)(1)(A)(iv). (Complete P	art II)								
6	Γ	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	Γ	Anorga	anızatıon tha	at normally receives	a substantia	l part of its	support from	a governme	ntal unit or fr	om the gene	ral public	С	
	_			n 170(b)(1)(A)(vi).	•	•							
8	<u> </u>		•	described in section			•	•					
9	ı			at normally receives								SS	
		•		ities related to its ex	•	-			• •				
		•		oss investment inco				•		tax) from bu	sinesses		
	_	•	, -	janization after June	•			•	•				
10	<u> </u>	_	•	ganized and operated	•		•						
11	ı	_		ganized and operated y supported organiz					•	•			
			•	bes the type of supp						se section s) (a) (3).	CHECK	
		a [Type I	b Type II c	Type II	I - Function	ally integrate	d d Γ^{-2}	Type III - Non-functionally integrated				
e	Γ			ox, I certify that the									
				on managers and otl	ner than one or more publicly supported organizations described in section 509(a)(1) or								
f			1509(a)(2)	received a written de	etermination from the IRS that it is a Type I, Type II, or Type III supporting organization,								
•			this box	received a written at	ccerimiacion	nom the 11.	o chache is a	, , , , , , , , , ,	2 11, 01 1 ypc	iii supporti	ng organi	<u> </u>	
g				2006, has the organi	zation accep	ted any gift	or contribution	on from any	of the				
			ng persons?										
				rectly or indirectly of	•		-	persons des	scribed in (II)		Yes	No	
		•		governing body of th		_	1.			11g(├──	
		` '	•	er of a person descri	` ,		houga			11g(├──	
L		• •		lled entity of a perso ng information about		., .,				11g(<u> </u>	
h		PIOVIGE	tile lollowii	ig illiorillation about	the supporte	eu organizati	on(s)						
(i) Nam	ne of	(ii) EIN	(iii) Type of	(iv) Is t	-he	(v) Did you	notify	(vi) Is t	he	(vii) An	mount of	
•	uppor		(,	organization	organizati		the organiz	zation	organizati			etary	
or	ganiza	zation (described on col (i) listed in in col (i) of yo								support			
				lines 1-9 above	your governing		support?		ın the U S ?				
		or IRC section docume				IIL'							
				instructions))	••	I							
				• •	Yes	No	Yes	No	Yes	No			

instructions

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do 63,263,068 99,223,840 66,134,536 63,887,862 82,790,803 375,300,109 not include any "unusual grants ") Tax revenues levied for the organization's benefit and either 0 paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit 0 to the organization without charge 63,263,068 99,223,840 66,134,536 63,887,862 82,790,803 375,300,109 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 26,362,235 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 348,937,874 from line 4 Section B. Total Support Calendar year (or fiscal year **(b)** 2010 (c) 2011 (d) 2012 (a) 2009 (e) 2013 (f) Total beginning in) 🟲 82,790,803 375,300,109 Amounts from line 4 63,263,068 99,223,840 66,134,536 63,887,862 Gross income from interest, dividends, payments received on securities loans, rents, royalties 7,007,370 12,525,803 6,128,985 9,397,733 12,888,322 47,948,213 and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support (Add lines 7 423,248,322 through 10) 12 Gross receipts from related activities, etc (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 82 443 % Public support percentage for 2012 Schedule A, Part II, line 14 15 0 % 16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ┢┎ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2013 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 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

Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt						
	purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						
4	business under section 513 Tax revenues levied for the						
•	organization's benefit and either						
	paid to or expended on its						
_	behalf The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	A mounts included on lines 1, 2,						
	and 3 received from disqualified persons						
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6) ction B. Total Support						
	ndar year (or fiscal year beginning	() 2000	(1) 2010	() 2011	(1) 2012	() 2012	(C) T
				(A) 2011 I	(d) 2012	(e) 2013	(f) Total
	in) ►	(a) 2009	(b) 2010	(c) 2011	(4) 2012	(-,	(-,
9	in) ► A mounts from line 6	(a) 2009	(B) 2010	(6) 2011	(4) 2012	(5, 2222	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	in) ► A mounts from line 6 Gross income from interest,	(a) 2009	(B) 2010	(6) 2011	(4) 2012	(0, 2000	(7,7,5,5,1)
9	in) ► A mounts from line 6	(a) 2009	(b) 2010	(6) 2011	(4) 2012	(5,232	
9	in) A mounts from line 6 Gross income from interest, dividends, payments received on	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable	(a) 2009	(b) 2010	(6) 2011	(4) 2012		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2009	(b) 2010	(6) 2011	(4) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated	(a) 2009	(b) 2010	(6) 2011	(4) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a b c 11	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include	(a) 2009	(b) 2010	(6) 2011			
9 10a b c 11	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of	(a) 2009	(b) 2010	(c) 2011			
9 10a b c 11	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	(a) 2009	(b) 2010	(6) 2011			
9 10a b c 11	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c,	(a) 2009	(b) 2010	(c) 2011			
9 10a b c 11	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
9 10a b c 11 12	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here	or the organizati	on's first, second				
9 10a b c 11 12 13 14	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here	or the organizati	on's first, second	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage for 2013	or the organizati ic Support Pe (line 8, column (on's first, second ercentage f) divided by line	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15 16	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201	or the organization of the	on's first, second ercentage f) divided by line art III, line 15	, third, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15 16 Se	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization of the	on's first, second ercentage f) divided by line art III, line 15 me Percenta	, third, fourth, or 13, column (f))	fifth tax year as a	a 501(c)(3) orga 15 16	nization,
9 10a b c 11 12 13 14 Se 15 16 Se 17	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization ic Support Performance (line 8, column (2 Schedule A, Paragraphic Performance) colors (line 10c, colors)	on's first, second ercentage f) divided by line art III, line 15 me Percentagolumn (f) divided	, third, fourth, or 13, column (f)) ge by line 13, colum	fifth tax year as a	15 16	nization,
9 10a b c 11 12 13 14 Se 15 16 Se 17 18	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization of the organization of the organization of the second of the secon	on's first, second ercentage f) divided by line art III, line 15 me Percentago olumn (f) divided A, Part III, line 1	, third, fourth, or 13, column (f)) ge by line 13, column	fifth tax year as a	15 16	nization,

33 1/3% support tests—2012. 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).					
Facts And Circumstances Test						
Retu	ırn Reference	Explanation				
		Schodulo A / Form 000 o	000 E7) 201			

Schedule A (Form 990 or 990-EZ) 2013

DLN: 93493132043935

OMB No 1545-0047

Open to Public Inspection

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes" to 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" to 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

organization answered "Ves" to Form 990 Part IV. Line 5 (Proxy Tax) or Form 990 F7. Part V. line 35c (Proxy Tax) then

	me of the organization dham University			Employer ide	ntification number
	·			13-174045	
ar	t I-A Complete if the or	ganization is exempt und	er section 501((c) or is a section 52	7 organization.
1	Provide a description of the org	ganization's direct and indirect po	litical campaign ac	tivities in Part IV	
2	Political expenditures			▶	\$
3	Volunteer hours				
Par	t I-B Complete if the or	ganization is exempt und	er section 501((c)(3).	
1	Enter the amount of any excise	e tax incurred by the organization	under section 495	5	\$
2	Enter the amount of any excise	e tax incurred by organization ma	nagers under sectio	on 4955 🕨	\$
3	If the organization incurred a s	ection 4955 tax, did it file Form 4	4720 for this year?		☐ Yes ☐ No
4a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV				
Par		ganization is exempt und			01(c)(3).
1		nded by the filing organization fo			\$
2	Enter the amount of the filing o exempt function activities	rganızatıon's funds contributed to	o other organization	s for section 527	\$
3	Total exempt function expendit	tures Add lines 1 and 2 Enter he	ere and on Form 112	20-POL, line 17b ►	\$
4	Did the filing organization file F	form 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments F amount of political contribution	nd employer identification number For each organization listed, enter is received that were promptly an political action committee (PAC)	r the amount paid fr id directly delivered	om the filing organization's I to a separate political org	funds Also enter the lanization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 -

Sch	nedule C (Form 990 or 990-EZ) 2013					Page 2
Pä	art II-A Complete if the organization	is exempt under	section 501(c)(3) and file	ed Form 5768	
_	under section 501(h)).		Link in Doub TV an	- h - 66:1: - h - d		a adduces FIN
٠.	Check ► If the filing organization belongs to a expenses, and share of excess lobb		iist in Part IV ea	ch amiliated gro	up members nam	e, address, EIN,
3	Check ► ☐ If the filing organization checked bo		l" provisions app	ly		
	Limits on Lobbying E (The term "expenditures" means ar		l .)		(a) Filing organization's totals	(b) Affiliated group totals
La	Total lobbying expenditures to influence public o	pinion (grass roots lob	bying)			
ь	Total lobbying expenditures to influence a legisl					
c	Total lobbying expenditures (add lines 1a and 1	o)		Γ		
d	O ther exempt purpose expenditures			Γ		
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount is columns	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	000		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lir	ue 1f)				
h	Subtract line 1g from line 1a If zero or less, ent	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file	Form 4720 repo	orting	┌ Yes ┌ No
	(Some organizations that made a columns below. See t	he instructions fo	ection do not r lines 2a thro	havè to con ough 2f on p		ne five
	Lobbying Exp	enditures During	4-Year Avera ⊤	ging Period	1	1
	Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(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))

Grassroots lobbying expenditures

chedule C (Form 990 or 990-E2) 2013		Page			
Part II-B Complete if the organization is exempt under section 501(c)(3) and har filed Form 5768 (election under section 501(h)).	s NOT				
(a)					

	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying vity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
C	Media advertisements?	Yes		738
d	Mailings to members, legislators, or the public?	Yes		458
е	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		17,744
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		17,848
i	O ther activities?		No	
j	Total Add lines 1c through 1i			36,788
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	1	Ī	

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

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

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."

- Dues, assessments and similar amounts from members 1 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).
- Current year
- Carryover from last year
- C
- Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

- 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?
- Taxable amount of lobbying and political expenditures (see instructions)

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, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
	LOBBYING ACTIVITIES AN INSUBSTANTIAL PART OF THE UNIVERSITY'S ACTIVITIES WERE EXPENDED ATTEMPTING TO INFLUENCE LOCAL, STATE AND FEDERAL LEGISLATION, REGULATION AND POLICY BENEFICIAL TO THE UNIVERSITY AND ITS STUDENTS

2a

2b 2c

3

4

5

201104410 0 (101111 330 01 330 12) 2013		i age -i
Part IV Supplemental Information	on <i>(continued)</i>	
Return Reference	Explanation	

Schedule D (Form 990) 2013

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DLN: 93493132043935

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions. ► Information about Schedule D (Form 990)

Open to Public

nal Revenue Service	s instructions is at <u>www.irs.gov/rorini990</u> .	Inspection
ame of the organization ordham University		Employer identification number
raniam oniversity		13-1740451
art I Organizations Maintaining Do	nor Advised Funds or Other Similar F	•
organization answered "Yes" to Fo		
	(a) Donor advised funds	(b) Funds and other accounts
Total number at end of year		
Aggregate contributions to (during year)		
Aggregate grants from (during year)		
Aggregate value at end of year		
Did the organization inform all donors and dor funds are the organization's property, subject	nor advisors in writing that the assets held in do to the organization's exclusive legal control?	nor advised Yes No
	rs, and donor advisors in writing that grant fund: the benefit of the donor or donor advisor, or for a	
	nplete if the organization answered "Yes"	to Form 990. Part IV. line 7.
Purpose(s) of conservation easements held b	· -	
Preservation of land for public use (e g , re	_	n historically important land area
Protection of natural habitat	☐ Preservation of a	certified historic structure
┌── Preservation of open space		
Complete lines 2a through 2d if the organizat	ion held a qualified conservation contribution in	the form of a conservation
easement on the last day of the tax year		
		Held at the End of the Year
Total number of conservation easements		2a
Total acreage restricted by conservation eas		2b
Number of conservation easements on a certi	· ,	2c
Number of conservation easements included historic structure listed in the National Regis	ter	2d
Number of conservation easements modified, the tax year -	transferred, released, extinguished, or terminat	ed by the organization during
the tax year F		
Number of states where property subject to c	onservation easement is located ►	
Does the organization have a written policy re enforcement of the conservation easements i	egarding the periodic monitoring, inspection, har t holds?	ndling of violations, and Yes No
Staff and volunteer hours devoted to monitori	ng, inspecting, and enforcing conservation ease	ments during the year
Amount of expenses incurred in monitoring, in	nspecting, and enforcing conservation easement	ts during the year
▶ \$		
Does each conservation easement reported of and section $170(h)(4)(B)(II)$?	n line 2(d) above satisfy the requirements of se	ction 170(h)(4)(B)(i)
	ports conservation easements in its revenue ar text of the footnote to the organization's financia n easements	
	lections of Art, Historical Treasures, vered "Yes" to Form 990, Part IV, line 8.	or Other Similar Assets.
works of art, historical treasures, or other sim	r SFAS 116 (ASC 958), not to report in its revenues. Ilar assets held for public exhibition, education, Sootnote to its financial statements that describe	, or research in furtherance of public
If the organization elected, as permitted unde	er SFAS 116 (ASC 958), to report in its revenue nilar assets held for public exhibition, education,	statement and balance sheet
(i) Revenues included in Form 990, Part VIII	I, line 1	► \$
(ii) Assets included in Form 990, Part X		▶ \$ 4,624,214
If the organization received or held works of a	irt, historical treasures, or other similar assets f ler SFAS 116 (ASC 958) relating to these items	for financial gain, provide the
Revenues included in Form 990, Part VIII, lir	•	▶ \$
Assets included in Form 990, Part X		
meraded in rolling by, rail A		- 4 <u></u>

Part	Organizations Maintaining Co	llections of Art,	Histo	orical T	reasures, c	or Othe	r Similar As	sets (continued
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other record	ls, che	ck any of	the following t	hat are a	a significant use	of its
а	▼ Public exhibition		d	Loan	or exchange	programs	5	
b	Scholarly research		e	Othe	r			
c	Preservation for future generations							
4	Provide a description of the organization's c Part XIII	ollections and explai	n how t	hey furth	er the organız	atıon's e	xempt purpose II	n
5	During the year, did the organization solicit							
Do	assets to be sold to raise funds rather than	· · · · · · · · · · · · · · · · · · ·					<u>.</u>	Yes V No
Раг	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar					vereu 1	res to Form 9	90,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					r assets		Yes No
b	If "Yes," explain the arrangement in Part XI $$	II and complete the f	followir	ng table				
							Am	ount
C	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on F	orm 990, Part X, line	21?				Γ	Yes No
b	If "Yes," explain the arrangement in Part XI	II Check here if the	explan	atıon has	been provide	d ın Part	XIII	, F
Pai	rt V Endowment Funds. Complete							
		(a)Current year		or year			· · · · · · · · · · · · · · · · · · ·	(e)Four years back
1a	Beginning of year balance	592,538,492		91,584,850		<u> </u>	371,543,516	330,165,75
b	Contributions	34,025,623		59,944,223	53,35	1,775	20,098,356	17,452,17
С	Net investment earnings, gains, and losses	73,098,615		59,971,427	-1,17	5,082	80,995,883	38,740,90
d	Grants or scholarships	7,645,979		6,005,495	7,50	8,732	5,883,891	5,644,04
e	Other expenditures for facilities and programs	12,674,108		9,806,028		0,275	6,747,723	7,536,06
f	Administrative expenses	4,288,418		3,150,485		2,978	2,025,999	1,635,21
g	End of year balance	675,054,225	5	92,538,492	491,58	4,850	457,980,142	371,543,51
2	Provide the estimated percentage of the cur	·	e (lıne	1g, colum	nn (a)) held as			
а	Board designated or quasi-endowment 🕨	41 500 %						
b	Permanent endowment ► 58 500 %							
c	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c sho	uld equal 100%						
За	Are there endowment funds not in the posse	ssion of the organiza	tion th	at are hel	d and admınıs	tered for	the	
	organization by						2-7	Yes No
	(i) unrelated organizations(ii) related organizations						3a(
ь	If "Yes" to 3a(II), are the related organization		• • I on Scl	• • hedule R?			3b	
4	Describe in Part XIII the intended uses of the	· ·						
Par	t VI Land, Buildings, and Equipme		he org	anızatıo	n answered	'Yes' to	Form 990, Pa	rt IV, line
	11a. See Form 990, Part X, line	10.		(-) Ct	- 11-20-21			(d) Beelewelee
	Description of property			(a) Cost or asıs (ınvest		or other (other)	(c) Accumulated depreciation	(d) Book value
1a l	and				1	1,907,246		11,907,24
b E	Buildings		. [73.	2,739,706	247,956,711	484,782,99
c L	easehold improvements					3,063,705	1,674,493	1,389,212
d F	Equipment		. [26	4,293,933	138,006,776	126,287,15
٠.								
e (Other				34	7,014,198	13,041,488	333,972,710

(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)ALTERNATIVE INVESTMENTS	385,444,685	F
(B) OTHER ASSETS	2,063,925	F
(b) OTHER ASSETS	2,003,923	Г
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	387,508,610	
Part VIII Investments—Program Related. Co		answered 'Yes' to Form 990, Part IV, line 110
See Form 990, Part X, line 13. (a) Description of investment	(b) Book value	(c) Method of valuation
(a) Description of investment	(b) book value	Cost or end-of-year market value
Total (Column (h) must equal Form 000, Bart V col (B) line 12.)	b	
	▶ n answered 'Yes' to Form 990,	Part IV, line 11d See Form 990, Part X, line 15
	n answered 'Yes' to Form 990,	Part IV, line 11d See Form 990, Part X, line 15 (b) Book value
Part IX Other Assets. Complete if the organization	n answered 'Yes' to Form 990,	
Part IX Other Assets. Complete if the organization	n answered 'Yes' to Form 990,	
Part IX Other Assets. Complete if the organization	n answered 'Yes' to Form 990,	
Part IX Other Assets. Complete if the organization	n answered 'Yes' to Form 990,	
Part IX Other Assets. Complete if the organization	n answered 'Yes' to Form 990,	
Part IX Other Assets. Complete if the organization	n answered 'Yes' to Form 990,	
Part IX Other Assets. Complete if the organization	n answered 'Yes' to Form 990,	
Part IX Other Assets. Complete if the organization	n answered 'Yes' to Form 990,	
Part IX Other Assets. Complete if the organization	n answered 'Yes' to Form 990,	
Part IX Other Assets. Complete if the organization	n answered 'Yes' to Form 990,	
Part IX Other Assets. Complete if the organization	n answered 'Yes' to Form 990,	
Part IX Other Assets. Complete if the organization (a) Description (a) Description (b) Description (a) Description (b) Description (b) Description (c) Descrip	n answered 'Yes' to Form 990,	(b) Book value
Part IX Other Assets. Complete if the organization (a) Description (a) Description (a) Description (b) Description (b) Description (c) Description (c) Description (c) Description (d) Description (e) Descrip	n answered 'Yes' to Form 990, iption	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. Complete if the organization	n answered 'Yes' to Form 990, iption 5.) anization answered 'Yes' to	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. Complete if the organization (a) Description of liability	n answered 'Yes' to Form 990, iption 5.) anization answered 'Yes' to (b) Book value	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. Complete if the organization Form 990, Part X, line 25. (a) Description of liability Federal income taxes	5.) anization answered 'Yes' to (b) Book value	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. Complete if the organization Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes POST RETIREMENT BENEFITS OBLIG	n answered 'Yes' to Form 990, iption 5.) anization answered 'Yes' to (b) Book value	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. Complete if the organization form 990, Part X, line 25. (a) Description of liability Federal income taxes POST RETIREMENT BENEFITS OBLIG REFUNDABLE ADVANCES	5.) anization answered 'Yes' to (b) Book value 0 47,782,000	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. Complete if the organization of liability Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes POST RETIREMENT BENEFITS OBLIG REFUNDABLE ADVANCES AMOUNTS HELD ON BEHALF OF OTHER	5.) anization answered 'Yes' to (b) Book value 0 47,782,000 4,853,886	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. Complete if the organization of liability Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes POST RETIREMENT BENEFITS OBLIG REFUNDABLE ADVANCES AMOUNTS HELD ON BEHALF OF OTHER	5.) anization answered 'Yes' to (b) Book value 0 47,782,000 4,853,886 2,288,639	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. Complete if the orgation of liability Federal income taxes POST RETIREMENT BENEFITS OBLIG REFUNDABLE ADVANCES AMOUNTS HELD ON BEHALF OF OTHER	5.) anization answered 'Yes' to (b) Book value 0 47,782,000 4,853,886 2,288,639	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. Complete if the organization of liability Federal income taxes POST RETIREMENT BENEFITS OBLIG REFUNDABLE ADVANCES AMOUNTS HELD ON BEHALF OF OTHER	5.) anization answered 'Yes' to (b) Book value 0 47,782,000 4,853,886 2,288,639	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. Complete if the organization of liability Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes POST RETIREMENT BENEFITS OBLIG REFUNDABLE ADVANCES AMOUNTS HELD ON BEHALF OF OTHER	5.) anization answered 'Yes' to (b) Book value 0 47,782,000 4,853,886 2,288,639	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. Complete if the organization of liability Federal income taxes POST RETIREMENT BENEFITS OBLIG REFUNDABLE ADVANCES AMOUNTS HELD ON BEHALF OF OTHER	5.) anization answered 'Yes' to (b) Book value 0 47,782,000 4,853,886 2,288,639	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. Complete if the organization Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes POST RETIREMENT BENEFITS OBLIG REFUNDABLE ADVANCES	5.) anization answered 'Yes' to (b) Book value 0 47,782,000 4,853,886 2,288,639	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. Complete if the organization of liability Federal income taxes POST RETIREMENT BENEFITS OBLIG REFUNDABLE ADVANCES AMOUNTS HELD ON BEHALF OF OTHER	5.) anization answered 'Yes' to (b) Book value 0 47,782,000 4,853,886 2,288,639	(b) Book value

Sche	dule D (Form 990) 2013		Page •
Par	T XI Reconciliation of Revenue per Audited Financial Statements With Revenue	per R	eturn Complete ıf
	the organization answered 'Yes' to Form 990, Part IV, line 12a.	1.	624 54 4 004
1	Total revenue, gains, and other support per audited financial statements	1	634,514,808
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments	0	
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII)	6	
e	Add lines 2a through 2d	2e	-136,313,806
3	Subtract line 2e from line 1	3	770,828,614
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 4,288,41	8	
b	Other (Describe in Part XIII)	6	
c	Add lines 4a and 4b	4c	3,113,852
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	773,942,466
Par	Reconciliation of Expenses per Audited Financial Statements With Expens	es per	Return. Complete
	if the organization answered 'Yes' to Form 990, Part IV, line 12a.	т.	F24 226 26
1	Total expenses and losses per audited financial statements	1	534,326,260
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	_	
b	Prior year adjustments		
C	Other losses	_	
d	Other (Describe in Part XIII)	23	
e	Add lines 2a through 2d	2e	2,210,92
3	Subtract line 2e from line 1	3	532,115,33
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 4,288,41	18	
b	Other (Describe in Part XIII)	5 5	
_	Add lines 4a and 4h		152 311 97

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

Total expenses Add lines $\bf 3$ and $\bf 4c.$ (This must equal Form 990, Part I, line 18)

Return Reference	Explanation
	THE UNIVERSITY'S MOST SIGNIFICANT COLLECTION IS ITS MUSEUM OF GREEK, ETRUSCAN AND ROMAN ART THE ANTIQUITIES MUSEUM OCCUPIES 4,000 SQUARE FEET OF SPACE AND IT FEATURES MORE THAN 260 ANTIQUITIES DATING FROM THE 10TH CENTURY B C THROUGH THE 3RD CENTURY A D THE COLLECTION SPANS SEVERAL PERIODS - MYCENAEAN, VILLANOVAN, CLASSICAL GREECE, GEOMETRICAL, ARCHAIC ROMAN, IMPERIAL ROMAN, REPUBLICAN, ETRUSCAN, AND SOUTH ITALIAN THERE ARE RED-FIGURE AND RED-AND-BLACK-FIGURE CERAMICS, AND THE SHINY BLACK ETRUSCAN POTTERY KNOWN AS BUCCHERO THERE IS AN ARRAY OF SCULPTURE AND TERRA COTTA HEADS, AMONG THE ITEMS ON DISPLAY ARE -A TERRACOTTA PATERA (SHALLOW BOWL) WITH KNOB HANDLES, CA 340 B C, -A KYLIX (DRINKING CUP WITH TWO HANDLES), ATTRIBUTED TO THE PAINTER OF BERLIN 2268, A VASE PAINTER OF THE LATE SIXTH CENTURY B C, -A PORTRAIT OF JULIA AQUILIA SEVERA, THE SECOND AND FOURTH WIFE OF EMPEROR ELAGABALUS, A D 220-222, AND -A PORTRAIT OF THE EMPEROR HADRIAN FROM THE SECOND CENTURY A D THE MUSEUM, WHICH IS FREE OF CHARGE, IS OPEN TO THE GENERAL PUBLIC
SCHEDULE D, PART V, LINE 4	FORDHAM UNIVERSITY'S ENDOWMENT FUNDS ARE INTENDED TO SUPPORT FINANCIAL ASSISTANCE FOR STUDENTS, TO FUND NEW AND CUTTING EDGE PROGRAMS WHILE MAINTAINING AND IMPROVING EXISTING ONES, AND TO IMPROVE AND MAINTAIN THE CAMPUS TO MEET THE NEEDS OF THE UNIVERSITY COMMUNITY
SCHEDULE D, PART X, LINE 2	FIN 48 FOOTNOTE The University accounts for uncertainties in income taxes recognized in its financial statements using a threshold of more likely than not of being sustained. Income generated from activities unrelated to the University's exempt purpose is subject to tax. The University did not have any material unrelated business income tax liability at June 30, 2014, and 2013.
SCHEDULE D, PART XI, LINE 2D	OTHER ADJUSTMENTS APP/(DEP) IN FV OF PERPETUAL TRUST 598,000 CHANGE IN FV OF INTEREST RATE SWAP (77,561) FINANCIAL AID EXPENSE (148,015,193) GAIN/(LOSS) NOT YET RECOG - PERIODIC BEN COST (3,621,000) TRAVEL TOUR EXPENSE (5,362)
SCHEDULE D, PART XI, LINE 4B	OTHER ADJUSTMENTS SPECIAL EVENT EXPENSES 1,175,566
SCHEDULE D, PART XII, LINE 2D	OTHER ADJUSTMENTS SPECIAL EVENT EXPENSES 1,175,566 LONDON PROGRAM EXPENSES 1,036,357 TOTAL 2,210,923
SCHEDULE D, PART XII, LINE 4B	OTHER ADJUSTMENTS FINANCIAL AID EXPENSE 148,015,193 TRAVEL TOUR EXPENSE 5,362

5

684,427,310

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493132043935

OMB No 1545-0047

(Form 990 or 990-EZ)

SCHEDULE E

Schools

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

► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

Fordham University 13-1740451 Part I YES NO 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? Yes 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? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? Yes 4a b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes 4d d Copies of all material used by the organization or on its behalf to solicit contributions? Yes If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? 5c Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? <u>5g</u> Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes b Has the organization's right to such aid ever been revoked or suspended? Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

Yes

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

Return Reference	Explanation
SCHEDULE E, PART I, LINE 3	NONDISCRIMINATION POLICY THE UNIVERSITY INCLUDED A STATEMENT OF ITS POLICY ON RACIAL NONDISCRIMINATION TOWARD STUDENTS IN ALL ITS NEWSPAPER AND BROADCAST SOLICITATIONS FOR STUDENTS
SCHEDULE E, PART I, LINE 6	EXPLANATION OF GOVERNMENT FINANCIAL AID THE UNIVERSITY RECEIVES RESEARCH, TRAINING, AND STUDENT GRANTS FROM THE NATIONAL SCIENCE FOUNDATION, THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, THE DEPARTMENT OF EDUCATION, THE DEPARTMENT OF AGRICULTURE, AND VARIOUS OTHER AGENCIES INCLUDING ONES FROM THE STATE OF NEW YORK AND THE CITY OF NEW YORK

Schedule E (Form 990 or 990-EZ) 2013

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493132043935

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

	e of the organization				Employer ident	ification number
Fordh	nam University				13-1740451	
Pa	rt I General Information "Yes" to Form 990, Par			ne United States. Co	omplete if the organiz	zation answered
1	For grantmakers. Does the or other assistance, the grantee to award the grants or assista	s' eligibility fo	r the grants o	r assistance, and the s	selection criteria used	_
2	For grantmakers. Describe in assistance outside the United		ganızatıon's pı	rocedures for monitori	ng the use of its gran	ts and other
3	Activites per Region (The follow	ing Part I, line 3	table can be du	uplicated if additional spa	ice is needed)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , 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 region	(f) Total expenditures for and investments in region
(1)	See Add'l Data					
(2)						
(3)						
(4)						
(5)						
	Sub-total Total from continuation sheets to Part I	4	32			126,280,771
c	Totals (add lines 3a and 3b)	4	32			126,280,771

			ived more than \$5,0					
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
			ted above that are re or counsel has pro					
3 Enter total nu	mber of other or	ganızatıons or en	tities					

Schedule F (Form 990) 2013

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

Part III can be	duplicated if addit	ional space is ne	eeded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash 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)							
	1			l .			

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)	দ	Yes	Г	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to 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)	Γ	Yes	<u>\</u>	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)	F	Yes	Г	Νo
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	Γ	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)	F	Yes	Г	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 file Form 5713, International Boycott Report (see Instructions for Form 5713).	~	Yes	Γ	Νo

Schedule F (Form 990) 2013

Additional Data

Software ID: Software Version:

EIN: 13-1740451

Name: Fordham University

Schedule F (Form 990) 2013

Page **5**

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).

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)	1	11	Program Services	GLOBAL STUDIES	3,187,683
Europe (Including Iceland and Greenland)	1	2	Program Services	STUDY ABROAD	267,706
Europe (Including Iceland and Greenland)		5	Program Services	SUMMER ABROAD ITALY	105,431

Form 990 Schedule F	<u> Part I - Activit</u>	ties Outside T	he United States			
(a) Region	(b) Number of offices in the region agents in region		(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region	
Sub-Saharan Africa	1	6	Program Services	LAWSCH PROGRAM	323,126	
Europe (Including Iceland and Greenland)	1	5	Program Services	LAWSCH PROGRAM	262,993	
East Asia and the Pacific		3	Program Services	SUMMER INSTITUTE	189,216	

Form 990 Schedule F I	orm 990 Schedule F Part I - Activities Outside The United States										
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region						
Central America and the Caribbean			Investments		121,944,616						

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DLN: 93493132043935

OMB No 1545-0047

Department of the Treasury

SCHEDULE G

Supplemental Information Regarding Fundraising or Gaming Activities

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

Open to Public Inspection

Internal Revenue Service

(Form 990 or 990-EZ)

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

	Tham University					Employer iden	tii ication number
orc	mani omversity					13-1740451	
Pa		tivities. Completers are not required			on answered "Yes" to part.	o Form 990, Part IV,	line 17.
1 a	Indicate whether the organ	nization raised funds	through ar		following activities Che		
	<u> </u>			e			
b	Internet and email sol	icitations		т	,	-	
c d	Phone solicitations In-person solicitation	S		g	Special fundraising	g events	
2a	Did the organization have or key employees listed in						V Yes □ N
b	If "Yes," list the ten highe to be compensated at leas			undraisei	rs) pursuant to agreeme	nts under which the fur	idraiser is
	(i) Name and address of Individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
			Yes	No			
1	RUFFALOCODY	PROF FUNDRAISING		No	923,038	525,936	397,102
2							
3							
4							
5							
6							
7							
8							
9							
L O							
ota	nl			.	923,038	525,936	397,102
3	List all states in which the registration or licensing	organization is regis	tered or li	censed to	solicit contributions or	has been notified it is	exempt from

Pa	rt II	Fundraising Events. Com more than \$15,000 of fundra events with gross receipts g	aising event contribut			
			(a) Event #1 FOUNDERS DINNER	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
al.			(event type)	(event type)	(total number)	
Ę	1	Gross receipts	2,232,860			2,232,860
Revenue	2	Less Contributions	2,073,860			2,073,860
<u> </u>	3	Gross income (line 1 minus line 2)	159,000			159,000
	4	Cash prizes				
ဟ	5	Noncash prizes	228,295			228,295
ense.	6	Rent/facility costs	241,707			241,707
Expenses	7	Food and beverages .	424,026			424,026
Dregt_	8	Entertainment				
₫	9	Other direct expenses .	280,538			280,538
	10	Direct expense summary Add lin	es 4 through 9 in column	(d)		(1,174,566)
	11	Net income summary Subtract li				-1,015,566
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or rep	
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1 (Gross revenue				
မှ မေ	2 (Cash prizes				
Expenses	3 1	Non-cash prizes				
	4 F	Rent/facility costs				
Direct	5 (Other direct expenses				
	6 \	Volunteer labor	┌ Yes	┌ Yes	│ Yes % %	
		Direct expense summary Add line:		•	.	
9 a b	Is th	er the state(s) in which the organization licensed to operate	gaming activities in eac	n of these states?		
10a b		e any of the organization's gaming les," explain	licenses revoked, susper	nded or terminated during	the tax year?	

Doe	s the organization operate gaming activi	ties with nonmembers?	· · · · · · · · · · · · · · · · · · ·)
12	Is the organization a grantor, beneficia	ary or trustee of a trust o	or a member of a partnership or other entity	
	formed to administer charitable gamin	g [,]		┌ No
13	Indicate the percentage of gaming act	ıvıty operated ın		
а	The organization's facility		13a	%
b	An outside facility		13b	%
14	Enter the name and address of the per	son who prepares the or	ganization's gaming/special events books and records	
	Name 🟲			
	Address ►			
15a b		evenue received by the	· · · · · · · · · · · · · · · · · · ·	□ No
С	If "Yes," enter name and address of th	e third party		
	Name 🟲			
	Address ▶			
16	Gaming manager information			
	Name 🕨			
	Gaming manager compensation 🟲 🕏 👑			
	Description of services provided			
	☐ Director/officer	– Employee	☐ Independent contractor	
17	Mandatory distributions			
а	Is the organization required under sta	e law to make charitable	e distributions from the gaming proceeds to	
	retain the state gaming license?		T _{Yes}	┌ No
b	Enter the amount of distributions requ	ired under state law dist	ributed to other exempt organizations or spent	
	ın the organization's own exempt activ		·	
Pa		5b, 15c, 16, and 17b,	anations required by Part I, line 2b, columns (iii) and (v) as applicable. Also complete this part to provide any	, and
	Return Reference		Explanation	
	EDULE G, PART I, E 2B, COLUMN (V)		draising strategy for telemarketing efforts with input from Fordha copy writing, and design for our direct mailing campaigns	m They also
		•		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -Schedule I

DLN: 93493132043935

OMB No 1545-0047

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

Open to Public

Department of the Treasury

(Form 990)

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

Internal Revenue Service	► Informatio	n about Schedule I (Fo	orm 990) and its instruct	ions is at <u>www.i<i>rs.gov/</i></u>	<u>form 990</u> .		Inspection
Name of the organization Fordham University						Employer identification	on number
ordinam omversity						13-1740451	
Part I General Informat	ion on Grants and	l Assistance					
 Does the organization mainta the selection criteria used to Describe in Part IV the organ 	award the grants or as	sıstance [?]					✓ Yes
				United States. Cor ort II can be duplicate			es" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran
2 Enter total number of section 3 Enter total number of other or						· · · •	

(a)Type of grant or assistance

(f)Description of non-cash assistance

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

(d)A mount of

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 REQUIREMENTS FOR SELECTION CRITERIA AND MONITORING THE USE OF GRANT FUNDS, SUCH AS UNDER OMB CIRCULAR NO A-133 THESE REQUIREMENTS MAY INCLUDE A MINIMUM COURSE LOAD,

(e) Method of valuation (book,

(c)A mount of

DEMONSTRATED ACADEMIC PROGRESS, AND OTHER SIMILAR REQUIREMENTS

(b) Number of

		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
(1) STUDENT SCHOLARSHIPS		12341	148,018,193		N/A	N/A
Part IV Supplemental I	Informati	on. Provide the infoi	rmation required in Pa	art I, line 2, Part III,	column (b), and any othe	r addıtıonal ınformatıon.
Return Reference	Explanat	ion				
SCHEDULE I, PART I, LINE 2	LE I, PART I, LINE 2 MONITORING FORDHAM UNIVERSITY PROVIDES VARIOUS TYPES OF FINANCIAL ASSISTANCE TO ENABLE STUDENTS TO AFFORD A FORDHAM EDUCATION THE UNIVERSITY IS PARTICULARLY COMMITTED TO DO ALL WE CAN TO ASSIST STUDENTS AND THEIR FAMILIES FORDHAMS FINANCIAL AID DEPARTMENT WORKS WITH STUDENTS TO HELP THEM DEVISE A PLAN TO FUND THEIR EDUCATION					

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DLN: 93493132043935

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Inspection

Name of the organization Fordham University

Employer identification number

13-1740451

Pa	rt I Questions Regarding Compensatio	n				
					Yes	No
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II					
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions		Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the o reimbursement or provision of all of the expenses d			1b		
2	Did the organization require substantiation prior to directors, trustees, officers, including the CEO/Exe			2		
3	Indicate which, if any, of the following the filing orga organization's CEO/Executive Director Check all t used by a related organization to establish compens	hat apply	·			
	▼ Compensation committee	Г	Written employment contract			
	Independent compensation consultant	굣	Compensation survey or study			
	Form 990 of other organizations	<u>~</u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymen	t?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b		No
С	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only m	ust comp	olete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A compensation contingent on the revenues of					
а	The organization?			5a		No
ь	Any related organization?			5b		No
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a	, did the organization pay or accrue any			
а	The organization?			6a		No
ь	Any related organization?			6b		Νο
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			7	Yes	
8	Were any amounts reported in Form 990, Part VII,					
-	subject to the initial contract exception described i					
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow th section $53 4958-6(c)$?	e rebutta	able presumption procedure described in Regulations	9		

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

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

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2013

Part IIII Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
SCHEDULE J, PART I, LINE 7	NON-FIXED PAYMENTS Non-fixed compensation is paid at the discretion of the president with the approval of the compensation committee

Schedule J (Form 990) 2013

Software ID: Software Version:

EIN: 13-1740451

Name: Fordham University

Form 990, Schedule J, (A) Name			W-2 and/or 1099-MIS		(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) O ther compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
MARGRET BALL UNIVERSITY SECRETARY	(1) (11)	166,184 0	0	, , , , , , , , , , , , , , , , , , ,	0	0	167,812 0	0
BRIAN BYRNE VP OF ADMINISTRATION	(1) (11)	305,444		2,212	28,050	25,194	360,900	
THOMAS A DUNN VP OF GOV'T REL & URBAN AFFAIR	(1) (11)	360,014		11,041	28,050	25,147	424,252	
STEPHEN FREEMAN PROVOST	(1) (11)			4,198	28,050	22,358	530,653	
JEFFREY GRAY VP OF STUDENT SERVICES	(1) (11)	319,125		26,902	28,050	47,333	421,410	
JOHN LORDAN SENIOR VP, CFO, & TREASURER	(ı) (ıı)	476,275		7,287	28,050	3,573	515,185	
ROGER MILLICI VP OF DEVELOPMENT	(1) (11)	355,971		1,014	28,050	22,378	407,413	
MSGR JOSEPH QUINN VP OF MISSION AND MINISTRY	(1) (11)	149,654		1,012	9,451	10,497	170,614	
FRANK SIMIO VP OF FINANCE	(1) (11)	298,944		1,446	28,050	22,898	351,338	
FRANK SIRIANNI VP OF INFORMATION TECHNOLOGY	(1) (11)	285,845		19,811	28,050	41,836	375,542	
PETER STACE VP OF ENROLLMENT SVCS	(1) (11)	339,306		3,115	28,050	22,630	393,101	
MARCO VALERA VP OF FACILITIES	(ı) (ıı)	286,488		5,190	28,050	24,081	343,809	
ERIC WOOD CHIEF INVESTMENT OFFICER	(1) (11)	227,333	_	1,346	17,425	22,860	268,964	
THOMAS PECORA HEAD MENS BASKETBALL COACH	(ı) (ıı)	574,487	111,975	8,748	19,815	22,862	737,887	
DONNA RAPACCIOLI SCHOOL OF BUSINESS DEAN	(ı) (ıı)	458,933		23,613	28,050	63,454	574,050	
MICHAEL M MARTIN LAW SCHOOL DEAN	(1) (11)	464,717		6,842	28,050	43,599	543,208	
DAVID GAUTSHI GRAD BUS SCH OF ADMIN DEAN	(1) (11)			4,281	28,050	22,189	502,879	
IFTEKHAR HASAN PROFESSOR AND CHAIR	(ı) (ıı)	436,255		1,446	28,050	22,378	488,129	

14-0000623

DLN: 93493132043935

OMB No 1545-0047

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

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

► Attach to Form 990. ► See separate instructions. ▶Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

07-25-2008

6499032B6

Open to Public **Inspection**

Χ

Χ

Internal Revenue Service Name of the organization Fordham University

Department of the Treasury

THE STATE OF NEW YORK

Employer identification number

13-1740451

Χ

							113	17707	<i>J</i> 1				
P	art I Bond Issues												
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) De	feased		On alf of uer		Pool ncing	
							Yes	No	Yes	No	Yes	No	Ī
A	DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-0000623	649903C33	05-21-2008	96 895 000	REFUNDING 2005 DEBT ISSUE		х		х		х	
R	DORMITORY AUTHORITY OF	14-0000623	6499032B6	07-25-2008	118 287 807	2008 ISSUE - RH		v		v		v	

DORMITORY AUTHORITY OF Χ THE STATE OF NEW YORK 14-0000623 649905CX0 04-28-2011 152,929,720 2011 ISSUE - SEE PART VI Χ Χ DORMITORY AUTHORITY OF REFUNDING 2002 & 1998 Х THE STATE OF NEW YORK 14-0000623 649906Z23 10-25-2012 46,206,812 Χ Χ DEBT ISSUE Proceeds

118,287,807

DORMITORY

			A		В		С		D
1	A mount of bonds retired		0		0		0		0
2	A mount of bonds legally defeased		0		0		0		0
3	Total proceeds of issue		97,282,370	1	18,287,807	1	52,929,720		46,206,812
4	Gross proceeds in reserve funds		0		3,711,000		0		0
5	Capitalized interest from proceeds		0		0		0		0
6	Proceeds in refunding escrows		95,869,900		0		0		45,346,922
7	Issuance costs from proceeds		1,412,470		3,643,551		1,416,006		859,889
8	Credit enhancement from proceeds		0		0		0		0
9	Working capital expenditures from proceeds		0		0		0		0
10	Capital expenditures from proceeds		0	1	10,933,256	1	51,513,645		0
11	O ther spent proceeds		0		0		0		0
12	O ther unspent proceeds		0		0		0		0
13	Year of substantial completion	20	08	20	10	20	14	2.0	13
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	х		Х			х	х	
15	Were the bonds issued as part of an advance refunding issue?		Х		Х		Х		Х
16	Has the final allocation of proceeds been made?	Х		Х		Х		Х	

allocation of proceeds? Part Private Business Use

		Α		В		С		1)
		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?		Х		Х		х		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		×

Χ

Does the organization maintain adequate books and records to support the final

Χ

Χ

Х

Part III Private Business Use (Continued)

Par	Private Business Use (Continued)								
			4		В	(С)
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		х	×			х		Х
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?			×					
с	Are there any research agreements that may result in private business use of bond-financed property?		Х		Х		Х		Х
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		0 %		1 100 %		0 %		0 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5				1 100 %				
7	Does the bond issue meet the private security or payment test?		Х		Х		Х		Х
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?		х		х		х		Х
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		х		×		×		Х
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?		х		х		Х		Х

Part IV Arbitrage

	Albidage	1				1			
		Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		Х		X		Х		Χ
2	If "No" to line 1, did the following apply?								
а	Rebate not due yet?	Х		Х		Х		Х	_
b	Exception to rebate?		Х		Х		Х		Х
С	No rebate due?		Х		Х		Х		Х
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	Х			Х		Х		Χ
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	Х			X		Х		Х
b	Name of provider	MERRILL LYN	СН	0		0			
С	Term of hedge		3 248						
d	Was the hedge superintegrated?	Х							
е	Was the hedge terminated?		Х						
							Scl	nedule K (Form	1 990) 2013

		A B		С	С				
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		X		X		Х
b	Name of provider	0		0		0		0	
С	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
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

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?

Α		В		С		D	
Yes	No	Yes	No	Yes	No	Yes	No
l x		×		×		x	

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

SCHEDULE K, PART I, BOND ISSUES

Return Reference

2011 BOND ISSUE (A) ISSUER NAME DORMITORY AUTHORITY OF THE STATE OF NEW YORK (F) DESCRIPTION OF PURPOSE 2011 ISSUE-LAW SCHOOL BUILDING AND RESIDENCE HALL 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

Explanation

Return Reference	Explanation
A R B I T R A G E	PDSTHE UNIVERSITY PAYS A FIXED RATE OF 3 2475% AND RECEIVES 67% OF ONE MONTH LIBOR ON THE NOTIONAL PRINCIPAL AMOUNT OF OUR 2008A BONDS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -Schedule K

(Form 990)

Supplemental Information on Tax Exempt Bonds

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

► Attach to Form 990. ▶ See separate instructions.

▶Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

DLN: 93493132043935 OMB No 1545-0047

2013

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service Name of the organization **Employer identification number** Fordham University 13-1740451 Part I **Bond Issues** (h) O n (i) Pool (g) Defeased behalf of financing (c) CUSIP # (f) Description of purpose (a) Issuer name (b) Issuer EIN (d) Date issued (e) Issue price ıssuer Yes No Yes No Yes No DORMITORY AUTHORITY OF THE STATE OF NEW YORK 14-0000623 649907YZ9 04-03-2014 66,182,433 2014 ISSUE - SEE PART VI Х Χ Χ Part II **Proceeds** В С D Α Amount of bonds retired 0 Amount of bonds legally defeased 2 3 Total proceeds of issue 66,182,432 4 Gross proceeds in reserve funds 5 Capitalized interest from proceeds 0 6 Proceeds in refunding escrows 11,252,039 Issuance costs from proceeds 7 867,654 Credit enhancement from proceeds 8 Working capital expenditures from proceeds 9 Capital expenditures from proceeds 10 12,272,734 Other spent proceeds 0 11 Other unspent proceeds 12 41,790,005 Year of substantial completion 13 No Yes Yes Yes No Yes No No Were the bonds issued as part of a current refunding issue? Х 14 Were the bonds issued as part of an advance refunding issue? 15 Х Has the final allocation of proceeds been made? Χ 16 Does the organization maintain adequate books and records to support the final 17 Χ allocation of proceeds? **Private Business Use** Part III

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

property financed by tax-exempt bonds?

2

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

Cat No 50193E

No

Χ

Χ

В

No

Yes

Α

Yes

Schedule K (Form 990) 2013

Yes

D

No

C

No

Yes

Schedule K	(Form 990)2013		
Part III	Private	Business	Use	(Continued)

	· · · · · · · · · · · · · · · · · · ·		4		В		С)
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		х						
Ь	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?								
С	Are there any research agreements that may result in private business use of bond-financed property?		Х						
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		0 %						
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		Х						
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?		х						
ь	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		х						
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?		Х						
Dat	+ TV Arbitrage								

Part IV Arbitrage

		Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		Х						
2	If "No" to line 1, did the following apply?								
а	Rebate not due yet?	Х							
ь	Exception to rebate?		Х						
С	No rebate due?		Х						
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed			•					
3	Is the bond issue a variable rate issue?		Х						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		×						
ь	Name of provider	0							
С	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								
	Schedule K (Form 990) 2013								

Pa	rt IV Arbitrage (Continued)								•
		Α	1	В	3	С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		×						
b	Name of provider	0							
С	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?		Х						
7	Has the organization established written procedures to monitor the requirements of section 148?		Х						
Pa	rt V Procedures To Undertake Corrective Action	•							
		Α	L	В	3	С		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	x							

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

DLN: 93493132043935

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. ▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the org Fordham Universit								E	mploy	er ident	ificatio	n numbei	r
Part I Exce	ess Benef	it Tr	ansactio	ns (sectio	n 501(c)(3)	and section	501(c)(4) o			10451 s only)).		
	olete if the o e of disquali				on Form 990 hip between o	, Part IV , line 2 disqualified	25a or 25b, oı (c) Desci					40b (d) Corre	ected?
	·		`	•	and organiza			<u>'</u>			⊢	Yes	No
											+		
		x ıncı				squalified pers	ons during th	e year	under	section	1		
4958 . 3 Enterthe a		· x,ıfa			 ımbursed by	• • • • the organizatio	n			- \$			
Part II Lo	ans to an	d/o	r From Ir	nterested	l Persons.								
Co	mplete if the	orga	ınızatıon ans	swered "Yes	s" on Form 99	90-EZ, Part V , ne 5 , 6 , or 22	line 38a, or F	orm 99	90, Pa	rt IV , lı	ne 26, d	or if the	
(a) Name of	(b)		(c)	(d) Loan	to	(e)Orıgınal	(f)Balance			(h)		(i)Wri	
ınterested person	Relations with		Purpose of Ioan	or from th		principal amount	due	defaul	τ,	A pprov	/ea	agreem	ient?
	organiza	tion								board or			
				То	From			Yes	No	Yes	No	Yes	No
(1) JOHN LORDAN	SEE PART	· V	SEE PART V		X	450,000	300,000		No		No	Yes	
(2) STEPHEN FREEDMAN	SEE PART	V	SEE PART V		х	1,637,500	837,500		No		No	Yes	
													1
												_	
Гotal			 ► \$				1 127 500					_ _	
Part IIII Gra			ance Ben		Interested		1,137,500						
(a) Name of ir			<u>ganızatıon</u> Relatıonshı			orm 990, Par t of assistance			stanc	e (e)) Purpos	se of ass	ıstance
perso	n	ınte	rested pers organiza										
							_						
							_						
							_						

Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.							
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh of organiz reven	f zatıon':		
				Yes	No		
(1) JILL LOGAN	SEE PART V	113,985	EMPLOYEE COMPENSATION		Νo		

Part V Supplemental Information

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

Return Reference	Explanation
LOANS TO AND FROM	(A) NAME OF PERSON JOHN LORDAN (B) RELATIONSHIP WITH ORGANIZATION SENIOR VP,
	CFO, & TREASURER OF FORDHAM UNIVERSITY (C) PURPOSE OF LOAN MORTGAGE (A) NAME
	OF PERSON STEPHEN FREEDMAN (B) RELATIONSHIP WITH ORGANIZATION PROVOST OF
	FORDHAM UNIVERSITY (C) PURPOSE OF LOAN MORTGAGE
SCHEDULE L, PART IV	JILL LOGAN IS A FAMILY MEMBER OF PATRICIA NAZEMETZ, CURRENT TRUSTEE

Schedule L (Form 990 or 990-EZ) 2013

DLN: 93493132043935

OMB No 1545-0047

SCHEDULE M (Form 990)

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

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Department of the Treasury Internal Revenue Service

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

ame	OΤ	tne	org	an	ıza	TIC)
ordhar	n l	Inive	rsity				

Employer identification number

DOWN THE THE SECTION AND ADDRESS OF				-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,	(Method of noncash contr		_	nts
1 Art Works of ort			line 1 g				
1 Art—Works of art							
2 Art—Historical treasures .							
3 Art—Fractional interests							
4 Books and publications							
5 Clothing and household goods							
6 Cars and other vehicles							
7 Boats and planes							
8 Intellectual property							
9 Securities—Publicly traded .	Х	24	1,130,685	MARKET QUOTA	ATION		
• Securities—Closely held stock .							
1 Securities—Partnership, LLC, or trust interests							
2 Securities—Miscellaneous							
3 Qualified conservation contribution—Historic structures							
4 Qualified conservation contribution—Other							
5 Real estate—Residential .							
6 Real estate—Commercial							
7 Real estate—Other							
8 Collectibles							
9 Food inventory							
0 Drugs and medical supplies .							
1 Taxidermy							
2 Historical artifacts							
3 Scientific specimens							
4 Archeological artifacts							
5 Other►(NNUITIES)	Х	1	30,000	MARKET QUOTA	NOITA		
6 Other►(nod and Beverage Costs)	Х	4	17,018	COST			
7 Other ►()							
8 Other ► ()							
9 Number of Forms 8283 received by t for which the organization completed				9			
		, _ ,				Yes	No
Oa During the year, did the organization	receive by	contribution any property r	reported in Part I, lines 1	through 28, that			
it must hold for at least three years							
for exempt purposes for the entire ho					30a		No
b If "Yes," describe the arrangement i					- 504		
1 Does the organization have a gift ac		licy that requires the revie	w of any non-standard co	ntributions?	31	Yes	
2a Does the organization hire or use thi contributions?				ncash	32a		N ~
	- -	·	·	-	32a		Νo
 b If "Yes," describe in Part II 3 If the organization did not report an describe in Part II 	amount in co	olumn (c) for a type of prop	erty for which column (a)	ıs checked,			

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the

number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference Explanation SCHEDULE M, PART I, COLUMN (B) NUMBER OF CONTRIBUTORS THE AMOUNT LISTED IN COLUMN (B) REPRESENTS THE

NUMBER OF CONTRIBUTORS

Schedule M (Form 990) (2013)

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493132043935

OMB No 1545-0047

2013

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Inspection

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 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.

Name of the organization
Fordham University

13-1740451

Return Reference	Explanation
Form 990, Part III, Line 1	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

Return Reference	Explanation
T	FAMILY RELATIONSHIP - PETER STACE, OFFICER/VP OF ENROLLMENT, HAS A FAMILY RELATIONSHIP WITH MARGARET BALL OFFICER/UNIVERSITY SECRETARY

Return Reference	Explanation
Form 990, Part VI, Line 11b	THE FINANCE DEPARTMENT WORKS CLOSELY WITH KPMG LLP, THE UNIVERSITY'S INDEPENDENT ACCOUNTING FIRM, TO PREPARE FORM 990 THE FINANCE DEPARTMENT PREPARES THE INITIAL DRAFT, WHICH KPMG REVIEWS TOGETHER WITH VARIOUS SUPPORTING DOCUMENTATION WHEN BOTH KPMG AND THE FINANCE STAFF ARE SATISFIED WITH THE FINAL DRAFT, IT IS THEN CAREFULLY REVIEWED AND EDITED BY THE CONTROLLER AND THEN BY THE INTERIM SR VP, CFO, TREASURER, WHO THEN PROVIDES THE REVISED RETURN TO THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES FOR REVIEW AND APPROVAL THE BOARD OF TRUSTEES HAS DELEGATED THE RESPONSIBILITY FOR REVIEWING THE RETURN TO THE EXECUTIVE COMMITTEE QUESTIONS AND COMMENTS BY THE EXECUTIVE COMMITTEE ARE INCORPORATED INTO THE FORM 990 AS APPROPRIATE A COPY OF THE FINAL FORM 990 IS PROVIDED TO THE FULL BOARD OF TRUSTEES PRIOR TO FILING WITH THE IRS

Return Reference	Explanation
Form 990, Part VI, Line 12c	THE UNIVERSITY HAS A WRITTEN CONFLICT OF INTEREST POLICY COVERING ALL TRUSTEES, OFFICERS, AND EMPLOYEES THAT REQUIRES, AMONG OTHER THINGS, THAT NO INDIVIDUAL MAY PARTICIPATE IN DISCUSSION OR DECISION ON ANY MATTER IN WHICH HE OR SHE HAS A MATERIAL FINANCIAL INTEREST ALL TRUSTEES, OFFICERS AND INDIVIDUALS WHO HAVE SIGNING AUTHORITY ARE REQUIRED TO CERTIFY COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS AND TO INDICATE WHETHER THE UNIVERSITY DOES BUSINESS WITH AN ENTITY IN WHICH THEY HAVE 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, AND IN ACCORDANCE WITH RELEVANT STATE CONFLICT OF INTEREST LAWS AND THE UNIVERSITY'S STATUS UNDER SECTION 501(C)(3)

Return Reference	Explanation
Form 990, Part VI, Line 15a	COMPENSATION REVIEW FORDHAMS BOARD OF TRUSTEES HAS DELEGATED RESPONSIBILITY FOR DETERMINING COMPENSATION FOR CERTAIN MEMBERS OF SENIOR MANAGEMENT TO THE BOARDS INDEPENDENT COMPENSATION COMMITTEE. HOWEVER, THE APPROVAL OF THE FULL BOARD OF TRUSTEES IS REQUIRED FOR APPROVAL OF THE PRESIDENT'S ANNUAL SALARY ALL TRUSTEES ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST POLICY DISCLOSURE STATEMENT EACH YEAR THE COMPENSATION COMMITTEE SEEKS TO ENSURE THAT EMPLOYEES ARE PAID WITHIN THE RANGE OF THE GOING MARKET RATE FOR SUCH POSITIONS AT SIMILARLY SITUATED UNIVERSITIES IN SIMILAR GEOGRAPHIC REGIONS, BY REFERENCE TO COMPENSATION SURVEYS AND OTHER INSTITUTIONS' FORM 990 RETURNS FORDHAM KEEPS RECORDS TO DOCUMENT ITS COMPENSATION SETTING PROCESS

Return Reference	Explanation
Form 990, Part VI, Line 19	FORDHAM UNIVERSITY'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE CURRENTLY AVAILABLE ON THE UNIVERSITY'S WEBSITE

Return Reference	Explanation
Form 990, Part X, Line 23	SECURED MORTGAGES AND NOTES PAYABLE TO UNRELATED THIRD PARTIES IN JULY 2012, THE UNIVERSITY ENTERED INTO AN AGREEMENT WITH THE JESUITS OF FORDHAM, INC, A NOT FOR PROFIT PROVINCIAL ORDER, FOR THE PURCHASE OF LOYOLA HALL, A BUILDING LOCATED ON THE ROSE HILL CAMPUS OF FORDHAM UNIVERSITY, FOR \$30 MILLION THE FIRST INSTALLMENT OF \$8 MILLION WAS PAID ON THE CLOSING DATE. THE BALANCE OF THE PURCHASE PRICE WILL BE PAID PURSUANT TO AN INTEREST FREE PROMISSORY NOTE CALLING FOR EIGHT INSTALLMENTS OF \$2,750,000 EACH YEAR THROUGH JULY 2020. THE UNIVERSITY'S RECORDED AN UNAMORTIZED DISCOUNT TOTALED \$2,425,924 AND \$2,522,508 AT JUNE 30, 2014 AND 2013, RESPECTIVELY

Return Reference	Explanation
· ·	CHANGE IN VALUE OF INTEREST RATE SWAP (77,561) LOSS NOT YET RECOGNIZED AS A COMPONENT OF NET PERIODIC COST (3,621,000) UNREALIZED CHANGE IN VALUE OF PERPETUAL TRUST 598,000 EXPENSES OF AFFILIATE (1,036,357) PRIOR PERIOD ADJ FOR EXPENSES OF AFFILIATE (26,952)

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

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

DLN: 93493132043935

OMB No 1545-0047

Open to Public Inspection

Schedule R (Form 990) 2013

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. ► See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

(Form 990)

SCHEDULE R

Employer identification number Name of the organization Fordham University 13-1740451

(a) Name, address, and EIN (ıf applıcable) of dısregarded 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 888 SEVENTH AVE 7TH FLOOR NEW YORK, NY 10019 13-1740451	HOLDING CO	NY	122,834	122,834	FORDHAM U		
Part II Identification of Related Tax-Exempt Organiza	ations Complete if the	ne organization an	swered "Yes" o	n Form 990, Pa	rt IV, line 34 because	ıt had or	ne
or more related tax-exempt organizations during the	e tax year.	J		•	•		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	on Public charity st	tatus Direct controlling entity	Section (13) co	
						Yes	No
(1) FORDHAM UNIVERSITY (USA) UK PROGRAM LTD 15 ST BOTOLPH STREET EC3A 7NJ LONDON EC3A 7NJ UK	EDUCATION	UK			FORDHAM U	Yes	
(2) FORDHAM UNIVERSITY UK CHARITABLE TRUST	EDUCATION	UK			FORDHAM U	Yes	+
15 ST BOTOLPH STREET EC3A 7NJ LONDON EC3A 7NJ UK							

Cat No 50135Y

Part III Identification of Related Control because it had one or more related to the control of	Organizations Taxable elated organizations trea	as a Partne ted as a part	ership tnership	Comp durin	lete ı g the	f the org tax yea	janiza ir.	ation an	swered "Ye	es" on	Form	990, Pa	rt I\	/, lın	ie 34	
(a) Name, address, and EIN related organization	l of	(b) Primary activity	(c) Legal domicile (state or foreign country)	entr	ct Iling	(e) Predominan income(relate unrelated, excluded fro tax under sections 512 514)		(f) Share of total income	(g) Share of ne end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-U amount in 20 of Schedule I (Form 106	box K-1	managing partner?		(k) Percentage ownership
						314)				Yes	No			Yes	No	
Part IV Identification of Related C line 34 because it had one or										wered	d "Yes	" on For	m 9	90, I	Part	ΙV,
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Lega domic (state or f countr	l ile oreign		Direct	(d) controlling entity	Type (C cor	(e) of entity p, S corp, trust)	(f) Share of total Income		(g) e of end year assets	-of- Per	(h) rcenta /nersh			(i) ection 512 (b)(13) controlled entity?
(1) CHARITABLE REMAINDER TRUST	INVESTMENT	ОН			NA		Trust									Yes No
(2) CHARITABLE REMAINDER TRUST	INVESTMENT	NY			NA		Trust									No

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

No

Yes

$oldsymbol{1}$ During the tax year, did the organization engage in any of the following transactions with one or more	related organizations li	sted in Parts II-IV?									
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity											
 Gift, grant, or capital contribution to related organization(s) Gift, grant, or capital contribution from related organization(s) 											
											d Loans or loan guarantees to or for related organization(s)
e Loans or loan guarantees by related organization(s)											
f Dividends from related organization(s)				1f		No					
g Sale of assets to related organization(s)											
h Purchase of assets from related organization(s)				1h		No					
i Exchange of assets with related organization(s)											
j Lease of facilities, equipment, or other assets to related organization(s)											
						No					
k Lease of facilities, equipment, or other assets from related organization(s)											
l Performance of services or membership or fundraising solicitations for related organization(s)											
m Performance of services or membership or fundraising solicitations by related organization(s)											
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)											
• Sharing of paid employees with related organization(s)				10		No					
P Reimbursement paid to related organization(s) for expenses				1p	Yes						
q Reimbursement paid by related organization(s) for expenses				1q		No					
r Other transfer of cash or property to related organization(s)				1r		No					
s Other transfer of cash or property from related organization(s)				1s		No					
2 If the answer to any of the above is "Yes," see the instructions for information on who must comple	ete this line, including co	overed relationships	and transaction thresholds								
(a) Name of related organization (b) Transaction Transaction type (a-s) (c) Amount involved Method of determining an											
1) FORDHAM UNIVERSITY (USA) UK PROGRAM LTD	Р	1,036,357	COST								

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

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

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?								(e) all partners section 501(c)(3) anizations? (f) Share of total income		(f) (g) Share of total end-of-year assets	(h) Disproprtionate allocations?		(i) Code V ² UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No								
												1								
													_							
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Schedule R (Form 990) 2013

Part VII Supplemental Information

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

Return Reference Explanation

Schedule R (Form 990) 2013