

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

A For the 2018 calendar year, or tax year beginning , 2018, and ending , 20																																											
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization SIR HAROLD ACTON CHARITABLE TRUST</td> <td>D Employer identification number 13-7050560</td> </tr> <tr> <td colspan="2">Doing business as</td> <td>E Telephone number</td> </tr> <tr> <td colspan="2">Number and street (or P.O. box if mail is not delivered to street address) Room/suite 105 EAST 17TH STREET, 2ND FLOOR</td> <td>212 998-2955</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10003-9580</td> <td></td> </tr> <tr> <td colspan="3">F Name and address of principal officer: MARTIN DORPH 70 WASHINGTON SQ, S ROOM 1212 NEW YORK NY 10012</td> </tr> <tr> <td colspan="3">G Gross receipts \$ 4,820,741</td> </tr> <tr> <td colspan="3">H(a) Is this a group return for subordinates? ☐ Yes ☒ No</td> </tr> <tr> <td colspan="3">H(b) Are all subordinates included? ☐ Yes ☐ No</td> </tr> <tr> <td colspan="3">If "No," attach a list (see instructions)</td> </tr> <tr> <td colspan="3">H(c) Group exemption number ▶</td> </tr> <tr> <td colspan="3">I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527</td> </tr> <tr> <td colspan="3">J Website: ▶ N/A</td> </tr> <tr> <td colspan="3">K Form of organization: ☐ Corporation ☒ Trust ☐ Association ☐ Other ▶</td> </tr> <tr> <td colspan="3">L Year of formation: 1996 M State of legal domicile: NY</td> </tr> </table>	C Name of organization SIR HAROLD ACTON CHARITABLE TRUST		D Employer identification number 13-7050560	Doing business as		E Telephone number	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 105 EAST 17TH STREET, 2ND FLOOR		212 998-2955	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10003-9580			F Name and address of principal officer: MARTIN DORPH 70 WASHINGTON SQ, S ROOM 1212 NEW YORK NY 10012			G Gross receipts \$ 4,820,741			H(a) Is this a group return for subordinates? ☐ Yes ☒ No			H(b) Are all subordinates included? ☐ Yes ☐ No			If "No," attach a list (see instructions)			H(c) Group exemption number ▶			I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527			J Website: ▶ N/A			K Form of organization: ☐ Corporation ☒ Trust ☐ Association ☐ Other ▶			L Year of formation: 1996 M State of legal domicile: NY		
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Part I Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O	
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	3
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4
Revenue	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5 NONE
	6	Total number of volunteers (estimate if necessary)	6 NONE
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a NONE
	7b	Net unrelated business taxable income from Form 990-T, line 38	7b NONE
Expenses	8	Contributions and grants (Part VIII, line 1h)	
	9	Program service revenue (Part VIII, line 2g)	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,907,950
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	878,751
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,907,950
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	924,402
	14	Benefits paid to or for members (Part IX, column (A), line 4)	956,644
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,921
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	16,320
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ NONE	
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	48,068
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	73,095
	19	Revenue less expenses. Subtract line 18 from line 12	981,391
	20	Total assets (Part X, line 16)	1,046,059
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	1,926,559
	22	Net assets or fund balances. Subtract line 21 from line 20	-167,308

Part II Signature Block			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
Sign Here	Signature of officer	Date	11/14/19
	MARTIN DORPH, TRUSTEE Type or print name and title		
Paid Preparer Use Only	Print preparer's name	Preparer's signature	Date
	SHAWN P. HANLON		10/19/2019
	Firm's name ▶ PRICEWATERHOUSECOOPERS LLP	Firm's EIN ▶ 13-4008324	PTIN P00965923
	Firm's address ▶ 600 GRANT STREET; PITTSBURGH, PA 15219	Phone no. 412-355-6000	
May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No			

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2018)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission.SEE SCHEDULE O**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 956,644. including grants of \$ 956,644.) (Revenue \$)
SUPPORT OF NEW YORK UNIVERSITY'S CAMPUS IN FLORENCE, ITALY**4b** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe in Schedule O.)

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

4e Total program service expenses **956,644.**

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.	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X
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.		X
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.		X
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? If "Yes," complete Schedule C, Part III.		X
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.		X
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.		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		X
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.		X
10 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 V.	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		X
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.	X	
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		X
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.		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		X
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.		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.		X
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.	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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.		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.		X
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? If "Yes," complete Schedule F, Parts III and IV.		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).		X
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.		X
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.		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
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 "Yes," complete Schedule L, Part II		X
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? If "Yes," complete Schedule L, Part III		X
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):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
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	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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		
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		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
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.	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V. ☐

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
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	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter.		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 13a		
Note.	See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
	If "Yes," see instructions and file Form 4720, Schedule N.		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
	If "Yes," complete Form 4720, Schedule O.		

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 3		
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 1b		
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		X
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		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? 6		X
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	X	
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		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	X	
b Each committee with authority to act on behalf of the governing body? 8b	X	
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		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **► New York**

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records **►**
NEW YORK UNIVERSITY TEL: (212) 998-2955

105 EAST 17TH STREET, 2ND FLOOR; NEW YORK, NY 10003

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANDREA SCAVETTA CO-TRUSTEE	1.00	X						16,320.	130,000.	NONE
(2) PIETRINA SCARAGLINO CO-TRUSTEE	1.00 50.00	X						NONE	379,268.	54,114.
(3) MARTIN DORPH CO-TRUSTEE	1.00 50.00	X						NONE	807,875.	52,309.
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							16,320.	1,317,143.	106,423.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.

	Yes	No
3		X
4	X	
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f				
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f ▶				
Program Service Revenue	Business Code					
	2a					
	b					
	c					
	d					
	e					
	f	All other program service revenue				
g	Total. Add lines 2a-2f ▶					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ▶	539,202.			539,202.
	4	Income from investment of tax-exempt bond proceeds ▶				
	5	Royalties ▶				
		(i) Real (ii) Personal				
	6a	Gross rents				
	b	Less: rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) ▶				
	7a	Gross amount from sales of assets other than inventory (i) Securities (ii) Other	4,281,539			
	b	Less: cost or other basis and sales expenses	3,941,990			
	c	Gain or (loss)	339,549			
	d	Net gain or (loss) ▶	339,549.			339,549.
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a				
	b	Less: direct expenses b				
	c	Net income or (loss) from fundraising events ▶				
	9a	Gross income from gaming activities. See Part IV, line 19 a				
	b	Less: direct expenses b				
c	Net income or (loss) from gaming activities ▶					
10a	Gross sales of inventory, less returns and allowances a					
b	Less: cost of goods sold b					
c	Net income or (loss) from sales of inventory ▶					
Miscellaneous Revenue		Business Code				
11a						
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d ▶					
12	Total revenue. See instructions. ▶	878,751.			878,751.	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	956,644.	956,644.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	16,320.		16,320.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	500.		500.	
d Lobbying				
e Professional fundraising services See Part IV, line 17.				
f Investment management fees	56,927.		56,927.	
9 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	4,928.		4,928.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
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 NYS FILING FEE	1,500.		1,500.	
b FOREIGN TAXES PAID	9,240.		9,240.	
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,046,059.	956,644.	89,415.	NONE
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year	(B) End of year
Assets	1 Cash - non-interest-bearing		1
	2 Savings and temporary cash investments		2
	3 Pledges and grants receivable, net		3
	4 Accounts receivable, net		4
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6
	7 Notes and loans receivable, net		7
	8 Inventories for sale or use		8
	9 Prepaid expenses and deferred charges		9
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	
	b Less accumulated depreciation	10b	10c
	11 Investments - publicly traded securities		11
	12 Investments - other securities. See Part IV, line 11	22,433,655.	12 22,255,871.
	13 Investments - program-related. See Part IV, line 11		13
	14 Intangible assets		14
	15 Other assets. See Part IV, line 11		15
16 Total assets. Add lines 1 through 15 (must equal line 34)	22,433,655.	16 22,255,871.	
Liabilities	17 Accounts payable and accrued expenses		17
	18 Grants payable		18
	19 Deferred revenue		19
	20 Tax-exempt bond liabilities		20
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22
	23 Secured mortgages and notes payable to unrelated third parties		23
	24 Unsecured notes and loans payable to unrelated third parties		24
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25
	26 Total liabilities. Add lines 17 through 25	NONE	26 NONE
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☐ and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets		27
	28 Temporarily restricted net assets		28
	29 Permanently restricted net assets		29
	Organizations that do not follow SFAS 117 (ASC 958), check here ☒ and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds	15,152,886.	30 22,255,871.
	31 Paid-in or capital surplus, or land, building, or equipment fund		31
	32 Retained earnings, endowment, accumulated income, or other funds	7,280,769.	32
33 Total net assets or fund balances	22,433,655.	33 22,255,871.	
34 Total liabilities and net assets/fund balances	22,433,655.	34 22,255,871.	

Form **990** (2018)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI. ☒ X

1	Total revenue (must equal Part VIII, column (A), line 12)	1	878,751.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,046,059.
3	Revenue less expenses. Subtract line 2 from line 1	3	-167,308.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	22,433,655.
5	Net unrealized gains (losses) on investments	5	
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	-10,476.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	22,255,871.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

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

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

Form **990** (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2018

Open to Public
Inspection

Name of the organization

SIR HAROLD ACTON CHARITABLE TRUST

Employer identification number

13-7050560

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

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

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

f Enter the number of supported organizations 1

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) SEE PART VI						
(B) New York University		2			956844	
(C)						
(D)						
(E)						
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	N/A (f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, 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 VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.						☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2018. 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 - 2017. 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 - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		☐
b 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		☐
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	N/A (f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 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 business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	X	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		X
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		X
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
3c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		X
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		X
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		X
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		X
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		X
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		X
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		X
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		X
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		X
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations N/A

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

Section D. All Type III Supporting Organizations N/A

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

Section E. Type III Functionally Integrated Supporting Organizations N/A

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2018

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2018 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
c	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
c	Excess from 2016			
d	Excess from 2017			
e	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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

PART IV SECTION B LINE 1

TWO OF THE THREE TRUSTEES ARE REQUIRED TO BE EMPLOYEES OF NYU (THE
"NYU TRUSTEES"). ONE OF THE NYU TRUSTEES IS APPOINTED UNILATERALLY
BY NYU, AND THE OTHER IS AGREED TO BY THE THIRD TRUSTEE. BOTH OF THE
CURRENT NYU TRUSTEES ARE SENIOR ADMINISTRATORS OF NYU. ALL TRUSTEE
APPOINTMENTS MUST BE CONFIRMED BY THE COURT WITH JURISDICTION OVER
THE TRUST.

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

SCHEDULE A, PART I (g) - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

NAME OF SUPPORTED ORGANIZATION:

NEW YORK UNIVERISTY

EIN: 13-5562308

TYPE OF ORGANIZATION FROM PART I: 2

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

AMOUNT OF SUPPORT: 956,644.

TOTAL SUPPORT: 956,644.

TOTAL OTHER SUPPORT: NONE

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

SIR HAROLD ACTON CHARITABLE TRUST

13-7050560

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

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

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

Part II Conservation Easements.

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

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

☐ Preservation of land for public use (e.g., recreation or education)	☐ Preservation of a historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

4 Number of states where property subject to conservation easement is located ▶ _____

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

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

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

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1. ▶ \$ _____

(ii) Assets included in Form 990, Part X. ▶ \$ _____

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

a Revenue included on Form 990, Part VIII, line 1. ▶ \$ _____

b Assets included in Form 990, Part X. ▶ \$ _____

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

Schedule D (Form 990) 2018

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	22,433,655.	20,507,096.	20,423,046.	20,821,753.	20,466,649.
b Contributions					
c Net investment earnings, gains, and losses	878,751.	2,907,950.	1,074,550.	598,748.	1,353,648.
d Grants or scholarships	956,644.	924,402.	925,521.	923,974.	922,772.
e Other expenditures for facilities and programs					
f Administrative expenses	89,415.	56,989.	64,979.	73,481.	75,772.
g End of year balance	22,255,871.	22,433,655.	20,507,096.	20,423,046.	20,821,753.

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

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☒ 75.000000%

c Temporarily restricted endowment ☒ 25.000000%

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

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

(i) unrelated organizations ☐ Yes ☒ No

(ii) related organizations ☒ Yes ☐ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☒ Yes ☐ No

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ☒

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1) Financial derivatives		COST
(2) Closely-held equity interests		COST
(3) Other		
(A) OTHER INVESTMENTS	21,663,647.	COST
(B) CASH	592,224.	COST
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	22,255,871	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

SEE CONTINUATION SHEET

Part XIII Supplemental Information (continued)**EXPLANATION FOR SCHEDULE D, PART V, LINE 4**

SUPPORT OF NEW YORK UNIVERSITY'S CAMPUS IN FLORENCE, ITALY

SCHEDULE I
(Form 990)

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

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

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

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2018

Open to Public
Inspection

Name of the organization

Employer identification number

SIR HAROLD ACTON CHARITABLE TRUST

13-7050560

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SEE STATEMENT 1							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

Schedule I (Form 990) (2018)

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2018

**Open to Public
Inspection**

SIR HAROLD ACTON CHARITABLE TRUST

Employer identification number

13-7050560

Part I Questions Regarding Compensation

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

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

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

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

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

- | | |
|--|--|
| ☐ Compensation committee | ☐ Written employment contract |
| ☐ Independent compensation consultant | ☐ Compensation survey or study |
| ☐ Form 990 of other organizations | ☐ Approval by the board or compensation committee |

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

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

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

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

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

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

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

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

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

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

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2018

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 PIETRINA SCARAGLINO	(i)	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	379,268.	NONE	46,000.	8,114.	433,382.	NONE
2 MARTIN DORPH	(i)	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	752,414.	NONE	27,500.	24,809.	860,184.	NONE
3	(i)						
	(ii)						
4	(i)						
	(ii)						
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018

**Open to Public
Inspection**

SIR HAROLD ACTON CHARITABLE TRUST

Employer identification number

13-7050560

EXPLANATION FOR FORM 990, PAGE 6, PART VI, LINE 7a

TWO OF THE THREE TRUSTEES ARE REQUIRED TO BE EMPLOYEES OF NYU (THE
"NYU TRUSTEES"). ONE OF THE NYU TRUSTEES IS APPOINTED UNILATERALLY
BY NYU, AND THE OTHER IS AGREED TO BY THE THIRD TRUSTEE. BOTH OF
THE CURRENT NYU TRUSTEES ARE SENIOR ADMINISTRATORS OF NYU.

FORM 990, PAGE 6, PART VI, LINE 11-DESCRIPTION OF PROCESS FOR REVIEW

PURSUANT TO A DELEGATION OF CERTAIN ADMINISTRATIVE FUNCTIONS OF THE
TRUST TO NYU, 1) THE FORM 990 IS REVIEWED BY NYU'S TAX DEPARTMENT
AND NYU OFFICE OF GENERAL COUNSEL AND APPROVED BY THE NYU
CONTROLLER; 2) THE FORM 990 IS THEN DISTRIBUTED TO THE TRUSTEES FOR
REVIEW; 3) SUBSEQUENT TO THE TRUSTEE'S REVIEW, THE FORM 990 IS
FILED WITH THE IRS.

EXPLANATION FOR FORM 990, PAGE 6, PART VI, LINE 12c

PURSUANT TO A DELEGATION OF CERTAIN ADMINISTRATIVE FUNCTIONS OF THE
TRUST TO NYU, THE NYU OFFICE OF GENERAL COUNSEL ANNUALLY SENDS OUT
CONFLICT OF INTEREST QUESTIONNAIRES TO THE TRUSTEES OF THE TRUST
(THERE ARE NO OFFICERS OR KEY EMPLOYEES), REVIEWS COMPLETED
QUESTIONNAIRES, AND CONSULTS WITH THOSE COMPLETING FORMS AS
APPROPRIATE. IN ADDITION, ANY QUESTIONS THAT ARISE PERIODICALLY
THROUGHOUT THE YEAR ARE ADDRESSED BY THE NYU OFFICE OF COMPLIANCE
AND RISK MANAGEMENT AND THE NYU OFFICE OF GENERAL COUNSEL IN THE
FIRST INSTANCE.

Name of the organization

Employer identification number

SIR HAROLD ACTON CHARITABLE TRUST

13-7050560

FORM 990, PAGE 6, PART VI, LINE 15a

THE TRUST HAS NO OFFICERS OR EMPLOYEES. TWO OF THE TRUSTEES OF THE TRUST ARE EMPLOYEES OF NYU; TO THE EXTENT SUCH TRUSTEES ARE ALSO OFFICERS OR KEY EMPLOYEES OF NYU, COMPENSATION FOR THEIR SERVICE TO NYU WAS APPROVED BY NYU'S COMPENSATION COMMITTEE, AN INDEPENDENT COMMITTEE OF THE NYU BOARD OF TRUSTEES, WHICH UTILIZED COMPARABILITY DATA AND CONTEMPORANEOUSLY DOCUMENTED ITS DETERMINATIONS.

FORM 990, PAGE 6, PART VI, LINE 15b

THE TRUST HAS NO OFFICERS OR EMPLOYEES. TWO OF THE TRUSTEES OF THE TRUST ARE EMPLOYEES OF NYU; TO THE EXTENT SUCH TRUSTEES ARE ALSO OFFICERS OR KEY EMPLOYEES OF NYU, COMPENSATION FOR THEIR SERVICE TO NYU WAS APPROVED BY NYU'S COMPENSATION COMMITTEE, AN INDEPENDENT COMMITTEE OF THE NYU BOARD OF TRUSTEES, WHICH UTILIZED COMPARABILITY DATA AND CONTEMPORANEOUSLY DOCUMENTED ITS DETERMINATIONS.

FORM 990, PAGE 6, PART VI, LINE 19

THE GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. CONFLICT OF INTEREST POLICY AND CONSOLIDATED FINANCIAL STATEMENTS ARE AVAILABLE ON NYU'S WEBSITE (WWW.NYU.EDU).

EXPLANATION FOR FORM 990, PART XI, LINE 9

RETURN OF CAPITAL ADJUSTMENT ON CURRENT YEAR SALES (\$7,198); COST BASIS ADJUSTMENT (\$3,278)

Name of the organization

SIR HAROLD ACTON CHARITABLE TRUST

Employer identification number

13-7050560

FORM 990, PART I - ORGANIZATION'S PRIMARY EXEMPT PURPOSE
=====

THE ACTIVITIES OF THE TRUST CONSIST OF THE MANAGEMENT OF TRUST ASSETS
AND THE DISTRIBUTION OF THE TRUST INCOME TO NEW YORK UNIVERSITY, TO
BE USED SPECIFICALLY FOR THE MAINTENANCE AND SUPPORT OF THE
UNIVERSITY'S CAMPUS IN FLORENCE, ITALY.

Name of the organization

SIR HAROLD ACTON CHARITABLE TRUST

Employer identification number

13-7050560

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

=====

THE ACTIVITIES OF THE TRUST CONSIST OF THE MANAGEMENT OF TRUST ASSETS
AND THE DISTRIBUTION OF THE TRUST INCOME TO NEW YORK UNIVERSITY, TO
BE USED SPECIFICALLY FOR THE MAINTENANCE AND SUPPORT OF THE
UNIVERSITY'S CAMPUS IN FLORENCE, ITALY.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

SIR HAROLD ACTON CHARITABLE TRUST

Employer identification number

13-7050560

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

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

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

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1) SEE PART VII SUPPLEMENT								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

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

Schedule R (Form 990) 2018

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

13-7050560

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
(1) SEE PART VII SUPPLEMENT								Yes No
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Schedule R (Form 990) 2018

Part V

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

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

1

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

a

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

1a

X

b

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

1b

X

c

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

1c

X

d

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

1d

X

e

Loans or loan guarantees by related organization(s).

1e

X

f

Dividends from related organization(s).

1f

X

g

Sale of assets to related organization(s).

1g

X

h

Purchase of assets from related organization(s).

1h

X

i

Exchange of assets with related organization(s).

1i

X

j

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

1j

X

k

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

1k

X

l

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

1l

X

m

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

1m

X

n

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

1n

X

o

Sharing of paid employees with related organization(s).

1o

X

p

Reimbursement paid to related organization(s) for expenses.

1p

X

q

Reimbursement paid by related organization(s) for expenses.

1q

X

r

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

1r

X

s

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

1s

X

2

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

8E1309 1 000

JSA

Schedule R (Form 990) 2018

67

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37. **13-7050560**

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

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

Schedule R (Form 990) 2018

Part VII • Supplemental Information. Provide additional information.

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

Part VII Supplemental Information

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

Supplement to Schedule R, Part II, Form 990

=====

Name of entity: INSTITUTE OF FINE ARTS FOUNDATION
Address of Entity: 1 EAST 78TH STREET, NEW YORK, NY 10021
Employer ID Number:23-7184242
Primary Activity:SUPPORT NYU'S INSTITUTE OF FINE ARTS
Legal domicile state:NY
Exempt code section:501(c)(3)
Public charity status:LINE 12A, I
Direct controlling entity:NEW YORK UNIVERSITY
Sec. 512(b)(13) Controlled Entity: Yes

Name of entity: NATIONAL CENTER ON PHILANTHROPY AND THE LAW
Address of Entity: 139 MACDOUGAL STREET, 1ST FLOOR, NEW YORK, NY 10012
Employer ID Number:13-3954405
Primary Activity:STUDY, RESEARCH, EDUCATION ON PHILANTHROPY AND THE LAW
Legal domicile state:NY
Exempt code section:501(c)(3)
Public charity status:LINE 12A, I
Direct controlling entity:NYU SCHOOL OF LAW FOUNDATION
Sec. 512(b)(13) Controlled Entity: Yes

Name of entity: NYU SCHOOL OF BUSINESS FOUNDATION, INC.
Name of entity continued: C/O KAUFMAN MGMT. CENTER
Address of Entity: 44 WEST 4TH STREET 11-160, NEW YORK, NY 10022
Employer ID Number:13-4168015
Primary Activity:SUPPORT NYU'S L.N. STERN SCHOOL OF BUSINESS
Legal domicile state:NY
Exempt code section:501(c)(3)
Public charity status:LINE 7
Direct controlling entity:NEW YORK UNIVERSITY
Sec. 512(b)(13) Controlled Entity: Yes

Name of entity: NEW YORK UNIVERSITY SCHOOL OF LAW FOUNDATION
Address of Entity: 110 WEST 3RD STREET, 2ND FL, NEW YORK, NY 10012
Employer ID Number:13-6161036
Primary Activity:SUPPORT NYU'S SCHOOL OF LAW
Legal domicile state:NY
Exempt code section:501(c)(3)
Public charity status:LINE 10
Direct controlling entity:NEW YORK UNIVERSITY
Sec. 512(b)(13) Controlled Entity: Yes

Name of entity: NYU IMAGING, INC.
Address of Entity: 545 FIRST AVENUE, NEW YORK, NY 10016
Employer ID Number:13-4000622
Primary Activity:PERFORMS MEDICAL ACTIVITIES
Legal domicile state:NY
Exempt code section:501(c)(3)
Public charity status:LINE 12A, I

Part VII Supplemental Information

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

Supplement to Schedule R, Part II, Form 990 (Cont'd)

Direct controlling entity: NEW YORK UNIVERSITY
Sec. 512(b)(13) Controlled Entity: Yes

Name of entity: NYU SCHOOL OF LAW FACULTY RETENTION ASSISTANCE CORPORATION
Address of Entity: 110 WEST 3RD STREET, 2ND FL, NEW YORK, NY 10012
Employer ID Number: 13-4047911
Primary Activity: SUPPORT NYU'S SCHOOL OF LAW
Legal domicile state: NY
Exempt code section: 501(c)(3)
Public charity status: LINE 12A, I
Direct controlling entity: NYU'S SCHOOL OF LAW FOUNDATION
Sec. 512(b)(13) Controlled Entity: Yes

Name of entity: NYU SCHOOL OF LAW HOUSING ASSISTANCE CORP.
Address of Entity: 110 WEST 3RD STREET, 2ND FL, NEW YORK, NY 10012
Employer ID Number: 13-4043221
Primary Activity: SUPPORT NYU'S SCHOOL OF LAW
Legal domicile state: NY
Exempt code section: 501(c)(3)
Public charity status: LINE 12A, I
Direct controlling entity: NYU'S SCHOOL OF LAW FOUNDATION
Sec. 512(b)(13) Controlled Entity: Yes

Name of entity: NYU SCHOOL OF LAW RECRUITMENT ASSISTANCE CORPORATION
Address of Entity: 110 WEST 3RD STREET, 2ND FL, NEW YORK, NY 10012
Employer ID Number: 13-4043182
Primary Activity: SUPPORT OF NYU'S SCHOOL OF LAW
Legal domicile state: NY
Exempt code section: 501(c)(3)
Public charity status: LINE 12A, I
Direct controlling entity: NYU'S SCHOOL OF LAW FOUNDATION
Sec. 512(b)(13) Controlled Entity: Yes

Name of entity: HAROLD ACTON TRUST
Address of Entity: 105 EAST 17TH STREET, 2ND FL, NEW YORK, NY 10003
Employer ID Number: 13-7050560
Primary Activity: SUPPORT OF NYU'S CAMPUS IN FLORENCE, ITALY
Legal domicile state: NY
Exempt code section: 501(c)(3)
Public charity status: LINE 12C, III-FI
Direct controlling entity: NEW YORK UNIVERSITY
Sec. 512(b)(13) Controlled Entity: Yes

Name of entity: WASHINGTON SQUARE LEGAL SERVICES, INC.
Address of Entity: 110 WEST 3RD STREET, 2ND FL, NEW YORK, NY 10012
Employer ID Number: 23-7392120
Primary Activity: CERTAIN PUBLIC INTEREST ACTIVITIES OF NYU'S SCHOOL OF LAW
Legal domicile state: NY
Exempt code section: 501(c)(3)

Part VII Supplemental Information

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

Supplement to Schedule R, Part II, Form 990 (Cont'd)

Public charity status: LINE 12A, I
Direct controlling entity: NEW YORK UNIVERSITY
Sec. 512(b)(13) Controlled Entity: Yes

Name of entity: HORTENSE ACTON TRUST
Address of Entity: P.O. BOX 1802, PROVIDENCE, RI 02901-1802
Employer ID Number: 36-7110976
Primary Activity: SUPPORT NYU'S CAMPUS IN FLORENCE, ITALY
Legal domicile state: IL
Exempt code section: 501(c)(3)
Public charity status: PF
Direct controlling entity: NEW YORK UNIVERSITY
Sec. 512(b)(13) Controlled Entity: Yes

Name of entity: NYU LANGONE HOSPITALS
Address of Entity: 550 FIRST AVENUE, NEW YORK, NY 10016
Employer ID Number: 13-3971298
Primary Activity: HOSPITAL
Legal domicile state: NY
Exempt code section: 501(c)(3)
Public charity status: LINE 3
Direct controlling entity: NYU LANGONE HEALTH SYSTEM
Sec. 512(b)(13) Controlled Entity: Yes

Name of entity: 34TH STREET CANCER CENTER, INC.
Address of Entity: 160 EAST 34TH STREET, NEW YORK, NY 10016
Employer ID Number: 30-0262470
Primary Activity: CANCER CARE
Legal domicile state: NY
Exempt code section: 501(c)(3)
Public charity status: LINE 12C, III-FI
Direct controlling entity: NYU LANGONE HOSPITALS
Sec. 512(b)(13) Controlled Entity: Yes

Name of entity: NYU IN LONDON
Address of Entity: 6 BEDFORD SQUARE, LONDON, UNITED KINGDOM WC1B 3RA
Employer ID Number: 98-1074101
Primary Activity: SUPPORT OF NYU'S PROGRAM IN LONDON
Legal domicile foreign country: UK
Direct controlling entity: NEW YORK UNIVERSITY
Sec. 512(b)(13) Controlled Entity: Yes

Name of entity: NYU IN TEL-AVIV LTD.
Address of Entity: TUVAL 13, RAMAT GAN, ISRAEL 52522
Employer ID Number: 98-1058326
Primary Activity: SUPPORT OF NYU'S PROGRAM IN TEL-AVIV
Legal domicile foreign country: IS
Direct controlling entity: NEW YORK UNIVERSITY
Sec. 512(b)(13) Controlled Entity: Yes

Part VII Supplemental Information

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

Supplement to Schedule R, Part II, Form 990 (Cont'd)

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Name of entity: NEW YORK UNIVERSITY IN FRANCE
Address of Entity: 56, RUE DE PASSY, PARIS, FRANCE 75016
Employer ID Number: 98-1058568
Primary Activity: SUPPORT NYU'S PROGRAM IN FRANCE
Legal domicile foreign country: FR
Direct controlling entity: NEW YORK UNIVERSITY
Sec. 512(b)(13) Controlled Entity: Yes

Name of entity: NYU LANGONE HEALTH SYSTEM
Address of Entity: 550 FIRST AVENUE, NEW YORK, NY 10016
Employer ID Number: 47-2613531
Primary Activity: SUPPORTING ORGANIZATION
Legal domicile state: NY
Exempt code section: 501(c)(3)
Public charity status: LINE 12B, II
Direct controlling entity: NEW YORK UNIVERSITY
Sec. 512(b)(13) Controlled Entity: Yes

Name of entity: NEW YORK UNIVERSITY IN AFGHANISTAN
Address of Entity: 150 MASJID E HAJI ABDURRAHIM STREE, KABUL, AFGHANISTAN
Primary Activity: SUPPORT OF NYU'S ACTIVITIES IN AFGHANISTAN
Legal domicile foreign country: AF
Direct controlling entity: NEW YORK UNIVERSITY
Sec. 512(b)(13) Controlled Entity: Yes

Name of entity: COMMUNITY CARE ORGANIZATION, INC.
Address of Entity: 246 55TH STREET, BROOKLYN, NY 11220
Employer ID Number: 11-3001682
Primary Activity: HOME HEALTH
Legal domicile state: NY
Exempt code section: 501(c)(3)
Public charity status: LINE 10
Direct controlling entity: NYU LANGONE HEALTH SYSTEM
Sec. 512(b)(13) Controlled Entity: Yes

Name of entity: HARBOR HILL HOUSING DEVELOPMENT FUND CORPORATION
Address of Entity: 150 55TH STREET, BROOKLYN, NY 11220
Employer ID Number: 11-3152691
Primary Activity: HOUSING
Legal domicile state: NY
Exempt code section: 501(c)(3)
Public charity status: LINE 10
Direct controlling entity: NYU LANGONE HEALTH SYSTEM
Sec. 512(b)(13) Controlled Entity: Yes

Name of entity: LUTHERAN AUGUSTANA CENTER FOR EXTENDED CARE AND REHABILITATION, I
Address of Entity: 5434 2ND AVE, BROOKLYN, NY 11220
Primary Activity: EXTENDED CARE
Legal domicile state: NY

Part VII Supplemental Information

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

Supplement to Schedule R, Part II, Form 990 (Cont'd)

=====

Exempt code section: 501(c)(3)
Public charity status: LINE 10
Direct controlling entity: NYU LANGONE HEALTH SYSTEM
Sec. 512(b)(13) Controlled Entity: Yes

Name of entity: LUTHERAN CHHA, INC D/B/A LUTHERAN CARE AT HOME
Address of Entity: 5407 SECOND AVENUE, BROOKLYN, NY 11220
Employer ID Number: 46-2559181
Primary Activity: HOME HEALTH AID AGENCY
Legal domicile state: NY
Exempt code section: 501(c)(3)
Public charity status: LINE 10
Direct controlling entity: NYU LANGONE HEALTH SYSTEM
Sec. 512(b)(13) Controlled Entity: Yes

Name of entity: OHP PHSP INC.
Address of Entity: 5800 3RD AVE, BROOKLYN, NY 11220
Employer ID Number: 11-3245559
Primary Activity: INSURANCE
Legal domicile state: NY
Exempt code section: 501(c)(4)
Direct controlling entity: NYU LANGONE HOSPITALS
Sec. 512(b)(13) Controlled Entity: Yes

Name of entity: SHORE HILL HOUSING COMPANY, INC
Address of Entity: 9000 SHORE RD, BROOKLYN, NY 11209
Employer ID Number: 23-7405105
Primary Activity: HOUSING
Legal domicile state: NY
Exempt code section: 501(c)(3)
Public charity status: PF
Direct controlling entity: NYU LANGONE HEALTH SYSTEM
Sec. 512(b)(13) Controlled Entity: Yes

Name of entity: SUNSET BAY COMMUNITY SERVICES, INC.
Address of Entity: 150 55TH STREET, BROOKLYN, NY 11220
Employer ID Number: 11-2439925
Primary Activity: DAY CARE AND SENIOR SERVICES
Legal domicile state: NY
Exempt code section: 501(c)(3)
Public charity status: LINE 7
Direct controlling entity: NYU LANGONE HEALTH SYSTEM
Sec. 512(b)(13) Controlled Entity: Yes

Name of entity: SUNSET GARDENS HOUSING CORP.
Address of Entity: 150 55TH ST, BROOKLYN, NY 11220
Employer ID Number: 20-3461755
Primary Activity: HOUSING
Legal domicile state: NY

Part VII Supplemental Information

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

Supplement to Schedule R, Part II, Form 990 (Cont'd)

Exempt code section: 501(c)(3)
Public charity status: LINE 10
Direct controlling entity: NYU LANGONE HEALTH SYSTEM
Sec. 512(b)(13) Controlled Entity: Yes

Name of entity: NYU LANGONE IPA, INC.
Address of Entity: 550 FIRST AVENUE, NEW YORK, NY 10016
Employer ID Number: 36-4841069
Primary Activity: IPA OPERATING A MEDICAID SHARED SAVINGS PROGRAM
Legal domicile state: NY
Exempt code section: 501(c)(3)
Public charity status: LINE 10
Direct controlling entity: NYU LANGONE HEALTH SYSTEM
Sec. 512(b)(13) Controlled Entity: Yes

Name of entity: WINTHROP UNIV. HOSPITAL SVCS. CORP
Address of Entity: 700 HICKSVILLE ROAD, BETHPAGE, NY 11714
Employer ID Number: 11-2496631
Primary Activity: TITLE HOLDING
Legal domicile state: NY
Exempt code section: 501(c)(2)
Direct controlling entity: NYU WINTHROP HOSPITAL
Sec. 512(b)(13) Controlled Entity: Yes

Name of entity: WINTHROP FACULTY MEDICAL AFFILIATES, UFPC
Address of Entity: 222 STATION PLAZA NORTH, MINEOLA, NY 11501
Employer ID Number: 46-2439597
Primary Activity: HEALTHCARE
Legal domicile state: NY
Exempt code section: 501(c)(3)
Public charity status: LINE 12A, I
Direct controlling entity: NYU WINTHROP HOSPITAL
Sec. 512(b)(13) Controlled Entity: Yes

Name of entity: WINTHROP URGENT CARE, UFPC
Address of Entity: 222 STATION PLAZA NORTH, MINEOLA, NY 11501
Employer ID Number: 46-5482775
Primary Activity: HEALTHCARE
Legal domicile state: NY
Exempt code section: 501(c)(3)
Public charity status: LINE 12A, I
Direct controlling entity: NYU WINTHROP HOSPITAL
Sec. 512(b)(13) Controlled Entity: Yes

Name of entity: WINTHROP COMMUNITY MEDICAL AFFILIATES, PC
Address of Entity: 222 STATION PLAZA NORTH, SUITE 350, MINEOLA, NY 11501
Employer ID Number: 47-2665045
Primary Activity: HEALTHCARE
Legal domicile state: NY

Part VII Supplemental Information

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

Supplement to Schedule R, Part II, Form 990 (Cont'd)

Exempt code section:501(c)(3)
Public charity status:LINE 12A, I
Direct controlling entity:NYU WINTHROP HOSPITAL
Sec. 512(b)(13) Controlled Entity: Yes

Name of entity: NYU WINTHROP HOSPITAL
Address of Entity: 259 FIRST STREET, MINEOLA, NY 11501
Employer ID Number:11-1633486
Primary Activity:HOSPITAL
Legal domicile state:NY
Exempt code section:501(c)(3)
Public charity status:LINE 3
Direct controlling entity:NYU LANGONE HEALTH SYSTEM
Sec. 512(b)(13) Controlled Entity: Yes

Name of entity: LMC PHYSICIAN SERVICES, PC
Address of Entity: 150 55TH STREET, BROOKLYN, NY 11220
Employer ID Number:11-3192423
Primary Activity:PHYSICIANS SERVICES
Legal domicile state:NY
Exempt code section:501(c)(3)
Public charity status:LINE 12C, III-FI
Direct controlling entity:NYU LANGONE HOSPITALS
Sec. 512(b)(13) Controlled Entity: Yes

Name of entity: SHORE ROAD RADIOLOGY ASSOCIATES, PC
Address of Entity: 150 55TH STREET, BROOKLYN, NY 11220
Employer ID Number:11-2665457
Primary Activity:HEALTHCARE
Legal domicile state:NY
Exempt code section:501(c)(3)
Public charity status:LINE 12C, III-FI
Direct controlling entity:NYU LANGONE HOSPITALS
Sec. 512(b)(13) Controlled Entity: Yes

Name of entity: KJC (REY JUAN CARLOS I DE ESPANA DE LA UNIVERSIDAD DE NUEVA YORK)
Address of Entity: CALLE SEGRE 8, MADRID, SPAIN 28002
Primary Activity:SUPPORT NYU'S PROGRAM IN SPAIN
Legal domicile foreign country:SP
Direct controlling entity:NEW YORK UNIVERSITY
Sec. 512(b)(13) Controlled Entity: Yes

Name of entity: NYU LANGONE MSO, INC.
Address of Entity: 550 FIRST AVENUE, NEW YORK, NY 10016
Employer ID Number:82-4528600
Primary Activity:CONTRACT FOR DELIVERY/PROVISION OF HEALTH SERVICES
Legal domicile state:NY
Exempt code section:501(c)(3)
Public charity status:LINE 3

Part VII Supplemental Information

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

Supplement to Schedule R, Part II, Form 990 (Cont'd)

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Direct controlling entity:NEW YORK UNIVERSITY

Sec. 512(b)(13) Controlled Entity: Yes

Name of entity: NYU IN ABU DHABI CORP

Name of entity continued: C/O NYU

Address of Entity: 105 EAST 17TH STREET, 2ND FLOOR, NEW YORK, NY 10003

Employer ID Number:26-2652713

Primary Activity:SUPPORT NYU'S CAMPUS IN ABU DHABI

Legal domicile state:NY

Exempt code section:501(c)(3)

Public charity status:LINE 12A, I

Direct controlling entity:NEW YORK UNIVERSITY

Sec. 512(b)(13) Controlled Entity: Yes

Part VII Supplemental Information

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

Supplement to Schedule R, Part III, Form 990

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Name of partnership: NYU LANGONE DIAGNOSTICS, LLC
Address of Entity: 550 FIRST AVENUE, NEW YORK, NY 10016
Employer ID number: 30-1001205
Primary Activity: OUTREACH TESTING
Legal domicile state: NY
Direct controlling entity: NYU LANGONE HEALTH SYSTEM
Predominant Income: Related
Disproportionate allocations: NO
General or managing partner: NO
Percentage ownership: .80000

Part VII Supplemental Information

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

Supplement to Schedule R, Part IV, Form 990

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Name of Corporation or Trust:CCC 500 INSURANCE SCC
Address of Entity: 550 FIRST AVENUE, NEW YORK, NY 10016
Primary Activity:EXCESS PROF. LIAB. INSURANCE
Legal domicile foreign country:BB
Direct controlling entity:NYU HOSPITALS
Type of entity:C corp
Percentage ownership:100000
512(b)(13) controlled organization: YES

Name of Corporation or Trust:LA PIETRA SRL
Address of Entity: VIA BOLOGNESE, 120, FIRENZE, ITALY 20139
Primary Activity:HOLDS PROPERTY COMPRISING NYU'S FLORENCE CAMPUS
Legal domicile foreign country:IT
Direct controlling entity:INTERNATIONAL ART FUND
Type of entity:C corp
Percentage ownership:100000
512(b)(13) controlled organization: YES

Name of Corporation or Trust:NIU DA EDUCATIONAL INFORMATION CONSULTING (SHANGHAI) CO., LTD.
Address of Entity: 1555 CENTURY AVENUE, ROOM 1063, PUD, SHANGHAI, CHINA 200062
Primary Activity:SUPPORT NYU'S PROGRAM IN CHINA
Legal domicile foreign country:CH
Direct controlling entity:NEW YORK UNIVERSITY
Type of entity:C corp
Percentage ownership:100000
512(b)(13) controlled organization: YES

Name of Corporation or Trust:POOLED INCOME FUNDS (2)
Address of Entity: C/O NYU, 105 E. 17TH STREET, 2ND FL, NEW YORK, NY 10003
Legal domicile state:NY
Direct controlling entity:NEW YORK UNIVERSITY
Type of entity:Trust

Name of Corporation or Trust:CHARITABLE REMAINDER TRUSTS (6)
Address of Entity: C/O NYU, 105 E. 17TH STREET, 2ND FL, NEW YORK, NY 10003
Legal domicile state:NY
Direct controlling entity:NEW YORK UNIVERSITY
Type of entity:Trust

Name of Corporation or Trust:SHORE HILL HOUSING ASSOCIATES GP, INC.
Address of Entity: 150 55TH STREET, BROOKLYN, NY 11220
Employer ID number:26-2243695
Primary Activity:HOUSING
Legal domicile state:NY

Part VII Supplemental Information

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

Supplement to Schedule R, Part IV, Form 990 (Cont'd)

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Direct controlling entity:N/A
Type of entity:C corp

Name of Corporation or Trust:A CIPOLLA MEDICAL SERVICES, PC
Address of Entity: 1350 DEER PARK AVENUE, DEER PARK, NY 11703
Employer ID number:45-3526582
Primary Activity:HEALTHCARE
Legal domicile state:NY
Direct controlling entity:N/A
Type of entity:C corp

Name of Corporation or Trust:ADVANCED ORTHOPAEDIC SPECIALISTS, PC
Address of Entity: 601 FRANKLIN AVENUE, SUITE 215, GARDEN CITY, NY 11530
Employer ID number:45-4006349
Primary Activity:HEALTHCARE
Legal domicile state:NY
Direct controlling entity:N/A
Type of entity:C corp

Name of Corporation or Trust:BLINDERMAN & KING MEDICAL, PC
Address of Entity: 700 HICKSVILLE ROAD, SUITE 205, BETHPAGE, NY 11714
Employer ID number:45-5293929
Primary Activity:HEALTHCARE
Legal domicile state:NY
Direct controlling entity:N/A
Type of entity:C corp

Name of Corporation or Trust:CARDIOVASCULAR MEDICAL ASSOCIATES, PC
Address of Entity: 975 STEWART AVENUE, GARDEN CITY, NY 11530
Employer ID number:27-3629386
Primary Activity:HEALTHCARE
Legal domicile state:NY
Direct controlling entity:N/A
Type of entity:C corp

Name of Corporation or Trust:EAST END CARDIOLOGY, PC
Address of Entity: 1279 EAST MAIN STREET, RIVERHEAD, NY 11901
Employer ID number:26-4314694
Primary Activity:HEALTHCARE
Legal domicile state:NY
Direct controlling entity:N/A
Type of entity:C corp

Name of Corporation or Trust:GC ONCOLOGY SERVICES, PC

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Part VII Supplemental Information

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

Supplement to Schedule R, Part IV, Form 990 (Cont'd)

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Address of Entity: 520 FRANKLIN AVENUE, GARDEN CITY, NY 11530
Employer ID number:45-3816291
Primary Activity:HEALTHCARE
Legal domicile state:NY
Direct controlling entity:N/A
Type of entity:C corp

Name of Corporation or Trust:HICKSVILLE INTERNAL MEDICINE, PC
Address of Entity: 43 BARTER LANE, HICKSVILLE, NY 11801
Employer ID number:45-3916476
Primary Activity:HEALTHCARE
Legal domicile state:NY
Direct controlling entity:N/A
Type of entity:C corp

Name of Corporation or Trust:ISLAND ORTHOPAEDIC MEDICINE, PC
Address of Entity: 700 HICKSVILLE ROAD, SUITE 205, BETHPAGE, NY 11714
Employer ID number:45-3555961
Primary Activity:HEALTHCARE
Legal domicile state:NY
Direct controlling entity:N/A
Type of entity:C corp

Name of Corporation or Trust:ISLAND PULMONARY ASSOCIATES, PC
Address of Entity: 4271 HEMPSTEAD TURNPIKE, BETHPAGE, NY 11714
Employer ID number:27-3630095
Primary Activity:HEALTHCARE
Legal domicile state:NY
Direct controlling entity:N/A
Type of entity:C corp

Name of Corporation or Trust:GREENPORT PRIMARY MEDICAL CARE, PC
Address of Entity: 234 4TH AVENUE, GREENPORT, NY 11944
Employer ID number:45-2789485
Primary Activity:HEALTHCARE
Legal domicile state:NY
Direct controlling entity:N/A
Type of entity:C corp

Name of Corporation or Trust:ISLAND WIDE MEDICAL ASSOCIATES, PC
Address of Entity: 1401 FRANKLIN AVENUE, GARDEN CITY, NY 11530
Employer ID number:26-3200412
Primary Activity:HEALTHCARE
Legal domicile state:NY

Part VII Supplemental Information

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

Supplement to Schedule R, Part IV, Form 990 (Cont'd)

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Direct controlling entity:N/A
Type of entity:C corp

Name of Corporation or Trust:PATCHOGUE CARDIOLOGY ASSOCIATES, PC
Address of Entity: 285 STILLS ROAD, BLDG 14, EAST PATCHOGUE, NY 11772
Employer ID number:45-0914891
Primary Activity:HEALTHCARE
Legal domicile state:NY
Direct controlling entity:N/A
Type of entity:C corp

Name of Corporation or Trust:PETER KELT, MD, PC
Address of Entity: 44 SOUTH FERRY ROAD, SHELTER ISLAND, NY 11964
Employer ID number:45-3515316
Primary Activity:HEALTHCARE
Legal domicile state:NY
Direct controlling entity:N/A
Type of entity:C corp

Name of Corporation or Trust:PISCIOTTO AND PISCIOTTO MEDICAL PC
Address of Entity: 6835 MYRTLE AVENUE, GLENDALE, NY 11385
Employer ID number:45-4134328
Primary Activity:HEALTHCARE
Legal domicile state:NY
Direct controlling entity:N/A
Type of entity:C corp

Name of Corporation or Trust:PLAINVIEW INTERNAL MEDICINE, PC
Address of Entity: 1097 OLD COUNTRY ROAD, PLAINVIEW, NY 11803
Employer ID number:45-4168609
Primary Activity:HEALTHCARE
Legal domicile state:NY
Direct controlling entity:N/A
Type of entity:C corp

Name of Corporation or Trust:RICHARD I. ROBERTS, MD, PC
Address of Entity: 600 NORTHERN BLVD., SUITE 106, GREAT NECK, NY 11021
Employer ID number:45-3785015
Primary Activity:HEALTHCARE
Legal domicile state:NY
Direct controlling entity:N/A
Type of entity:C corp

Name of Corporation or Trust:ROBERT MUCCIOLO, MD, PC

Schedule R (Form 990) 2018

Part VII Supplemental Information

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

Supplement to Schedule R, Part IV, Form 990 (Cont'd)

Address of Entity: 20 HICKSVILLE ROAD, SUITE 3, MASSAPEQUA, NY 11758
Employer ID number: 45-3613330
Primary Activity: HEALTHCARE
Legal domicile state: NY
Direct controlling entity: N/A
Type of entity: C corp

Name of Corporation or Trust: SHOREHAM MEDICAL SERVICES, PC
Address of Entity: 45 ROUTE 25A, SHOREHAM, NY 11786
Employer ID number: 90-0759703
Primary Activity: HEALTHCARE
Legal domicile state: NY
Direct controlling entity: N/A
Type of entity: C corp

Name of Corporation or Trust: SOUTH SHORE CARDIOVASCULAR MEDICINE, PC
Address of Entity: 137 BROADWAY, SUITE A, AMITYVILLE, NY 11701
Employer ID number: 80-0563176
Primary Activity: HEALTHCARE
Legal domicile state: NY
Direct controlling entity: N/A
Type of entity: C corp

Name of Corporation or Trust: SSH CARDIOLOGY, PC
Address of Entity: 242 MERRICK ROAD, SUITE 402, ROCKVILLE CENTRE, NY 11570
Employer ID number: 45-3276278
Primary Activity: HEALTHCARE
Legal domicile state: NY
Direct controlling entity: N/A
Type of entity: C corp

Name of Corporation or Trust: SUFFOLK CARDIOVASCULAR CONSULTANTS, PC
Address of Entity: 1920 DEER PARK AVENUE, SUITE 104, DEER PARK, NY 11729
Employer ID number: 80-0683996
Primary Activity: HEALTHCARE
Legal domicile state: NY
Direct controlling entity: N/A
Type of entity: C corp

Name of Corporation or Trust: VINCENT ANZALONE, PHYSICIAN PC
Address of Entity: 847 BROADWAY, MASSAPEQUA, NY 11758
Employer ID number: 45-2506789
Primary Activity: HEALTHCARE
Legal domicile state: NY

Part VII Supplemental Information

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

Supplement to Schedule R, Part IV, Form 990 (Cont'd)

Direct controlling entity:N/A
Type of entity:C corp

Name of Corporation or Trust:WILLIAM J. KORNRICH, MD, PC
Address of Entity: 715 ROANOKE AVENUE, RIVERHEAD, NY 11901
Employer ID number:46-2275951
Primary Activity:HEALTHCARE
Legal domicile state:NY
Direct controlling entity:N/A
Type of entity:C corp

Name of Corporation or Trust:WINTHROP CARDIOLOGY ASSOCIATES, PC
Address of Entity: 120 MINEOLA BOULEVARD, MINEOLA, NY 11501
Employer ID number:11-3028843
Primary Activity:HEALTHCARE
Legal domicile state:NY
Direct controlling entity:N/A
Type of entity:C corp

Name of Corporation or Trust:WINTHROP CHILD NEUROLOGY ASSOCIATES, PC
Address of Entity: 173 MINEOLA BOULEVARD, SUITE 101, MINEOLA, NY 11501
Employer ID number:20-5682886
Primary Activity:HEALTHCARE
Legal domicile state:NY
Direct controlling entity:N/A
Type of entity:C corp

Name of Corporation or Trust:WINTHROP DENTAL PC
Address of Entity: 700 HICKSVILLE ROAD, BETHPAGE, NY 11714
Employer ID number:45-4055800
Primary Activity:HEALTHCARE
Legal domicile state:NY
Direct controlling entity:N/A
Type of entity:C corp

Name of Corporation or Trust:WINTHROP FIRST CARE MEDICAL SERVICES, PC
Address of Entity: 259 FIRST STREET, MINEOLA, NY 11501
Employer ID number:46-2271522
Primary Activity:HEALTHCARE
Legal domicile state:NY
Direct controlling entity:N/A
Type of entity:C corp

Name of Corporation or Trust:WINTHROP GASTROENTEROLOGY, PC

Schedule R (Form 990) 2018

Part VII Supplemental Information

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

Supplement to Schedule R, Part IV, Form 990 (Cont'd)

Address of Entity: 222 STATION PLAZA NORTH, SUITE 428, MINEOLA, NY 11501
Employer ID number:11-3018561
Primary Activity:HEALTHCARE
Legal domicile state:NY
Direct controlling entity:N/A
Type of entity:C corp

Name of Corporation or Trust:WINTHROP HOSPITALIST ASSOCIATES, PC
Address of Entity: 700 HICKSVILLE ROAD, SUITE 205, BETHPAGE, NY 11714
Employer ID number:46-0617556
Primary Activity:HEALTHCARE
Legal domicile state:NY
Direct controlling entity:N/A
Type of entity:C corp

Name of Corporation or Trust:WINTHROP HYPERBARIC AND WOUND CARE, PC
Address of Entity: 700 HICKSVILLE ROAD, SUITE 205, BETHPAGE, NY 11714
Employer ID number:26-0448673
Primary Activity:HEALTHCARE
Legal domicile state:NY
Direct controlling entity:N/A
Type of entity:C corp

Name of Corporation or Trust:WINTHROP INFECTIOUS DISEASE ASSOCIATES, UFPC
Address of Entity: 222 STATION PLAZA, MINEOLA, NY 11501
Employer ID number:45-2440032
Primary Activity:HEALTHCARE
Legal domicile state:NY
Direct controlling entity:N/A
Type of entity:C corp

Name of Corporation or Trust:WINTHROP INTERNAL MEDICINE ASSOCIATES, PC
Address of Entity: 222 STATION PLAZE, SUITE 306, MINEOLA, NY 11501
Employer ID number:11-2741804
Primary Activity:HEALTHCARE
Legal domicile state:NY
Direct controlling entity:N/A
Type of entity:C corp

Name of Corporation or Trust:WINTHROP NEPHROLOGY ASSOCIATES, PC
Address of Entity: 200 OLD COUNTRY ROAD, SUITE 140, MINEOLA, NY 11501
Employer ID number:26-1208176
Primary Activity:HEALTHCARE
Legal domicile state:NY

Part VII Supplemental Information

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

Supplement to Schedule R, Part IV, Form 990 (Cont'd)

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Direct controlling entity:N/A

Type of entity:C corp

Name of Corporation or Trust:WINTHROP NEURO-SCIENCE MEDICAL PC

Address of Entity: 700 HICKSVILLE ROAD, SUITE 205, BETHPAGE, NY 11714

Employer ID number:45-5398689

Primary Activity:HEALTHCARE

Legal domicile state:NY

Direct controlling entity:N/A

Type of entity:C corp

Name of Corporation or Trust:WINTHROP ORTHOPAEDIC ASSOCIATES, PC

Address of Entity: 1300 FRANKLIN AVENUE, SUITE UL3A, GARDEN CITY, NY 11530

Employer ID number:14-1882259

Primary Activity:HEALTHCARE

Legal domicile state:NY

Direct controlling entity:N/A

Type of entity:C corp

Name of Corporation or Trust:WINTHROP PATHOLOGY SERVICES, PC

Address of Entity: 259 FIRST STREET, MINEOLA, NY 11501

Employer ID number:20-8734460

Primary Activity:HEALTHCARE

Legal domicile state:NY

Direct controlling entity:N/A

Type of entity:C corp

Name of Corporation or Trust:WINTHROP PEDIATRIC ASSOCIATES PC

Address of Entity: 222 STATION PLAZA, MINEOLA, NY 11501

Employer ID number:11-2891904

Primary Activity:HEALTHCARE

Legal domicile state:NY

Direct controlling entity:N/A

Type of entity:C corp

Name of Corporation or Trust:WINTHROP PHYSICAL THERAPY, PLLC

Address of Entity: 700 HICKSVILLE ROAD, SUITE 205, BETHPAGE, NY 11714

Employer ID number:26-2476432

Primary Activity:HEALTHCARE

Legal domicile state:NY

Direct controlling entity:N/A

Type of entity:C corp

Part VII Supplemental Information

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

Supplement to Schedule R, Part IV, Form 990 (Cont'd)

Address of Entity: 222 STATION PLAZA NORTH, MINEOLA, NY 11501
Employer ID number:11-2941756
Primary Activity:HEALTHCARE
Legal domicile state:NY
Direct controlling entity:N/A
Type of entity:C corp

Name of Corporation or Trust:WINTHROP SURGICAL ASSOCIATES, PC
Address of Entity: 120 MINEOLA BOULEVARD, SUITE 320, MINEOLA, NY 11501
Employer ID number:65-1173675
Primary Activity:HEALTHCARE
Legal domicile state:NY
Direct controlling entity:N/A
Type of entity:C corp

Name of Corporation or Trust:WINTHROP UROLOGY, PC
Address of Entity: 1300 FRANKLIN AVENUE, GARDEN CITY, NY 11530
Employer ID number:45-4440389
Primary Activity:HEALTHCARE
Legal domicile state:NY
Direct controlling entity:N/A
Type of entity:C corp

Name of Corporation or Trust:WOMEN'S CONTEMPORARY CARE ASSOCIATES, PC
Address of Entity: 121 MINEOLA BOULEVARD, MINEOLA, NY 11501
Employer ID number:11-2707087
Primary Activity:HEALTHCARE
Legal domicile state:NY
Direct controlling entity:N/A
Type of entity:C corp

Name of Corporation or Trust:WINTHROP RADIOLOGY SERVICES, PC
Address of Entity: 121 MINEOLA BOULEVARD, MINEOLA, NY 11501
Employer ID number:11-3016374
Primary Activity:HEALTHCARE
Legal domicile state:NY
Direct controlling entity:N/A
Type of entity:C corp

Name of Corporation or Trust:MEDICAL GROUP OF MINEOLA, PC
Address of Entity: 222 STATION PLAZA, MINEOLA, NY 11501
Employer ID number:81-1000704
Primary Activity:HEALTHCARE
Legal domicile state:NY

Part VII Supplemental Information

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

Supplement to Schedule R, Part IV, Form 990 (Cont'd)

Direct controlling entity:N/A
Type of entity:C corp

Name of Corporation or Trust:WINTHROP CLINICAL PARTNERS, INC
Address of Entity: 259 FIRST STREET, MINEOLA, NY 11501
Employer ID number:45-4088169
Primary Activity:HEALTHCARE
Legal domicile state:NY
Direct controlling entity:N/A
Type of entity:C corp

Name of Corporation or Trust:ADVANCED NEUROLOGICAL SERVICES OF LONG ISLAND
Address of Entity: 880 NORTH BROADWAY, MASSAPEQUA, NY 11758
Employer ID number:45-4171642
Primary Activity:HEALTHCARE
Legal domicile state:NY
Direct controlling entity:N/A
Type of entity:C corp

Name of Corporation or Trust:WINTHROP IPA
Address of Entity: 700 HICKSVILLE ROAD, BETHPAGE, NY 11714
Employer ID number:45-4951888
Primary Activity:MANAGEMENT SERVICES
Legal domicile state:NY
Direct controlling entity:N/A
Type of entity:C corp

Name of Corporation or Trust:LONG ISLAND PRIMARY CARE ASSOCIATES
Address of Entity: 700 HICKSVILLE ROAD, BETHPAGE, NY 11714
Employer ID number:11-3307827
Primary Activity:HEALTHCARE
Legal domicile state:NY
Direct controlling entity:N/A
Type of entity:C corp

Name of Corporation or Trust:WINTHROP CARDIOVASCULAR & THORACIC SURGERY
Address of Entity: 120 MINEOLA BOULEVARD, SUITE 300, MINEOLA, NY 11501
Employer ID number:11-3038306
Primary Activity:HEALTHCARE
Legal domicile state:NY
Direct controlling entity:N/A
Type of entity:C corp

Name of Corporation or Trust:WINTHROP COMMUNITY ENDOCRINOLOGY SERVICE

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

Supplement to Schedule R, Part IV, Form 990 (Cont'd)

Address of Entity: 1401 FRANKLIN AVENUE, GARDEN CITY, NY 11530
Employer ID number:45-4367224
Primary Activity:HEALTHCARE
Legal domicile state:NY
Direct controlling entity:N/A
Type of entity:C corp

Name of Corporation or Trust:WINTHROP GERIATRIC MEDICINE ASSOCIATES
Address of Entity: 700 HICKSVILLE ROAD, SUITE 205, BETHPAGE, NY 11714
Employer ID number:11-3158967
Primary Activity:HEALTHCARE
Legal domicile state:NY
Direct controlling entity:N/A
Type of entity:C corp

Name of Corporation or Trust:WINTHROP INFECTIOUS DISEASE ASSOCIATES
Address of Entity: 222 STATION PLAZA, MINEOLA, NY 11501
Employer ID number:45-4122895
Primary Activity:HEALTHCARE
Legal domicile state:NY
Direct controlling entity:N/A
Type of entity:C corp

Name of Corporation or Trust:WINTHROP ONCOLOGY-HEMATOLOGY ASSOCIATES
Address of Entity: 200 OLD COUNTRY ROAD, MINEOLA, NY 11501
Employer ID number:11-3619191
Primary Activity:HEALTHCARE
Legal domicile state:NY
Direct controlling entity:N/A
Type of entity:C corp

Name of Corporation or Trust:WINTHROP RHEUMATOLOGY, ALLERGY AND IMMUN.
Address of Entity: 120 MINEOLA BOULEVARD, SUITE 410, MINEOLA, NY 11501
Employer ID number:46-0618686
Primary Activity:HEALTHCARE
Legal domicile state:NY
Direct controlling entity:N/A
Type of entity:C corp

Name of Corporation or Trust:WINTHROP PHO, INC.
Address of Entity: 259 FIRST STREET, MINEOLA, NY 11501
Employer ID number:35-2460335
Primary Activity:HEALTHCARE
Legal domicile state:NY

Part VII Supplemental Information

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

Supplement to Schedule R, Part IV, Form 990 (Cont'd)

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Direct controlling entity:N/A

Type of entity:C corp

Name of Corporation or Trust:WINTHROP PHO IPA, INC.

Address of Entity: 222 STATION PLAZA, MINEOLA, NY 11501

Employer ID number:81-0904684

Primary Activity:HEALTHCARE

Legal domicile state:NY

Direct controlling entity:N/A

Type of entity:C corp