	990-T	Exe					iness Income		n	OMB No 1545-0687
Form	330-1						der section 6033(<i>አ</i> ሀው [0047
		For calend					07/01 , 2017, and end		<u>a_</u>	201 <i>/</i>
	ent of the Treasury Revenue Service			-			nstructions and the latest		.,,,	Open to Public Inspection for 501(c)(3) Organizations Only
A	Check box if		Name of organi				y be made public if your org ne changed and see instruction			501(c)(3) Organizations Only over identification number
^	address changed		valle of organ	28	Oncon bo	X 11 1101	ne dranged and doc mendene.	,	(Emplo	yees' trust, see instructions)
B Exem	opt under section	FORDHAM UNIVERSITY								
	01(C) (3)	Print	Number, street	, and room or	suite no If	аРО	box, see instructions		13-17	740451
	08(e) 220(e)	or Type						-		ated business activity codes
4	08A 530(a)	ן יאקני ן	441 E.	FORDHAM	ROAD,	FM	H 512		(See in:	structions)
<u></u>	29(a)] [City or town, st	ate or provin	ce, country	, and Z	IP or foreign postal code			
	value of all assets		BRONX,	ÑY 1045	8-5170)			52599	90 812930
at en	d of year		exemption i		$\overline{}$,	
19	960346078.	G Check	k organizatioi	n type ►	X 501((c) coi		trust	401(a)	trust Other trust
	cribe the organiz	****					ATTACHM			
							roup or a parent-subsidiary	controlled group?		▶ Yes X No
	es," enter the na					poratio	on ►	ne number ▶ 71	8-817-	-1000
	Unrelated				<u> </u>		(A) Income	(B) Expen		(C) Net
	Gross receipts or		156,				(A) IIIcome	(b) expen	363	(O) NEC
	ess returns and allowa	-			Balance >	1 c	156,981.	ATCH 5		
	Cost of goods so		é A. line 7)			2	. <u></u>			1
	Gross profit Sub					3	156,981.			156,981.
	Capital gain net ii				r	4a	54,573.			54,573.
b N	Net gain (loss) (Fo	orm 4797, P.	art II, line 17) (attach Form 4	4797)	4b	-51,060.			-51,060.
c (Capital loss dedu	ction for tru	ısts			4c				
5 1	ncome (loss) from	partnerships	and S corporal	ions (attach s	tatement)	5	-4,202,615.	ATCH 2		-4,202,615.
6 F	Rent income (Sch	edule C) .				6_				
7 L	Jnrelated debt-fii	nanced inco	ome (Schedul	eΕ)		7				
	nterest, annuities, roya				ľ	8				
	nvestment income of a					9				
	Exploited exempt	•				10				
	Advertising incom Other income (Se				T T	12	334,560.	ATCH 3		334,560.
	Total. Combine li		•	,		13	-3,707,561.	711011 3		-3,707,561.
							ns for limitations on o	deductions) (E	Except f	or contributions,
							related business inco		•	•
14 (14	
15 5	Compensation of Salaries and wage	es		K	<u> </u>	VE	<u>.u., </u>		15	
16 F	Repairs and main	tenance .		ရွ					16	
17 E	Repairs and main Bad debts			뭐	AY -1-	5 - 2:0	12 1.51			
18 I	nterest (attach so	chedule) .		Mul · · ·			··· <u>&</u>			(126
19 1	Taxes and license	s	• • • • • •	700	TOE P	1	777			6,136.
	Charitable contrib						ان زاده زالسنالی		20	
	Depreciation (atta									•
	· ·									
										,
			•							
										-
28 (Other deductions	(attach sch	hedule)				ATTACHM	ENT 4	. 28	337,731.
29 1	otal deductions	Add lines	14 through 2	8					29	343,867.
30 L	Unrelated busine	ss taxable	income be	fore net o	perating	loss	deduction Subtract line	29 from line 1	3 30	-4,051,428.
31 N	Net operating los	s deduction	n (limited to t	he amount	on line 30)			31	<u> </u>
							ract line 31 from line 30 .			-4,051,428.
	•		-				or exceptions)			1,000.
	Inrelated busine				ne 33 fro	om lin	e 32 If line 33 is grea	ater than line 3	2,	-4,051,428.

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For Paperwork Reduction Act Notice, see instructions 7x2740 2.000 27922M M20Y

13-1740451

Pai	t III Tax Computation				
35	Organizations Taxable as Corporations. See instructions for tax computation Controlled group				
	members (sections 1561 and 1563) check here See instructions and				
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)				
	(1) \$ (2) \$ (3) \$.	İ		
b	Enter organization's share of (1) Additional 5% tax (not more than \$11,750).	1	ı		
	(2) Additional 3% tax (not more than \$100,000)		ı		
С	Income tax on the amount on line 34	35c	ı		
36	Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on				
	the amount on line 34 from Tax rate schedule or Schedule D (Form 1041).	36			
37	Proxy tax. See instructions	37			
38	Alternative minimum tax	38			
39	Tax on Non-Compliant Facility Income. See instructions	39			
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40			
Par	t IV Tax and Payments				
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 41a				
	Other credits (see instructions)	1			
	General business credit Attach Form 3800 (see instructions)	1 .			
4	Credit for prior year minimum tax (attach Form 8801 or 8827)	1 }			
	Total credits. Add lines 41a through 41d	41e			
42	Subtract line 41e from line 40	42			
43	Other taxes Check if from Form 4255 Form 8611 Form 8697 Other (attach schedule).	43			
		44			0.
44	Total tax. Add lines 42 and 43.	44			
	Payments A 2016 overpayment credited to 2017	i l			
	2017 estimated tax payments	1			
С.	Tax deposited with Form 8868	ł.			
	Foreign organizations Tax paid or withheld at source (see instructions)				
e	Backup withholding (see instructions)	. ,			
t	Credit for small employer health insurance premiums (Attach Form 8941)				
g	Other credits and payments Form 2439				
	Form 4136				
46	Total payments. Add lines 45a through 45g	46			
47	Estimated tax penalty (see instructions) Check if Form 2220 is attached	47			
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	48			
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49			
<u>50</u>	Enter the amount of line 49 you want Credited to 2018 estimated tax Refunded				
Par		_			т
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or			Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the	foreigr	ı country	<u> </u>	
	here DNITED KINGDOM			X	<u> </u>
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign to the control of the control o	gn trus	t?	<u></u>	X
	If YES, see instructions for other forms the organization may have to file				
<u>53</u>	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$3,476.				1
	Under penalties of perjury, I declare that I have examined this return including accompanying schedules and statements, and to the b true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	est of m	ıy knowledge	and beli	ief, it is
Sigr	Ma	v the	IRS discuss	this i	return
Her	E V VP FOR FINANCE with		preparer sh		
		e instructi		es	No
<u> </u>	Print/Type preparer's name Preparer's signature Date Check	,	PTIN		
Paid	MARILYN FARLEY Marily 6 7-12 5/7/19 self-e	mployed	P012	3188	0
	arer Firm's name ► KPMG LLP Firm's	EIN ▶	13-5565	207	
use _	Only Firm's address > 345 PARK AVENUE, NEW YORK, NY 10154-0102 Phone		212-758		0
			Form 9	90-T	(2017)

(1) (2)	
(2)	
(3)	
(4)	
4 Amount of average adjusted basis acquisition debt on or allocable to debt-financed property (attach schedule) 5 Average adjusted basis of or allocable to debt-financed property (attach schedule) 5 Average adjusted basis of Column 4 divided (column 2 x column 6) 6 Column 5 (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1) %	
(2) %	
(3) %	
(4) %	
Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Total dividends-received deductions included in column 8	

Form 990-T (2017)

Schedule F - Interest, Annu				ntrolled Or			· · · · · ·				
Name of controlled organization	2 Employer identification number	er (of specified	included	f column 4 to in the control ion's gross in	olling	6 Deductions directly connected with income in column 5	
(1)											
(2)							ļ				
(3)											
(4)					L					<u> </u>	
Nonexempt Controlled Organi	zations							0.11			
7 Taxable Income	8 Net unrelated in (loss) (see instruct			Total of specific ayments made	ed	includ	led in the co zation's gros	introlling conne		Deductions directly inected with income in column 10	
(1)									ļ		
(2)					-						
(3)											
(4)									<u> </u>		
Totals	ncome of a Sec	 tion 50	I(c)(7),	 (9), or (17	▶) Orgai	Enter Part	columns 5 a here and on 1, line 8, colu	page 1, mn (A)	Ent	dd columns 6 and 11 ler here and on page 1, rt I, line 8, column (8)	
1 Description of income	2 Amount of			3. Deduction directly cortiant (attach sch	tions inected		4. Set-asides (attach schedule)			5. Total deductions and set-asides (col. 3 plus col. 4)	
(1)										<u> </u>	
(2)											
(3)				_							
(4)					1						
Totals ► Schedule I - Exploited Exc	empt Activity Inc			an Adverti		come (see instru	ictions)			
1. Description of exploited activity	2 Gross unrelated business income from trade or business	3 Exp dire connect produc unrel business	ctly ed with tion of ated	from unrelat or business 2 minus col If a gain, o cols 5 thro	ed trade (column umn 3) ompute	from a	ss income ctivity that unrelated ss income	6. Expe attributa colum	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)									-		
(2)											
(3)											
(4)											
	Enter here and on page 1, Part I, Ine 10, col (A)	Enter her page 1, line 10,	Part I,		-	,	,			Enter here and on page 1, Part II, line 26	
Totals ▶				1							
Schedule J - Advertising Ir											
Part I Income From Per	iodicals Report	ed on a	Consol	idated Bas	SIS			1			
1 Name of periodical	2 Gross advertising income	3 Di advertisii		4 Advertigain or (los 2 minus co a gain, co cols 5 thro	s) (col ol 3) If mpute		culation 6 Readership come costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4)		
(1)	 		-								
(1) (2)	 			1 ,				1		┦ '	
	 		·	,						-	
(3)	 			j				-			
(4)								1		,	
(4)				<u> </u>						, ,	

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

z through / on a i	ine-by-iiile basi	5)				
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶						
Totals, Part II (lines 1-5) ▶	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

	1. Name	1. Name 2. Title		3 Percent of time devoted to business	4. Compensation attributable to unrelated business		
1)	· · · · · · · · · · · · · · · · · · ·			%			
)				%			
)	,			%			
)				%			
-4-1 [-4	as and an area of Dart II line	4.4			1		

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Form 990-T (2017)

Form 4626

Department of the Treasury Internal Revenue Service

Alternative Minimum Tax - Corporations

► Attach to the corporation's tax return.

► Go to www.irs gov/Form4626 for instructions and the latest information.

OMB No 1545-0123

2017

Name		Em	ployer i	dentification number
FORE	DHAM UNIVERSITY	_1	3-17	40451
	Note: See the instructions to find out if the corporation is a small corporation exempt from alternative minimum tax (AMT) under section 55(e)	the		
1	Taxable income or (loss) before net operating loss deduction		1	-4,051,428
2	Adjustments and preferences:			0.660
а	Depreciation of post-1986 property		2a	8,669
b	Amortization of certified pollution control facilities		2b	
С	Amortization of mining exploration and development costs		2c	
q	Amortization of circulation expenditures (personal holding companies only)		2d	
е	Adjusted gain or loss		2e	3,322
f	Long-term contracts		2f	
g	Merchant marine capital construction funds		2g	·
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)		2h	·
i	Tax shelter farm activities (personal service corporations only)		2i	
j	Passive activities (closely held corporations and personal service corporations only)		2j	
k	Loss limitations		2k	
1	Depletion		21	
m			2m	
n	Intangible drilling costs	٠ .	2n	3,530,013
0	Other adjustments and preferences		20	-27
3	Pre-adjustment alternative minimum taxable income (AMTI) Combine lines 1 through 20	٠٠,	3	-509,451
4	Adjusted current earnings (ACE) adjustment:			
а	ACE from line 10 of the ACE worksheet in the instructions			
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference			
	as a negative amount. See instructions	0		
c	Multiply line 4b by 75% (0 75) Enter the result as a positive amount 4c	0		
d	prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. See instructions. Note: You must enter an amount on line 4d (even if line 4b is positive)			
е	ACE adjustment			•
	 If line 4b is zero or more, enter the amount from line 4c If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount 	$\cdot \cdot $	4e	
_	•		ا ہا	, FOO 451
5	Combine lines 3 and 4e If zero or less, stop here, the corporation does not owe any AMT	- 1	5 6	-509,451
6	Alternative tax net operating loss deduction See instructions	٠٠/	-	
_				
7	Alternative minimum taxable income. Subtract line 6 from line 5 If the corporation held a residue to the cor	- 1	7	
	Interest in a REMIC, see instructions			
8	Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c)	ŀ		
а	Subtract \$150,000 from line 7. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0 8a			
h	Multiply line 8a by 25% (0 25)			
b	Exemption Subtract line 8b from \$40,000 If completing this line for a member of a controlled ground subtract line 8b from \$40,000 If completing this line for a member of a controlled ground subtract line 8b from \$40,000 If completing this line for a member of a controlled ground subtract line 8b from \$40,000 If completing this line for a member of a controlled ground subtract line 8b from \$40,000 If completing this line for a member of a controlled ground subtract line 8b from \$40,000 If completing this line for a member of a controlled ground subtract line 8b from \$40,000 If completing this line for a member of a controlled ground subtract line 8b from \$40,000 If completing this line for a member of a controlled ground subtract line 8b from \$40,000 If completing this line for a member of a controlled ground subtract line 8b from \$40,000 If completing this line for a member of a controlled ground subtract line 8b from \$40,000 If completing this line for a member of a controlled ground subtract line 8b from \$40,000 If completing this line for a member of a controlled ground subtract line 8b from \$40,000 If completing this line for a member of a controlled ground subtract line 8b from \$40,000 If completing this line for a member of a controlled ground subtract line 8b from \$40,000 If completing this line for a member of a controlled ground subtract line 8b from \$40,000 If completing this line 8b from \$40,000 If completing th			
С			8c	40,000
9	see instructions If zero or less, enter -0	- 1	9	
10	·	- 1	10	
11	Multiply line 9 by 20% (0 20)		11	
12,	Tentative minimum tax Subtract line 11 from line 10,	- 1	12	
13	Regular tax liability before applying all credits except the foreign tax credit		13	
14	Alternative minimum tax. Subtract line 13 from line 12 If zero or less, enter -0- Enter here and			
	Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return		14	
For Par	perwork Reduction Act Notice, see separate instructions.			Form 4626 (2017)
•				•

Sales and Other Dispositions of Capital Assets

► Go to www.irs gov/Form8949 for instructions and the latest information.

OMB No 1545-0074

Department of the Treasury Internal Revenue Service

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return FORDHAM UNIVERSITY Social security number or taxpayer identification number

13-1740451

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Short-Term. Transactions involving capital assets you held 1 year or less are short term. For long-term transactions, see page 2

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(a) Description of property	(b) Date acquired	(c)	(d)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	Adjustment, if a lf you enter a cool see the sepa). (h) Gain or (loss). Subtract column (e	
(Example 100 sh XYZ Co)	(Mo , day, yr)	disposed of (Mo , day, yr)			(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) an combine the result with column (g)
ATTACHMENT 6			301				301
,							
·							
			-	-,			
				-			
	-						
2 Totals Add the amounts in columns negative amounts) Enter each total	I here and incl	ude on your					

Note If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

For Paperwork Reduction Act Notice, see your tax return instructions.

above is checked), or line 3 (if Box C above is checked)

Form 8949 (2017)

301

Social security number or taxpayer identification number

FORDHAM UNIVERSITY

13-1740451

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions)

1

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

X (F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired		(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and see Column (e)	Adjustment, if if you enter an a enter a co	Gain or (loss) Subtract column (e) from column (d) and		
(Example 100 sh XYZ Co)	(Mo , day, yr)	(Mo , day, yr) (see instructions)		in the separate	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)	
ATTACHMENT 6			54,272				54,272	
					<u> </u>			
	-							
-						-		
								
2 Totals Add the amounts in column negative amounts) Enter each total Schedule D, line 8b (if Box D above above is checked), or line 10 (if B	il here and include is checked), line	fe on your 9 (if Box E	54,272				54,272	

Note. If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Form 8949 (2017)

JSA 7X2616 2 000

SCHEDULE D (Form 1120)

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T

OMB No 1545-0123

Department of the Treasury Internal Revenue Service

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► Go to www irs gov/Form1120 for instructions and the latest information

Name FORDHAM UNIVERSITY Employer identification number

13-1740451

Part	Short-Term Capital Gains and Losses	- Assets Held Or	ne Year or Less			
	See instructions for how to figure the amounts to enter on the lines below	(d) Proceeds	(e) Cost	(g) Adjustments to or loss from Form(s 8949, Part I, line 2,	;)	(h) Gain or (loss) Subtract column (e) from column (d) and combine
1a	This form may be easier to complete if you round off cents to whole dollars Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However,	(sales price)	(or other basis)	column (g)		the result with column (g)
	If you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked					
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked	301.				301.
		coco t co	-		4	
4	Short-term capital gain from installment sales from F	orm 6252, line 26 or 3	·····		4	
5	Short-term capital gain or (loss) from like-kind exchar	nges from Form 8824			5	
6	Unused capital loss carryover (attach computation)				6	()
7	Net short-term capital gain or (loss) Combine lines 1	a through 6 in column	h		7	301.
Part						<u></u>
	See instructions for how to figure the amounts to enter on the lines below This form may be easier to complete if you round off cents to	(d) Proceeds	(e) Cost	(g) Adjustments to or loss from Form(s 8949, Part II, line 2	;)	(h) Gain or (loss) Subtract column (e) from column (d) and combine
	whote dollars	(sales price)	(or other basis)	column (g)		the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.			_		
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box Echecked					
10	Totals for all transactions reported on Form(s) 8949	_ _				· -
	with Box F checked	54,272.				54,272.
11	Enter gain from Form 4797, line 7 or 9				11	
12	Long-term capital gain from installment sales from F	orm 6252, line 26 or 3	7		12	
13	Long-term capital gain or (loss) from like-kind exchan	ges from Form 8824			13_	
14	Capital gain distributions (see instructions)				14	
15	Net long-term capital gain or (loss) Combine lines 8	a through 14 in column	h	<u> </u>	15	54,272.
Part	Summary of Parts I and II		*****			
16	Enter excess of net short-term capital gain (line 7) or	ver net long-term capita	al loss (line 15)		16	301.
17	Net capital gain. Enter excess of net long-term capit	al gaın (line 15) over n	et short-term capital los	s (linė 7)	17	54,272.
18	Add lines 16 and 17 Enter here and on Form 1120,	page 1, line 8, or the	proper line on other retu	irns If		
	the corporation has qualified timber gain, also complete. Note if losses exceed gains, see Capital losses in the			L	18	54,573.

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For Paperwork Reduction Act Notice, see the Instructions for Form 1120

Schedule D (Form 1120) 2017

ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY.

TRAVEL TOURS, PARKING LOT INCOME RELATED TO PUBLIC USE AND INVESTMENTS IN LIMITED PARTNERSHIPS AND LIMITED LIABILITY COMPANIES. APPLICABLE QUALIFIED TRANSPORTATION AND PARKING FRINGE BENEFITS PAID OR INCURRED AFTER DECEMBER 31,2017 ARE ALSO INCLUDED AS UBTI ON THE FORM 990-T, LINE 12, PURSUANT TO § 512(A)(7) OF THE INTERNAL REVENUE CODE.

2176184

FORM 990T -	LINE	5 -INCOME	(LOSS)	FROM	PARTNE	RSHIPS	· =	
PARTNERSHIP	А	- '		-				-3,331.
PARTNERSHIP	В							-4,848.
PARTNERSHIP	С							-58,347.
PARTNERSHIP	D							3,766.
PARTNERSHIP	E							-24,238.
PARTNERSHIP	F							-2,488.
PARTNERSHIP	G							-41,557.
PARTNERSHIP	Н							25,245.
PARTNERSHIP	. I		,					-4,006,840.
PARTNERSHIP	J		•					-4,892.
PARTNERSHIP	K							2,035.
PARTNERSHIP	L							-74,394.
PARTNERSHIP	M							-22,301.
PARTNERSHIP	N							15,539.
PARTNERSHIP	0	•						1.
PARTNERSHIP	P							922.
PARTNERSHIP	Q							-6,887.
INCOME	(LOSS) FROM PA	RTNERSH	IPS			,	-4,202,615.

PART I - LINE 12 - OTHER INCOME

QUALIFIED TRANSPORTATION FRINGE BENEFITS QUALIFIED PARKING FRINGE BENEFITS

15,428.

PART I - LINE 12 - OTHER INCOME

334,560.

319,132.

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

DOMESTIC PRODUCTION ACTIVITIES DEDUCTION UNDER SECTION 199

TAX PREPARATION FEES	48,000.
INVESTMENT MANAGEMENT FEES	1,48,776.
PARKING LOT EXPENSES (PUBLIC USE)	104,980.
TRAVEL TOUR EXPENSES	5,828.
INVESTMENT PORTFOLIO ACCOUNTING & ADVISORY FEES /.	30,147.

PART II - LINE 28 - OTHER DEDUCTIONS

_ 337,731

13-1740451

FORM 990-T - OTHER ACTIVITIES:

TRAVEL TOURS		•	Totals
Gross Revenue	Line la	38,851	
Related Expense	Line 28	(5,828)	
	,		, 33,023
•		•	
PARKING LOT (PUBLIC USE)			
Gross Revenue	Line la 💃	118,130	
Related Expense	Line 28	(104,980)	
	,		13,150
			~
		T	
Income / `(Loș	ss)		46,173
		`	

.)

FORM 990-T - CAPITAL GAINS / (LOSSES) FROM PARTNERSHIPS

	ST	LT	Sec. 1231	Total
(
Partnership E	-	(29)	(37,759)	(37,788)
·Partnership F	-	, 63	-	63
Partnership G	301	29,727	-	30,028
Partnership H	-	24,511	(13,301)	11,210
•	301	54,272	(51,060)	3,513

FORM 990-T,	PART	II,	LINE	19	-	TAXES	AND	LICENSES
Alabama								250
Arkansas								15
Idaho								600
Indiana								1,100
Michigan								650
Mınnesota								. 821
New Mexico								50
New York								2,550
Wisconsın			•					100
TOTAL TAXES								6,136

FORDHAM UNIVERSITY 13-1740451

ATTACHMENT TO 990-T, PART IV, LINE 43 - IRC SECTION 965 TRANSITION TAX

FORDHAM UNIVERSITY HAS MADE INVESTMENTS IN A NUMBER OF LIMITED PARTNERSHIPS WHICH HAVE DISCLOSED 965 TRANSITION TAX INCOME AND DEDUCTION AMOUNTS. THE TOTALS OF THE AMOUNTS REPORTED BY THESE PARTNERSHIPS TO FORDHAM UNIVERSITY ARE REPORTED ON THE ATTACHED IRC 965 TRANSITION TAX STATEMENT. 965 INCLUSION AMOUNTS CONSIDERED UNRELATED BUSINESS INCOME ARE PRESENTED BELOW FOR THE PURPOSES OF CALCULATING FORDHAM UNIVERSITY'S 965 TRANSITION TAX. THIS TAX IS REPORTED ON THE FORM 990-T, PART IV, LINE 43

<u>ITEM</u>	<u>AMOUNT</u>
AMOUNT OF 965(A) INCOME CONSIDERED UNRELATED BUSINESS INCOME	234
AMOUNT OF 965(C) DEDUCTIONS ATTRIBUTABLE TO 965(A) UBI	
NET 965 UNRELATED BUSINESS INCOME	234
NET OPERATING LOSS CARRYFORWARD	(234)
NET 965 UBI AFTER NOL	-
TAX RATE 15%	15%
965 TRANSITION TAX	- '