Unrelated business taxable income Subtract line 31 from line 30 For Paperwork Reduction Act Notice, see instructions 8X2740 1,000 27922M M20Y

27

28

29

Excess readership costs (Schedule J)

Other deductions (attach schedule)

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)

9 1 176184

-8,093,847.Form 990-T (2018)

-8,093,847.

852,438.

907,890.

27

28

30

	99021 (2018)										rage z
Pa		I Unrelated Busine					- ,				
33	fotal of unr	elated business taxable	income com	puted from all	unrelated tra	ides or businesses	(see	1	_		
								33		274,	<u>173.</u>
34	Amounts paid	for disallowed fringes				АТСН	. 9. [	34			
35	Deduction fo	or net operating loss	arising in ta	ax years begini	ning before	January 1, 2018	(see	1			
	instructions).					АТСН	. 8. [	35	2	274,	173.
36		elated business taxable						T			
	of lines 33 and	d 34					$\langle i \rangle$ . $ $	36			
37	Specific dedui	ction (Generally \$1,000, b	ut see line 37 ii	nstructions for exce	entions)		78	3/1		1,	000.
38	Unrelated bu	siness taxable income.	Subtract line	37 from line 36	6 If line 37	is greater than line	36	1			
30		lier of zero or line 36				•		38			0.
Dat		Computation						-,0			
		Taxable as Corporations.	Multiply lipo 2	9 by 21% (0.21)		<del></del>		39			
39 40		ible at Trust Rates				ion Income tax		33			
40				l	•			40			
	the amount or		ate schedule or		•	1)	1				
41		e instructions						41			
42		nımum tax (trusts only)						42			
43		mpliant Facility Income. S						43			<del></del>
44		s 41, 42, and 43 to line 3	9 or 40, whiche	ever applies			• • • •	44			
Par	•	and Payments					<del></del>				
	-	edit (corporations attach F									
		see instructions)									
		ess credit Attach Form 38						1			
		year minimum tax (attacl									
е	Total credits.	Add lines 45a through 45c	1					45e			
46	Subtract line 4	5e from line 44	<u></u>		<u></u>		[	46			
47	Other taxes Che	ck if from Form 4255	Form 8611	Form 8697	Form 8866	Other (attach sched	iule) .	47			
48	Total tax. Add	lines 46 and 47 (see instr	uctions)				[	48			0.
49		tax liability paid from Form						49			
50 a		017 overpayment credited			1						
		d tax payments									
		with Form 8868						- 1			
		zations Tax paid or withh									
		Iding (see instructions) .									
		li employer health insuran				Of					
		djustments, and payments		39							
3	Form 41		Other		Total > 5	0a					
51		s. Add lines 50a through !						51			
52		penalty (see instructions)						52			
53		51 is less than the total		-				53			
54		If line 51 is larger than th						54			
		<del>-</del>			itel alliquit ove	•		55	<del>.</del>		
55 Par		it of line 54 you want Credit ements Regarding			Other Infer	Refunde					
									nuth autu	Yes	No
56		during the 2018 calend	=	<del>-</del>		=			- 1	163	140
		ial account (bank, secu		•	•	· ·		-			
		114, Report of Foreig	n Bank and	Financial Accour	its if tes,	enter the name of	the	oreign	country	v	
		ED KINGDOM			<del> </del>					X	V
57	During the tax	year, did the organization	receive a distri	ibution from, or wa	as it the granto	or of, or transferor to, a	a foreig	in trust?	· · · · ·		X
		tructions for other forms the	•	•	- 10	4					1
<u>58</u>	<del></del>	unt of tax-exempt interest									
	true, correct	alties of perjury, I declare that I t, and complete Declaration of pre DocuSigned by	<ul> <li>have examined the parer (other than tax</li> </ul>	ns retum, including ac payer) is based on all in	ccompanying schedi formation of which i	uies and statements, and to preparer has any knowledge	o the be	st of my	knowledge	and beli	ief, it is
Sign	'   🕟	— Docusigned by		15/7/2020	VP Finar	nce/Assistant	Mav	the If	RS discuss	this r	retum
Here		Mille			Treasure		with	the p	reparer sh	own t	
	Signature	or officer 8433CA373E4A46B		Date	Title		(see	instruction	ns)?XYe	s	No
Detri	Print/T	ype preparer's name	T	Preparer's signature		Date	Check	∐ <sub>ff</sub>	PTIN		
Paid	MARI	LYN FARLEY		Marily 6.	Tulax	5/2/20	self-en	nployed	P012	3188	0
Prep	Only Fim's						Firm's		13-556		
Use	Firm's	address ► 345 PARK	AVENUE, N	EW YORK, NY	10154-01	.02	Phone	no 21	2-758-9		
JSA									Form 99	0-T	(2018)

Form 990-T (2018)								<del>,, ••</del>	ſ	Page 3
Schedule A - Cost of Go	1	iter method					T	1	-	
1 Inventory at beginning of ye	-		6			ar	6			
2 Purchases			7		_	ld. Subtract line				
3 Cost of labor						ter here and in	_			
4a Additional section 263A co	1 1						7	L	Van	No
(attach schedule)			8			section 263A (v		-	Yes	NO
<b>b</b> Other costs (attach schedul						or acquired for				l <sub>x</sub>
5 Total. Add lines 1 through	4b ·   5	<del></del> .		to the orga	anization?	Cal De al Desar	<del></del>	<u> </u>		<u> </u>
Schedule C - Rent Income	(From Real P	roperty a	nd Persona	Property	Leased V	vitn Keai Prope	rty)			
(see instructions)										
Description of property										
(1)										
(2)										
(3)					<del></del>	<del></del>		···-		
(4)								_		
	2. Rent recei	ved or accrud	<u>ed</u>		<del></del>					
for personal property is more than 10% but not percentage o 50% or if the			rom real and per age of rent for pe of the rent is bas	ersonal property	exceeds	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)				
(1)										
(2)										
(3)										
(4)									`	
Total		Total				/L\ T - 4 - 1 .dd				
(c) Total income. Add totals of cohere and on page 1, Part I, line 6,		-				(b) Total deduction Enter here and or Part I, line 6, colui	page 1			
Schedule E - Unrelated De	bt-Financed I	ncome (se	e instructions	s)						
1 Description of debt	-financed property		2. Gross inco	ncome from or debt-financed property			erty			
			prope	erty		nt line depreciation ch schedule)	(b) Other deductions (attach schedule)			
(1)										
(2)		-								
(3)										
(4)										
Amount of average     acquisition debt on or     allocable to debt-financed     property (attach schedule)	4. Amount of average acquisition debt on or allocable to debt-financed debt-financed property		6. Coli 4 divi by colu	ded		income reportable 1 2 x column 6)		Allocable decumn 6 x total of 3(a) and 3(	of colum	
(1)				%						
(2)				%						
(3)				%						
(4)				%						
Totals					Part I, lin	e and on page 1, e 7, column (A)	Ente Par	er here and o t I, line 7, col	n page umn (E	: 1, 3)
Total dividends-received deduction	ons included in co	olumn 8	<u></u>			<u>, , , , , , , , , ▶  </u>				

Form **990-T** (2018)

)

Schedule F-Interest, Ann	uities, Royaltie	s, and	Rents i	From Contro	lled O	rganiz	zatio	ns (see	instructi	ons)	
		1	Exempt	Controlled Or	ganızatı	ons					
Name of controlled organization	2 Employer identification numb	per		nrelated income ee instructions)	4. Total payme	of spec ents ma		ıncluded	f column 4 t in the contr ion's gross in	olling	6. Deductions directly connected with income in column 5
(1)				· · · · · · · · · · · · · · · · · · ·							
(2)											
(3)						-					
(4)											
Nonexempt Controlled Organi	zations										
7 Taxable Income	8. Net unrelated in (loss) (see instruc			9. Total of specific payments made		ind	cluded	of column in the co ion's gross	ntrolling		Deductions directly innected with income in column 10
(1)	· · · · · · · · · · · · · · · · · · ·										
(2)											
(3)			$\perp$								
(4)											
Totals		 ction 5	 01(c)(7	r), (9), or (17	► ) Orga	En Pa	nter her art I, lır	lumns 5 a re and on ne 8, colui	page 1, nn (A)	En	dd columns 6 and 11 ter here and on page 1, irt I, line 8, column (B)
1. Description of income	2 Amount of	income		3 Deduc directly con (attach sch	nected				-asides schedule)		Total deductions     and set-asides (col 3     plus col 4)
(1)											
(2)											
(3)											
(4)											
Totals ▶ Schedule I-Exploited Exe	Enter here and Part I, line 9, c	olumn (A)		Thạn Adverti	sing In	come	e (see	e instru	ctions)		Enter here and on page 1, Part I, line 9, column (B)
1. Description of exploited activity	2. Gross unrelated business income from trade or business	di conne prod un	expenses irectly ected with fuction of irelated ess income	4. Net incomfrom unrelate or business (2 minus coll If a gain, coll coll 5 thro	ed trade column imn 3) mpute	from	Gross in activitiot unre iness in	ty that elated	e 6 Expenses attributable to		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										-	
(2)											
(3)											
(4)						-					
Totals ▶	Enter here and on page 1, Part I, line 10, col (A)	page line 1	nere and or 1, Part I, 0, col (B)	1							Enter here and on page 1, Part II, line 26
Schedule J-Advertising In	icome (see instri	uctions)									
Part I Income From Peri	iodicals Report	ed on a	a Cons	olidated Bas	is			·			
1 Name of penodical	2. Gross advertising income		Direct ising costs	4 Adverti gain or (loss 2 minus co a gain, con cols 5 throi	s) (∞l I3) If npute	5.	Circula		6. Reade cost	•	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)											
(4)											
Totals (carry to Part II, line (5))											
- Comp (comp to rais ii, iiile (c))	<u>.                                    </u>						-				Form <b>990-T</b> (2018)

JSA

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 )

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 ▶		1				
	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
Totals, Part II (lines 1-5) ▶						

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

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
2)		%	
3)		%	
4)		%	-
Total. Enter here and on page 1, Part II, line 14			

Form 990-T (2018)

## **SCHEDULE M** (Form 990-T)

# **Unrelated Business Taxable Income for Unrelated Trade or Business**

Employer identification number

13-1740451

OMB No 1545-0687

Department of the Treasury Internal Revenue Service Name of organization

► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

FORDHAM UNIVERSITY Unrelated business activity code (see instructions) ▶ 561500

Describe the unrelated trade or business TRAVEL TOUR OPERATIONS

Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 71,831.				
b	Less returns and allowances c Balance	1c	71,831.		
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit. Subtract line 2 from line 1c	3	71,831.		71,831
la	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797).	4b			,
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
В	Interest, annuities, royalties, and rents from a controlled				
	organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9	İ		
)	Exploited exempt activity income (Schedule I)	10			
	Advertising income (Schedule J)	11			
	Other income (See instructions, attach schedule)	12			
}	Total. Combine lines 3 through 12	13	71,831.		71,831

deductions must be directly connected with the unrelated business income )

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	[	•
17	Bad debts		
18	Interest (attach schedule) (see instructions)		
19	Taxes and licenses		
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)		li
22	Less depreciation claimed on Schedule A and elsewhere on return	22b	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I).	26	
27	Excess readership costs (Schedule J)		
28	Other deductions (attach schedule)	1	9,369.
29	Total deductions. Add lines 14 through 28	29	9,369.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	62,462.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		-
	instructions)	31	_
32	Unrelated business taxable income Subtract line 31 from line 30		62,462.

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

#### SCHEDULE M (Form 990-T)

# **Unrelated Business Taxable Income for Unrelated Trade or Business**

OMB No 1545-0687

Department of the Treasury Internal Revenue Service Name of organization

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

FORDHAM UNIVERSITY Unrelated business activity code (see instructions) ▶ 812930 13-1740451

Employer identification number

Describe the unrelated trade or business ▶ PARKING LOTS AND GARAGES (PUBLIC USE)

Pa	Unrelated Trade or Business Income	- "	(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales 316, 476.				
ь	Less returns and allowances	1c	316,476.		_
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3	316,476.		316,476.
4a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E),	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Schedule F)	8		`	Į.
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9			İ
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)	12			
13	Total. Combine lines 3 through 12	13	316,476.		316,476.

Deductions Not Taken Elsewhere (See instructions for limitations on deductions ) (Except for contributions, deductions must be directly connected with the unrelated business income )

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts,	17	_
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return	22b	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I).	1	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	104,765.
29	Total deductions. Add lines 14 through 28.	29	104,765.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	211,711.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	31	
32	Unrelated business taxable income Subtract line 31 from line 30	32	211,711.

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2018

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8X2745 1 000

#### **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,

Department of the Treasury Internal Revenue Service

1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T

OMB No 1545-0123

▶ Go to www irs gov/Form1120 for instructions and the latest information. Employer identification number Name FORDHAM UNIVERSITY 13-1740451 Short-Term Capital Gains and Losses (See instructions) Part I (g) Adjustments to gain (h) Gain or (loss) See instructions for how to figure the amounts to enter on (e) or loss from Form(s) Subtract column (e) from the lines below Proceeds Cost column (d) and combine 8949, Part I, line 2, This form may be easier to complete if you round off cents to (sales price) (or other basis) column (g) the result with column (g) whole dollars 1a 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 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 Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 2,325. 2,325. 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 Unused capital loss carryover (attach computation) 6 2,325. 7 Net short-term capital gain or (loss) Combine lines 1a through 6 in column h. Long-Term Capital Gains and Losses (See instructions) (g) Adjustments to gain (h) Gain or (loss) See instructions for how to figure the amounts to enter on (d) (e) Subtract column (e) from the lines below or loss from Form(s) **Proceeds** Cost 8949, Part II, line 2, column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) column (g) the result with column (a) whole dollars 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 . . . . . . . . . . . . . . . . Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 10 55,980. 55,980. Enter gain from Form 4797, line 7 or 9 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 13 Capital gain distributions (see instructions) 14 15 Net long-term capital gain or (loss) Combine lines 8a through 14 in column h 15 55,980. Part III Summary of Parts I and II Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 2,325. 17 Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7). . . . 55,980. 17 Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns . . . . . . 58,305. 18

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

Note: If losses exceed gains, see Capital losses in the instructions

Schedule D (Form 1120) 2018

# **Sales and Other Dispositions of Capital Assets**

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

Department of the Tre

Internal Revenue Service	► File with y	our Schedule	D to list your	transactions for	lines 1b, 2, 3, 85	, 9, and 10 of S	cnedule D. Se	quence No 12A	
Name(s) shown on return	O.T. M.V.				Social sec	-	taxpayer identificat	tion number	
FORDHAM UNIVER				- ( ) ( ) ( ) ( )	h - 4 1 4 4 - 4		1740451	fituto	
Before you check Box A, statement will have the s									
broker and may even tell			00 2 2.0.0.	onon whomes you	., 220.0 (2022)	, , , , , , , , , , , , , , , , , , , ,	-	,,	
Part I Short-Terr	n. Transac	tions involvii	ng capital as	ssets you held	1 year or less	are general	ly short-term (	see	
		-term trans			•	Ū	·		
Note: You	may aggre	egate all sho	ort-term tran	sactions repor	ted on Form(	s) 1099-B sh	nowing basis w	as	
				ments or codes					
				eport these tra	<del></del>				
You must check Box A complete a separate f	A, B, or C be	low. Check	only one box.	If more than on	e box applies f	or your short-	term transaction	S,	
for one or more of the							dons than will lit t	on this page	
(A) Short-term tr							e Note above)		
(B) Short-term tr		•		-			e Note above,		
X (C) Short-term tr		•		-	wasii t roport				
			T	I			any, to gain or loss.		
1			(-)	(4)	(e) Cost or other basis		amount in column (g) de in column (f)	·· [ (11)	
(a) Description of pro	perty	(b) Date acquired	(c) Date sold or	(d) Proceeds	See the Note below	See the sepa	rate Instructions	Gain or (loss). Subtract column (e	
(Example 100 sh X		(Mo,day,yr)	disposed of (Mo, day, yr)	(sales price) (see instructions)	and see Column (e) in the separate	(f)	(g)	from column (d) and combine the result	
			` ' ' ' ' ' '	,	instructions	Code(s) from instructions	Amount of adjustment	with column (g)	
		<u> </u>							
ATTACHMENT 5		VAR	VAR	2,325	İ			2,325	
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2 Totals Add the amount	is in columne	(d) (e) (n) and	i (h) (subtract						
negative amounts) Ent					1				
Schedule D, line 1b (if	Box A above	is checked), line	e 2 (rfBox B	2,325	-	l i		2,325	

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 (2018)

Attachment Sequence No 12A Page 2 Form 8949 (2018) Social security number or taxpayer identification number Name(s) shown on return. Name and SSN or taxpayer identification no not required if shown on other side 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 Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see Part II instructions). 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) 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 (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss. If you enter an amount in column (a) (e) enter a code in column (f) Gain or (loss). (c) (d) Cost or other basis (b) Date sold or Subtract column (e) See the separate instructions **Proceeds** See the Note below Description of property Date acquired disposed of rom column (d) and (sales price) and see Column (el (Example 100 sh XYZ Co) (Mo, day, yr) (Mo, day, yr) combine the result **(f)** (see instructions) in the separate (q) Code(s) from Amount of with column (g) instructions instructions adjustment VAR VAR 55.980 55,980 ATTACHMENT 5

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)

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 (2018)

JSA 8X2616 1 000 55,980

55.980.

# ATTACHMENT 1

FORM 990T - I	LINE 5 -INCOM	E (LOSS) FROM	PARTNERSHIPS	OR S CORPORATIONS	
PARTNERSHIP A	=		-		3,117.
PARTNERSHIP E				1	2,935. L,480.
PARTNERSHIP DE PARTNERSHIP E				· -16	1,715. 5,301.
PARTNERSHIP F PARTNERSHIP G			)	-91 -5,832	L,186. 2,410.
PARTNERSHIP H PARTNERSHIP I	_			-1,120 -43	0,543. 3,761.
PARTNERSHIP J					1,150. 3,231.
PARTNERSHIP L PARTNERSHIP M	- J				3,622. 78.
		ARTNERSHIPS		<del>-7,23</del> 9	

ATTACHMENT	2	

FORM	990T	_	PART	II	- LINE	28	_	$\mathtt{TOTAL}$	OTHER	DEDUCTIONS

TAX PREPARATION FEES . 52,000.
INVESTMENT MANAGEMENT FEES . 788,149.
INVESTMENT PORTFOLIO ACCOUNTING & ADVISORY FEES . 12,289.

PART II - LINE 28 - OTHER DEDUCTIONS 852,438.

ATTACHMENT 2 PAGE 100

13-1740451 ATTACHMENT 3

SCHEDULE M - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

TRAVEL TOUR EXPENSES

9,369.

PART II - LINE 28 - OTHER DEDUCTIONS

9,369.

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ATTACHMENT 4

SCHEDULE M - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

PARKING LOT EXPENSES (PUBLIC USE)

104,765.

PART II - LINE 28 - OTHER DEDUCTIONS

104,765.

#### ATTACHMENT 6

FORM 990-T,	PART	II,	LINE	19	-	TAXES	AND	LICENSES
Alabama								50
Connecticut		•						104
Idaho								30
Mıņnesota								50
Montana								50
New Mexico								50
New York								250
					_			
TOTAL TAXES								584

13-1740451

ATTACHMENT 9

FORM 990-T, PART III, LINE 34 IRC SECTION 512 (A) (7)

FORDHAM UNIVERSITY DID PAY AMOUNTS FOR QUALIFIED TRANSPORTATION FRINGE BENEFITS DURING THE TAX YEAR, HOWEVER SUCH AMOUNTS DO NOT RESULT IN UBTI GIVEN THE RETROACTIVE REPEAL OF SECTION 512(A)(7).