

EXTENDED TO JULY 15, 2019

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2017

Department of the Treasury Internal Revenue Service

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.

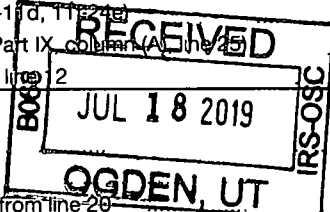
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning SEP 1, 2017 and ending AUG 31, 2018

Form 990 header section including B (Check if applicable), C (Name of organization: NEW YORK UNIVERSITY IN ABU DHABI CORP.), D (Employer identification number: 26-2652713), E (Telephone number: (212)998-2254), G (Gross receipts \$: 183,974,625), H(a) (Is this a group return for subordinates? Yes [X] No), H(b) (Are all subordinates included? Yes [ ] No), I (Tax-exempt status: [X] 501(c)(3)), J (Website: WWW.NYUAD.NYU.EDU), K (Form of organization: [X] Corporation), L (Year of formation: 2008), M (State of legal domicile: NY).

Part I Summary

Table with 4 columns: Line number, Description, Prior Year, Current Year. Rows include: 1 (Mission statement), 3-7 (Governance), 8-12 (Revenue), 13-19 (Expenses), 20-22 (Net Assets or Fund Balances).



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.

Signature block section including Sign Here (Signature of officer: STEPHANIE PIANKA, TREASURER), Paid Preparer (Preparer's name, signature, date, PTIN), and Firm's information (Firm's name, address, EIN, phone no.).

May the IRS discuss this return with the preparer shown above? (see instructions) [ ] Yes [ ] No

Handwritten number 95319

Part III Statement of Program Service Accomplishments

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

X

1 Briefly describe the organization's mission:

THE MISSION OF NYUADC IS TO SUPPORT NYU IN PROVIDING UNDERGRADUATE STUDENTS AN EXCEPTIONAL EDUCATION, BUILT ON BOTH THE TRADITIONS OF THE FINEST LIBERAL ARTS COLLEGES AND THE RESOURCES AND IDEALS OF A MAJOR RESEARCH UNIVERSITY -(CONTINUED ON 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 X

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 X

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 \$ 121,302,113. Including grants of \$ ) (Revenue \$ )

NYUAD UNDERGRADUATE DEGREE: NYU ABU DHABI IS A RESEARCH UNIVERSITY WITH A FULLY INTEGRATED LIBERAL ARTS AND SCIENCE COLLEGE, NYU IN NEW YORK, NYU ABU DHABI, AND NYU SHANGHAI FORM THE BACKBONE OF NYU'S GLOBAL NETWORK OF DEGREE-GRANTING CAMPUSES AND ACADEMIC CENTERS ACROSS SIX CONTINENTS. NYU ABU DHABI DRAWS STUDENTS OF ALL BACKGROUNDS FROM AROUND THE WORLD TO CREATE A UNIQUELY DIVERSE AND DYNAMIC STUDENT BODY. IT OFFERS UNDERGRADUATE MAJORS ACROSS ARTS AND HUMANITIES, ENGINEERING, SCIENCE, AND SOCIAL SCIENCE AND NUMEROUS MULTIDISCIPLINARY MINORS AND SPECIALIZATIONS. NYU ABU DHABI OFFERS ACADEMIC PROGRAMS THROUGHOUT THE ACADEMIC YEAR FROM AUGUST TO MAY, INCLUDING JANUARY TERM AND SUMMER COURSES. EXPENSES INCURRED DURING THE FISCAL YEAR ENABLED DELIVERY OF ACADEMIC PROGRAMS THROUGH THE PROVISION OF FACULTY AND ADMINISTRATIVE

4b (Code ) (Expenses \$ 43,521,782. Including grants of \$ ) (Revenue \$ )

NYU ABU DHABI RESEARCH: NYU ABU DHABI IS A WORLD-CLASS CENTER OF CUTTING-EDGE RESEARCH, SCHOLARSHIP, AND CULTURAL ACTIVITY. FACULTY FROM ACROSS THE ARTS, HUMANITIES, SOCIAL SCIENCES, SCIENCES, AND ENGINEERING CARRY OUT CREATIVE SCHOLARSHIP AND CONDUCT RESEARCH ON ISSUES OF MAJOR DISCIPLINARY, MULTIDISCIPLINARY, AND GLOBAL SIGNIFICANCE. THE NYUAD RESEARCH INSTITUTE PROMOTES CUTTING-EDGE AND INNOVATIVE RESEARCH THROUGH THE SUPPORT OF ITS CENTERS, LABS AND PROJECTS. THE UNIVERSITY'S UNIQUE LOCATION IN ABU DHABI MAKES IT AN IDEAL HUB FOR RESEARCHERS PURSUING ANSWERS TO PRESSING QUESTIONS AND SOLUTIONS TO COMPLEX PROBLEMS. NYU ABU DHABI IS RANKED NUMBER ONE IN THE UAE BY NATURE INDEX FOR HIGH QUALITY RESEARCH OUTPUT. THE ORGANIZATION RECEIVES GRANTS TO DEFRAY THE COSTS OF THIS PROGRAM SERVICE ACTIVITY.

4c (Code ) (Expenses \$ 1,054,998. Including grants of \$ ) (Revenue \$ )

SHEIKH MOHAMMED SCHOLARS PROGRAM: THE SHEIKH MOHAMMED BIN ZAYED SCHOLARS PROGRAM OFFERS A SELECT COHORT OF TALENTED UNIVERSITY STUDENTS UNIQUE ACCESS TO SPECIFICALLY DESIGNED COURSES, LECTURES, LEADERSHIP EXPERIENCES, NETWORKING, AND GRADUATE SCHOOL OPPORTUNITIES AND SCHOLARSHIPS. THE PROGRAM ACCEPTS SOME OF THE MOST OUTSTANDING STUDENTS AT THE THREE NATIONAL UNITED ARAB EMIRATES UNIVERSITIES: ZAYED UNIVERSITY, THE UNITED ARAB EMIRATES UNIVERSITY, AND HIGHER COLLEGES OF TECHNOLOGY, AND HAS BEEN DEVELOPED IN CLOSE CONSULTATIONS WITH THE ABU DHABI EDUCATION COUNCIL, NATIONAL EXTANT UNIVERSITES AND COLLEGES IN THE UAE, AND NEW YORK UNIVERSITY ABU DHABI. THE ORGANIZATION RECEIVES GRANTS TO DEFRAY THE COSTS OF THIS PROGRAM SERVICE ACTIVITY.

4d Other program services (Describe in Schedule O.)

(Expenses \$ 846,756. Including grants of \$ ) (Revenue \$ )

4e Total program service expenses 166,725,649.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i>		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	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		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
<b>4b</b>	If "Yes," enter the name of the foreign country <b>UNITED ARAB EMIRATES</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		X
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter.		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter.		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</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		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent.		
<b>2</b>	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?		X
<b>3</b>	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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	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?	X	
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	a The governing body?	X	
<b>8b</b>	b Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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.		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>10b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13.	X	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>15a</b>	a The organization's CEO, Executive Director, or top management official	X	
<b>15b</b>	b Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>16b</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?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **NY**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 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: **MONA LOUCA - 971 628 4019**  
**70 WASHINGTON SQUARE SOUTH, NEW YORK, NY 10012**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's **five current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 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) ALFRED BLOOM VICE PRESIDENT	60.00 1.00	X		X				0.	1,058,859.	41,587.
(2) MARTIN DORPH DIRECTOR	2.00 50.00	X						0.	749,579.	50,430.
(3) FABIO PIANO DIRECTOR	60.00 1.00	X						0.	727,856.	32,717.
(4) TERRANCE NOLAN SECRETARY	2.00 50.00	X		X				0.	665,468.	43,398.
(5) ANDREW HAMILTON PRESIDENT	10.00 70.00	X		X				0.	1,518,650.	462,552.
(6) KATHERINE FLEMING DIRECTOR	0.30 50.00	X						0.	912,000.	27,138.
(7) PETER CHRISTENSEN ASSOCIATE TREASURER (END:12/20/17)	60.00 1.00			X				0.	457,253.	41,587.
(8) STEPHANIE PIANKA TREASURER	2.00 50.00			X				0.	442,566.	35,790.
(9) MONA LOUCA ASSOCIATE TREASURER (BEGIN:12/20/17)	60.00 1.00			X				373,953.	0.	38,386.
(10) SUNIL KHAMBASWADKAR ASSOCIATE VICE CHANCELLOR	60.00				X			797,704.	0.	46,600.
(11) FATMA ABDULLA SNR V. PROVOST, STRATEGY & PLANNING	60.00				X			537,613.	0.	37,464.
(12) KYLE FARLEY ASSOC V CHANCELLOR, STUDENT AFFAIRS	60.00				X			478,335.	0.	39,045.
(13) BARBARA CARDELI-ARROYO ASSOC V CHANCELLOR FOR HR	60.00				X			230,703.	0.	32,924.
(14) NADA MESSAIKEH ASSOC V PROVOST OF ADMINISTRATION	60.00				X			313,084.	0.	33,182.
(15) HERVE CRES DEAN OF SOCIAL SCIENCES	60.00					X		487,272.	0.	65,670.
(16) SAMER MADANAT DEAN OF ENGINEERING	60.00					X		601,965.	0.	45,057.
(17) JOHN WOODERS PROFESSOR OF ECONOMICS	60.00					X		466,325.	0.	55,044.

**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 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			
(18) HALAH IBRAHIM EXEC DIRECTOR, HEALTH & WELLNESS	60.00					X		479,360.	0.	51,824.
(19) SEHAMUDDIN GALADARI SENIOR VICE PROVOST OF RESEARCH	60.00					X		469,086.	0.	32,171.
(20) JOHN SEXTON FORMER PRESIDENT	10.00 70.00						X	0.	726,892.	35,790.
(21) DAVID MCLAUGHLIN FORMER DIRECTOR	2.00 50.00						X	0.	415,641.	43,398.
<b>1b Sub-total</b>								5,235,400.	7,674,764.	1,291,754.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								5,235,400.	7,674,764.	1,291,754.

**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 695

	Yes	No
<b>3</b> 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	X	
<b>4</b> 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	X	
<b>5</b> 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		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

**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 Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b> 173,649,470.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f \$					
	<b>h Total.</b> Add lines 1a-1f		173,649,470.			
	<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>			
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> _____						
<b>e</b> _____						
<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)					
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6 a</b> Gross rents	(i) Real	8,073,844.			
		(ii) Personal	0.			
		<b>b</b> Less: rental expenses				
		<b>c</b> Rental income or (loss)	8,073,844.			
	<b>d</b> Net rental income or (loss)		8,073,844.		8,073,844.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses				
		<b>c</b> Gain or (loss)				
	<b>d</b> Net gain or (loss)					
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	<b>a</b>				
		<b>b</b> Less direct expenses				
<b>c</b> Net income or (loss) from fundraising events						
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
	<b>b</b> Less direct expenses					
	<b>c</b> Net income or (loss) from gaming activities					
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
	<b>b</b> Less: cost of goods sold					
	<b>c</b> Net income or (loss) from sales of inventory					
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b> OTHER INCOME	900099	2,251,311.			2,251,311.	
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> All other revenue					
<b>e Total.</b> Add lines 11a-11d		2,251,311.				
<b>12 Total revenue.</b> See instructions.		183,974,625.	0.	0.	10,325,155.	

**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				
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	2,098,133.	1,658,903.	439,230.	
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	95,172,559.	89,744,924.	5,427,635.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,185,388.	7,047,548.	2,137,840.	
9 Other employee benefits	74,491,131.	65,307,372.	9,183,759.	
10 Payroll taxes	3,027,413.	2,966,902.	60,511.	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 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				
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 _____				
b _____				
c _____				
d _____				
e All other expenses _____				
<b>25 Total functional expenses. Add lines 1 through 24e</b>	<b>183,974,624.</b>	<b>166,725,649.</b>	<b>17,248,975.</b>	<b>0.</b>
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 Sheet**

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

		(A) Beginning of year		(B) End of year
Assets	<b>1</b> Cash - non-interest-bearing		<b>1</b>	
	<b>2</b> Savings and temporary cash investments		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net		<b>3</b>	
	<b>4</b> Accounts receivable, net	4,669,245.	<b>4</b>	4,362,046.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> 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 instr). Complete Part II of Sch L		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation	<b>10b</b>	<b>10c</b>	
	<b>11</b> Investments - publicly traded securities		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	4,218,134.	<b>15</b>	4,072,890.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	8,887,379.	<b>16</b>	8,434,936.	
Liabilities	<b>17</b> Accounts payable and accrued expenses	8,887,379.	<b>17</b>	8,434,936.
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> 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		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> 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		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25	8,887,379.	<b>26</b>	8,434,936.
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets		<b>27</b>	
	<b>28</b> Temporarily restricted net assets		<b>28</b>	
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> Total net assets or fund balances	0.	<b>33</b>	0.
<b>34</b> Total liabilities and net assets/fund balances	8,887,379.	<b>34</b>	8,434,936.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	183,974,625.
2	Total expenses (must equal Part IX, column (A), line 25)	2	183,974,624.
3	Revenue less expenses Subtract line 2 from line 1	3	1.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	0.
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	0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
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?		X
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		

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2017**

Open to Public Inspection

Name of the organization **NEW YORK UNIVERSITY IN ABU DHABI CORP.** Employer identification number **26-2652713**

**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		
NEW YORK UNIVERSITY	13-5562308	2	x		0.	0.
<b>Total</b>					0.	0.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 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

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2017; 15 Public support percentage from 2016 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2017; b 33 1/3% support test - 2016; 17a 10% -facts-and-circumstances test - 2017; b 10% -facts-and-circumstances test - 2016; 18 Private foundation.

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2017.** 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 - 2016.** 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.		
c 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 (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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		X
<b>b</b> A family member of a person described in (a) above?		X
<b>c</b> 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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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	X	
<b>2</b> 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		X

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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)		
<b>3</b> 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		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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.		
<b>b</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		
<b>3</b> Parent of Supported Organizations Answer (a) and (b) below.		
<b>a</b> 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.		
<b>b</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		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
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 <b>Total annual distributions.</b> 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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7. \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions.			
7 <b>Excess distributions carryover to 2018.</b> Add lines 3j and 4c			
8 Breakdown of line 7.			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

**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)

Multiple horizontal lines for supplemental information.

**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2017**

Open to Public Inspection

Name of the organization **NEW YORK UNIVERSITY IN ABU DHABI CORP.** Employer identification number **26-2652713**

**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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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 ▶ \$ \_\_\_\_\_

**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

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

	Amount
1c	
1d	
1e	
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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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 ► \_\_\_\_\_ %
  - c Temporarily restricted endowment ► \_\_\_\_\_ %
- 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
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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.) 0.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**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. (Col. (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) DEPOSITS	418,244.
(2) PREPAID EXPENSES AND DEFERRED CHARGES	3,654,646.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) ▶	
	4,072,890.

**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





**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No 1545-0047

**2017**

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

▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization  
NEW YORK UNIVERSITY IN ABU DHABI  
CORP.

Employer identification number

26-2652713

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
MIDDLE EAST AND NORTH AFRICA	1	451	PROGRAM SERVICES	EDUCATIONAL PROGRAMS	183,974,625.
<b>3 a Sub-total</b>	1	451			183,974,625.
<b>b Total from continuation sheets to Part I</b>	0	0			0.
<b>c Totals (add lines 3a and 3b)</b>	1	451			183,974,625.

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

Schedule F (Form 990) 2017

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
FELLOWSHIP	MIDDLE EAST AND NORTH AFRICA	211	41,389,958.	ELECTRONIC FUND OR DIRECT DEPOSIT TO FINANCIAL INSTITUTE	0.		

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)*  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)*  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)*  Yes  No

Schedule F (Form 990) 2017

**Part V** Supplemental Information

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

Multiple horizontal lines for supplemental information.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No 1545-0047

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

**2017**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization **NEW YORK UNIVERSITY IN ABU DHABI CORP.** Employer identification number **26-2652713**

**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
- Travel for companions
- Tax indemnification and gross-up payments
- Discretionary spending account
- Housing allowance or residence for personal use
- Payments for business use of personal residence
- Health or social club dues or initiation fees
- 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
- Independent compensation consultant
- Form 990 of other organizations
- Written employment contract
- Compensation survey or study
- 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
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>	X	
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2017

**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) ALFRED BLOOM	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
VICE PRESIDENT	(ii) 671,636.	0.	387,223.	27,000.	14,587.	1,100,446.	0.
(2) MARTIN DORPH	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
DIRECTOR	(ii) 692,368.	0.	57,211.	27,000.	23,430.	800,009.	0.
(3) FABIO PIANO	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
DIRECTOR	(ii) 515,151.	0.	212,705.	27,000.	5,717.	760,573.	0.
(4) TERRANCE NOLAN	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
SECRETARY	(ii) 665,468.	0.	0.	27,000.	16,398.	708,866.	0.
(5) ANDREW HAMILTON	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
PRESIDENT	(ii) 1,518,650.	0.	0.	287,795.	174,757.	1,981,202.	0.
(6) KATHERINE FLEMING	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
DIRECTOR	(ii) 804,000.	0.	108,000.	27,000.	138.	939,138.	0.
(7) PETER CHRISTENSEN	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
ASSOCIATE TREASURER (END:12/20/17)	(ii) 323,738.	0.	133,515.	27,000.	14,587.	498,840.	0.
(8) STEPHANIE PIANKA	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
TREASURER	(ii) 423,892.	18,674.	0.	27,000.	8,790.	478,356.	0.
(9) MONA LOUCA	(i) 256,673.	7,500.	109,780.	25,667.	12,719.	412,339.	0.
ASSOCIATE TREASURER (BEGIN:12/20/17)	(ii) 0.	0.	0.	0.	0.	0.	0.
(10) SUNIL KHAMBASWADKAR	(i) 274,391.	0.	523,313.	27,408.	19,192.	844,304.	0.
ASSOCIATE VICE CHANCELLOR	(ii) 0.	0.	0.	0.	0.	0.	0.
(11) FATMA ABDULLA	(i) 412,594.	0.	125,019.	29,408.	8,056.	575,077.	0.
SNR V. PROVOST, STRATEGY & PLANNING	(ii) 0.	0.	0.	0.	0.	0.	0.
(12) KYLE FARLEY	(i) 300,388.	0.	177,947.	27,000.	12,045.	517,380.	0.
ASSOC V CHANCELLOR, STUDENT AFFAIRS	(ii) 0.	0.	0.	0.	0.	0.	0.
(13) BARBARA CARDELI-ARROYO	(i) 230,703.	0.	0.	23,714.	9,210.	263,627.	0.
ASSOC V CHANCELLOR FOR HR	(ii) 0.	0.	0.	0.	0.	0.	0.
(14) NADA MESSAIKEH	(i) 223,717.	0.	89,367.	22,372.	10,810.	346,266.	0.
ASSOC V PROVOST OF ADMINISTRATION	(ii) 0.	0.	0.	0.	0.	0.	0.
(15) HERVE CREB	(i) 313,819.	0.	173,453.	37,626.	28,044.	552,942.	0.
DEAN OF SOCIAL SCIENCES	(ii) 0.	0.	0.	0.	0.	0.	0.
(16) SAMER MADANAT	(i) 294,715.	0.	307,250.	27,000.	18,057.	647,022.	0.
DEAN OF ENGINEERING	(ii) 0.	0.	0.	0.	0.	0.	0.





**Part III Supplemental Information**

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

PART I, LINE 1A:

NEW YORK UNIVERSITY PROVIDES SEVERAL FRINGE BENEFITS TO THE INDIVIDUALS

REPORTED ON FORM 990, PART VII AND SCHEDULE J. ALL FRINGE BENEFITS,

INCLUSIVE OF COMPANION TRAVEL, TAX INDEMNIFICATION PAYMENTS, HOUSING

ALLOWANCES, AND PERSONAL SERVICES, ARE TAXABLE FRINGE BENEFITS AND ARE

INCLUDED IN REPORTABLE COMPENSATION (FORMS W-2).

PART I, LINE 3:

THE PRESIDENT OF NYUADC IS NOT COMPENSATED FOR HIS SERVICES AS PRESIDENT OF

NYUADC. HIS COMPENSATION AS PRESIDENT OF NYUADC'S RELATED ORGANIZATION NYU

WAS ESTABLISHED BY NYU'S COMPENSATION COMMITTEE, AN INDEPENDENT COMMITTEE

OF THE NYU BOARD OF TRUSTEES, WHICH UTILIZED COMPARABILITY DATA AND

CONTEMPORANEOUSLY DOCUMENTED ITS DETERMINATIONS.

PART I, LINES 4A-B:

SCHEDULE J, PART I, LINE 4B

THE NEW YORK UNIVERSITY IN ABU DHABI CORPORATION DID NOT PROVIDE ANY

PAYMENTS PURSUANT TO A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN.

NEVERTHELESS, A RELATED ORGANIZATION, NEW YORK UNIVERSITY, PROVIDED SUCH A

**Part III Supplemental Information**

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

BENEFIT TO FORMER PRESIDENT SEXTON AND PRESIDENT HAMILTON.

PRESIDENT EMERITUS SEXTON RECEIVED CERTAIN RETIREMENT PAYMENTS (THE "SERP

ANNUAL PAYMENTS") REDUCED BY RETIREMENT PAYMENTS OTHERWISE OWED TO DR.

SEXTON AND TAX PAYMENTS MADE ON HIS BEHALF THAT HAVE BEEN PREVIOUSLY

DISCLOSED.

PRESIDENT HAMILTON SHALL RECEIVE A PAYMENT OF TWO HUNDRED FIFTY THOUSAND

DOLLARS IN DEFERRED COMPENSATION FOR EVERY YEAR OF COMPLETED SERVICE AS

PRESIDENT SHOULD HE SERVE THE ENTIRE FIVE YEAR TERM. EACH ANNUAL

INSTALLMENT SHALL BE CREDITED WITH EARNINGS AT A RATE AGREED UPON BETWEEN

DR. HAMILTON AND THE UNIVERSITY.

KEY EMPLOYEE, SUNIL KHAMBASWADKAR, RECEIVED A SEVERANCE PAYMENT OF

\$436,273.

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

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization	NEW YORK UNIVERSITY IN ABU DHABI CORP.	Employer identification number 26-2652713
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

NEW YORK UNIVERSITY IN ABU DHABI (NYUAD) BY PROVIDING PERSONNEL TO  
NYUAD.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

SUPPORT SERVICES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

NYU ABU DHABI INSTITUTE: THE NYU ABU DHABI INSTITUTE HOSTS ACADEMIC  
CONFERENCES, WORKSHOPS, LECTURES, FILM SERIES, PERFORMANCES, AND OTHER  
PUBLIC PROGRAMS DIRECTED TO BOTH LOCAL AUDIENCES AND TO THE WORLDWIDE  
ACADEMIC AND RESEARCH COMMUNITY IN BOTH ABU DHABI AND NEW YORK. IT IS A  
CENTER OF THE SCHOLARLY COMMUNITY FOR ABU DHABI, THE UAE, AND THE WIDER  
REGION, BRINGING TOGETHER ACADEMICS, PROFESSIONALS, AND LEADERS FROM  
AROUND THE WORLD TO ITS ACADEMIC CONFERENCES AND PUBLIC PROGRAM TO  
DISCUSS RESEARCH AREAS AND TOPICS OF LOCAL AND GLOBAL SIGNIFICANCE. THE  
ORGANIZATION RECEIVES GRANTS TO DEFRAY THE COSTS OF THIS PROGRAM  
SERVICE ACTIVITY.

EXPENSES \$ 846,756. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6:

NYU IS THE SOLE MEMBER OF THE CORPORATION. AS THE SOLE MEMBER, NYU ELECTS  
ALL OF THE DIRECTORS OF THE CORPORATION WHO ARE NOT EX-OFFICIO DIRECTORS  
AND HAS OTHER POWERS AS GRANTED UNDER STATE LAW.

FORM 990, PART VI, SECTION A, LINE 7A:

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization NEW YORK UNIVERSITY IN ABU DHABI CORP.	Employer identification number 26-2652713
--	--

NYU IS THE SOLE MEMBER OF THE CORPORATION, AS THE SOLE MEMBER, NYU ELECTS

ALL OF THE DIRECTORS OF THE CORPORATION WHO ARE NOT EX-OFFICIO DIRECTORS

AND HAS OTHER POWERS AS GRANTED UNDER STATE LAW.

FORM 990, PART VI, SECTION A, LINE 7B:

NYU IS THE SOLE MEMBER OF THE CORPORATION, AS THE SOLE MEMBER, NYU ELECTS

ALL OF THE DIRECTORS OF THE CORPORATION WHO ARE NOT EX-OFFICIO DIRECTORS

AND HAS OTHER POWERS AS GRANTED UNDER STATE LAW.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FOLLOWING STEPS WERE TAKEN TO REVIEW THIS IRS FORM 990:

1. THE FORM 990 WAS REVIEWED AND APPROVED BY NYU'S OFFICE OF THE CONTROLLER.

2. A COPY OF THE DRAFT FORM 990 WAS CIRCULATED TO NYU'S OFFICE OF GENERAL COUNSEL FOR REVIEW.

3. A COPY OF THE FORM 990 WAS MADE AVAILABLE TO EACH BOARD MEMBER TO

COMMENT ON THE INFORMATION CONTAINED IN THE FORM 990 PRIOR TO ITS ELECTRONIC FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION IS BOUND BY NYU'S CONFLICTS POLICY AND ALL OF ITS

OFFICERS, DIRECTORS AND KEY EMPLOYEES COMPLETE THE ANNUAL NYU CONFLICTS

STATEMENT, WHICH IS REVIEWED BY THE UNIVERSITY'S COMPLIANCE DEPARTMENT AND,

WHERE THERE ARE POTENTIAL ISSUES, BY NYU'S OFFICE OF GENERAL COUNSEL.

FORM 990, PART VI, SECTION B, LINE 15:

THE CORPORATION'S DIRECTORS AND OFFICERS ARE NOT COMPENSATED BY THE

CORPORATION FOR THEIR SERVICE TO THE CORPORATION, TO THE EXTENT ANY OF

Name of the organization NEW YORK UNIVERSITY IN ABU DHABI  
CORP.

Employer identification number  
26-2652713

THESE INDIVIDUALS ARE ALSO OFFICERS OR TOP MANAGEMENT OFFICIALS OF NYU,

THEIR COMPENSATION 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, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC BY RETAINING A

COPY AT ITS PLACE OF BUSINESS. THE FORM 990 IS LIKEWISE PUBLISHED ON THE

INTERNET AT WWW.GUIDESTAR.ORG

THE ORGANIZATION'S FINANCIAL DATA IS INCLUDED IN THE AUDITED FINANCIAL

STATEMENT OF ITS SUPPORTED ORGANIZATION, NEW YORK UNIVERSITY (NYU). NYU'S

CONSOLIDATED FINANCIAL STATEMENTS AND THE NYU CONFLICTS POLICY ARE

AVAILABLE ON NYU'S WEBSITE (WWW.NYU.EDU).

FORM 990, PART XII, LINE 2C

NYU'S AUDIT AND COMPLIANCE COMMITTEE HAS OVERSIGHT OF THE AUDIT AND

REVIEWED THE FINANCIAL STATEMENTS.

FORM 990 PART III, LINE 1 - (CONTINUED FROM PAGE 2)

TO NURTURE IN STUDENTS THE ANALYTIC AND COMMUNICATIVE SKILLS, THE

BREADTH AND DEPTH OF INTELLECT, AND THE INTERNATIONAL PERSPECTIVE AND

EXPERIENCE THAT LEADERSHIP IN OUR INCREASINGLY INTERCONNECTED WORLD

REQUIRES; TO ENGAGE STUDENTS IN ACTIVE PURSUIT OF KNOWLEDGE AND

UNDERSTANDING; TO FOSTER IN THEM THE READINESS AND ABILITY TO EMBRACE

CONCEPTUAL AND ETHICAL COMPLEXITY; TO STRENGTHEN STUDENTS' CONFIDENCE

AND ABILITY AS PRODUCERS OF KNOWLEDGE; AND TO OFFER STUDENTS

OPPORTUNITIES, BOTH LOCAL AND GLOBAL, THAT REINFORCE THEIR DEVELOPMENT

Name of the organization NEW YORK UNIVERSITY IN ABU DHABI  
CORP.

Employer identification number  
26-2652713

INTO WISE AND EFFECTIVE AGENTS OF A MORE UNITED, GENEROUS AND  
RESPONSIVE WORLD.



**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(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 organization?	
						Yes	No
NYU IMAGING, INC. - 13-4000622							
545 FIRST AVENUE NEW YORK, NY 10016	PERFORMS MEDICAL ACTIVITIES	NEW YORK	501 (C) (3)	LINE 12A, I	NEW YORK UNIVERSITY		X
NYU SCHOOL OF LAW FACULTY RETENTION ASSISTANCE CORPORATION - 13-4047911, 110 WEST 3RD STREET, 2ND FL, NEW YORK, NY 10012	SUPPORT NYU'S SCHOOL OF LAW	NEW YORK	501 (C) (3)	LINE 12A, I	NYU'S SCHOOL OF LAW FOUNDATION		X
NYU SCHOOL OF LAW HOUSING ASSISTANCE CORP. - 13-4043221, 110 WEST 3RD STREET, 2ND FL, NEW YORK, NY 10012	SUPPORT NYU'S SCHOOL OF LAW	NEW YORK	501 (C) (3)	LINE 12A, I	NYU'S SCHOOL OF LAW FOUNDATION		X
NYU SCHOOL OF LAW RECRUITMENT ASSISTANCE CORPORATION - 13-4043182, 110 WEST 3RD STREET, 2ND FL, NEW YORK, NY 10012	SUPPORT NYU'S SCHOOL OF LAW	NEW YORK	501 (C) (3)	LINE 12A, I	NYU'S SCHOOL OF LAW FOUNDATION		X
HAROLD ACTON TRUST - 13-7050560 105 EAST 17TH STREET, 2ND FL NEW YORK, NY 10003	SUPPORT OF NYU'S CAMPUS IN FLORENCE, ITALY	NEW YORK	501 (C) (3)	LINE 12C, III-FI	NEW YORK UNIVERSITY		X
WASHINGTON SQUARE LEGAL SERVICES, INC. - 23-7392120, 110 WEST 3RD STREET, 2ND FL, NEW YORK, NY 10012	CERTAIN PUBLIC INTEREST ACTIVITIES OF NYU'S SCHOOL OF LAW	NEW YORK	501 (C) (3)	LINE 12A, I	NEW YORK UNIVERSITY		X
INSTITUTE OF FINE ARTS FOUNDATION - 23-7184242, 1 EAST 78TH STREET, NEW YORK, NY 10021	SUPPORT NYU'S INSTITUTE OF FINE ARTS	NEW YORK	501 (C) (3)	LINE 12A, I	NEW YORK UNIVERSITY		X
HORTENSE ACTON TRUST - 36-7110976 P.O BOX 1802 PROVIDENCE, RI 02901-1802	SUPPORT NYU'S CAMPUS IN FLORENCE, ITALY		501 (C) (3)	PF	NEW YORK UNIVERSITY		X
NYU LANGONE HOSPITALS - 13-3971298 550 FIRST AVENUE NEW YORK, NY 10016	HOSPITAL	NEW YORK	501 (C) (3)	LINE 3	NYU LANGONE HEALTH SYSTEM		X
34TH STREET CANCER CENTER, INC - 30-0262470 160 EAST 34TH STREET NEW YORK, NY 10016	CANCER CARE	NEW YORK	501 (C) (3)	LINE 12C, III-FI	NYU LANGONE HOSPITALS		X
NYU IN LONDON - 98-1074101 6 BEDFORD SQUARE LONDON, UNITED KINGDOM WC1B 3RA	SUPPORT NYU'S PROGRAM IN LONDON	UNITED KINGDOM	501 (C) (3)		NEW YORK UNIVERSITY		X
NYU IN TEL-AVIV LTD. - 98-1058326 TUVAL 13 RAMAT GAN, ISRAEL 52522	SUPPORT NYU'S PROGRAM IN TEL-AVIV	ISRAEL			NEW YORK UNIVERSITY		X



**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(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 organization?	
						Yes	No
NEW YORK UNIVERSITY IN FRANCE - 98-1058568 56, RUE DE PASSY , PARIS, FRANCE 75016	SUPPORTS NYU'S PROGRAM IN FRANCE	FRANCE			NEW YORK UNIVERSITY		X
NYU LANGONE HEALTH SYSTEM - 47-2613531 550 FIRST AVENUE NEW YORK, NY 10016	SUPPORTING ORGANIZATION	NEW YORK	501 (C) (3)	LINE 12B, II	NEW YORK UNIVERSITY		X
NEW YORK UNIVERSITY IN AFGHANISTAN 150 MASJID E HAJI ABDURRAHIM STREE CHAWK E D KABUL, AFGHANISTAN	SUPPORTS NYU'S ACTIVITIES IN AFGHANISTAN	AFGHANISTAN			NEW YORK UNIVERSITY		X
COMMUNITY CARE ORGANIZATION, INC. - 11-3001682, 246 55TH STREET, BROOKLYN, NY 11220	HOME HEALTH	NEW YORK	501 (C) (3)	LINE 10	NYU LANGONE HEALTH SYSTEM		X
HARBOR HILL HOUSING DEVELOPMENT FUND CORPORATION - 11-3152691, 150 55TH STREET, BROOKLYN, NY 11220	HOUSING	NEW YORK	501 (C) (3)	LINE 10	NYU LANGONE HEALTH SYSTEM		X
LUTHERAN AUGUSTANA CENTER FOR EXTENDED CARE AND REHABILITATION, INC. - 11-2, 5434 2ND AVE, BROOKLYN, NY 11220	EXTENDED CARE	NEW YORK	501 (C) (3)	LINE 10	NYU LANGONE HEALTH SYSTEM		X
LUTHERAN CHHA, INC. D/B/A LUTHERAN CARE AT HOME - 46-2559181, 5407 SECOND AVENUE, BROOKLYN, NY 11220	HOME HEALTH AIDE AGENCY	NEW YORK	501 (C) (3)	LINE 10	NYU LANGONE HEALTH SYSTEM		X
OHP PHSP INC. - 11-3245559 5800 3RD AVE BROOKLYN, NY 11220	INSURANCE	NEW YORK	501 (C) (4)		NYU LANGONE HOSPITALS		X
SHORE HILL HOUSING COMPANY, INC. - 23-7405105, 9000 SHORE RD, BROOKLYN, NY 11209	HOUSING	NEW YORK	501 (C) (3)	PF	NYU LANGONE HEALTH SYSTEM		X
SUNSET BAY COMMUNITY SERVICES, INC. - 11-2439925, 150 55TH STREET, BROOKLYN, NY 11220	DAY CARE & SENIOR SERVICES	NEW YORK	501 (C) (3)	LINE 7	NYU LANGONE HEALTH SYSTEM		X
SUNSET GARDENS HOUSING CORP. - 20-3461755 150 55TH ST BROOKLYN, NY 11220	HOUSING	NEW YORK	501 (C) (3)	LINE 10	NYU LANGONE HEALTH SYSTEM		X
NYU LANGONE IPA, INC. - 36-4841069 550 FIRST AVENUE NEW YORK, NY 10016	IPA OPERATING A MEDICAID SHARED SAVINGS PROGRAM	NEW YORK	501 (C) (3)	LINE 10	NYU LANGONE HEALTH SYSTEM		X





**Part IV** Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
SHORE HILL HOUSING ASSOCIATES GP, INC. - 26-2243695, 150 55TH STREET, BROOKLYN, NY 11220	HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
A CIPOLLA MEDICAL SERVICES, PC - 45-3526582 1350 DEER PARK AVENUE DEER PARK, NY 11703	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
ADVANCED ORTHOPAEDIC SPECIALISTS, PC - 45-4006349, 601 FRANKLIN AVENUE, SUITE 215, GARDEN CITY, NY 11530	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
BLINDERMAN & KING MEDICAL, PC - 45-5293929 700 HICKSVILLE ROAD, SUITE 205 BETHPAGE, NY 11714	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
CARDIOVASCULAR MEDICAL ASSOCIATES, PC - 27-3629386, 975 STEWART AVENUE, GARDEN CITY, NY 11530	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
EAST END CARDIOLOGY, PC - 26-4314694 1279 EAST MAIN STREET RIVERHEAD, NY 11901	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
GC ONCOLOGY SERVICES, PC - 45-3816291 520 FRANKLIN AVENUE GARDEN CITY, NY 11530	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
HICKSVILLE INTERNAL MEDICINE, PC - 45-3916476, 43 BARTER LANE, HICKSVILLE, NY 11801	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
ISLAND ORTHOPAEDIC MEDICINE, PC - 45-3555961 700 HICKSVILLE ROAD, SUITE 205 BETHPAGE, NY 11714	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
ISLAND PULMONARY ASSOCIATES, PC - 27-3630095 4271 HEMPSTEAD TURNPIKE BETHPAGE, NY 11714	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
ISLAND WIDE MEDICAL ASSOCIATES, PC - 26-3200412, 1401 FRANKLIN AVENUE, GARDEN CITY, NY 11530	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
GREENPORT PRIMARY MEDICAL CARE, PC - 45-2789485, 234 4TH AVENUE, GREENPORT, NY 11944	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X

**Part VII** Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
PATCHOGUE CARDIOLOGY ASSOCIATES, PC - 45-0914891, 285 SILLS ROAD, BLDG. 14, EAST PATCHOGUE, NY 11772	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
PETER KELT, MD, PC - 45-3515316 44 SOUTH FERRY ROAD SHELTER ISLAND, NY 11964	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
PISCIOOTTO AND PISCIOOTTO MEDICAL PC - 45-4134328, 6835 MYRTLE AVENUE, GLENDALE, NY 11385	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
PLAINVIEW INTERNAL MEDICINE, PC - 45-4168609 1097 OLD COUNTRY ROAD PLAINVIEW, NY 11803	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
RICHARD I. ROBERTS, MD, PC - 45-3785015 600 NORTHERN BLVD., SUITE 106 GREAT NECK, NY 11021	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
ROBERT MUCCILOLO, MD, PC - 45-3613330 20 HICKSVILLE ROAD, SUITE 3 MASSAPEQUA, NY 11758	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
SHOREHAM MEDICAL SERVICES, PC - 90-0759703 45 ROUTE 25A SHOREHAM, NY 11786	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
SOUTH SHORE CARDIOVASCULAR MEDICINE, PC - 80-0563176, 137 BROADWAY, SUITE A, AMITVILLE, NY 11701	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
SSH CARDIOLOGY, PC - 45-3276278 242 MERRICK ROAD, SUITE 402 ROCKVILLE CENTRE, NY 11570	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
SUFFOLK CARDIOVASCULAR CONSULTANTS, PC - 80-0683996, 1920 DEER PARK AVENUE, SUITE 104, DEER PARK, NY 11729	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
VINCENT ANZALONE, PHYSICIAN PC - 45-2505789 847 BROADWAY MASSAPEQUA, NY 11758	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
WILLIAM J. KORNRICH, MD, PC - 46-2275951 715 ROANOKE AVENUE RIVERHEAD, NY 11901	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X

**Part IV** Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
WINTHROP CARDIOLOGY ASSOCIATES, PC - 11-3028843, 120 MINEOLA BOULEVARD, MINEOLA, NY 11501	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
WINTHROP CHILD NEUROLOGY ASSOCIATES, PC - 20-5682886, 173 MINEOLA BOULEVARD, SUITE 101, MINEOLA, NY 11501	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
WINTHROP DENTAL PC - 45-4055800 700 HICKSVILLE ROAD BETHPAGE, NY 11714	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
WINTHROP FIRST CARE MEDICAL SERVICES, PC - 46-2271522, 259 FIRST STREET, MINEOLA, NY 11501	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
WINTHROP GASTROENTEROLOGY PC - 11-3018561 222 STATION PLAZA NORTH, SUITE 428 MINEOLA, NY 11501	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
WINTHROP HOSPITALIST ASSOCIATES, PC - 46-0617556, 700 HICKSVILLE ROAD, SUITE 205, BETHPAGE, NY 11714	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
WINTHROP HYPERBARIC AND WOUND CARE, PC - 26-0448673, 700 HICKSVILLE ROAD, SUITE 205, BETHPAGE, NY 11714	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
WINTHROP INFECTIOUS DISEASE ASSOCIATES, UFPC - 45-2440032, 222 STATION PLAZA, MINEOLA, NY 11501	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
WINTHROP INTERNAL MEDICINE ASSOCIATES, PC - 11-2741804, 222 STATION PLAZA, SUITE 306, MINEOLA, NY 11501	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
WINTHROP NEPHROLOGY ASSOCIATES, PC - 26-1208176, 200 OLD COUNTRY ROAD, SUITE 140, MINEOLA, NY 11501	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
WINTHROP NEURO-SCIENCE MEDICAL PC - 45-5398689, 700 HICKSVILLE ROAD, SUITE 205, BETHPAGE, NY 11714	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
WINTHROP ORTHOPAEDIC ASSOCIATES PC - 14-1882259, 1300 FRANKLIN AVENUE, SUITE UL3A, GARDEN CITY, NY 11530	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X

**Part IV** Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
WINTHROP PATHOLOGY SERVICES PC - 20-8734460 259 FIRST STREET MINEOLA, NY 11501	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
WINTHROP PEDIATRIC ASSOCIATES PC - 11-2891904, 222 STATION PLAZA, MINEOLA, NY 11501	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
WINTHROP PHYSICAL THERAPY, PLLC - 26-2476432 700 HICKSVILLE ROAD, SUITE 205 BETHPAGE, NY 11714	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
WINTHROP PULMONARY ASSOCIATES, PC - 11-2941756, 222 STATION PLAZA NORTH, MINEOLA, NY 11501	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
WINTHROP SURGICAL ASSOCIATES, PC - 65-1173675, 120 MINEOLA BOULEVARD, SUITE 320, MINEOLA, NY 11501	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
WINTHROP UROLOGY PC - 45-4440389 1300 FRANKLIN AVENUE GARDEN CITY, NY 11530	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
WOMEN'S CONTEMPORARY CARE ASSOCIATES, PC - 11-2707087, 120 MINEOLA BOULEVARD, SUITE 100, MINEOLA, NY 11501	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
WINTHROP RADIOLOGY SERVICES, PC - 11-3016374 121 MINEOLA BOULEVARD MINEOLA, NY 11501	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
MEDICAL GROUP OF MINEOLA, PC - 81-1000704 222 STATION PLAZA MINEOLA, NY 11501	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
WINTHROP CLINICAL PARTNERS, INC. - 45-4088169, 259 FIRST STREET, MINEOLA, NY 11501	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
ADVANCED NEUROLOGICAL SERVICES OF LONG ISLAND - 45-4171642, 880 NORTH BROADWAY, MASSAPEQUA, NY 11758	HEALTHCARE	NY	N/A	C CORP	N/A	N/A	N/A		X
WINTHROP IPA - 45-4951888 700 HICKSVILLE ROAD BETHPAGE, NY 11714	MANAGEMENT SERVICES	NY	N/A	C CORP	N/A	N/A	N/A		X





**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, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

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	Yes	No
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						



**Part VII** Supplemental Information.

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

**PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:**

**NAME AND ADDRESS OF RELATED ORGANIZATION:**

NIU DA EDUCATIONAL INFORMATION CONSULTING (SHANGHAI) CO.,

LTD.

3663 ZHONG SHAN BEI RD, SCIENCE BUILDING, 3RD FLOOR

SHANGHAI, CHINA 200062