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DLN: 93493178011601

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

Open to Public

Internal	Revenue	Service	F The or	gamzation may have to	use a copy of this retur	n to satisfy s	state reporting	requirements	Inspection	
A Fo	or the 2	2009 ca	lendar yea	r, or tax year beginning	09-01-2009 and endi	ng 08-31-201	.0			
B Ch	eck if ap	plicable	Please	C Name of organization ADELPHI UNIVERSITY				D Employer i	dentification number	
Ado	ddress change use IRS label or Doing Business As					11-16307 E Telephone				
Na	me chan	nge	print or type. See	Doing business As				-		
Ind	tıal retur	'n	Specific	Number and street (or P C	box if mail is not delivered	to street addre	ess) Room/suite	(516) 877		
Te	mınated	t	Instruc- tions.	1 SOUTH AVENUE				G Gross receip	ts \$ 220,732,011	
_ Am	nended r	eturn		City or town, state or cour	ntry, and ZIP + 4					
— Ap	plication	pending		GARDEN CITY, NY 11530	0701					
		ľ	F Nan	ne and address of princi	oal officer		H(a) Is th	I ıs a group retı	ırn for	
				T A SCOTT			affilia		⊤Yes ▽ No	
				I AVENUE IN CITY, NY 11530			H(b) Are al	l affiliates incl	uded?	
							` '		st (see instructions)	
I Ta	ıx-exem	pt status	▽ 501(c)	(3) ◄ (insert no)	47(a)(1) or Γ 527			ıp exemption		
J W	ebsit e	:⊫ ww	W A DELPH	II EDU]			
K For	m of ora	ianization	✓ Cornorat	ion Trust Association	Other 🌬		I Vear of fo	rmation 1896	M State of legal domicile NY	
	rt I	Sumr		ion i nasci Association	Other P		E real of to	ination 1030	14 State of legal dofficile 11	
Governance		THE UN PROFES HEALTH	IVERSITY SSIONAL F SCIENCI		OVIDE QUALITY UND S, EDUCATION, BUSI	ERGRADUA NESS, PSYC	HOLOGY, SO	CIAL WORK,	NURSING AND OTHER	
Activities &	3	Number	of voting r	nembers of the governin	g body (Part VI, line 1a	1)			324	
₽			•	dent voting members of		rt VI, line 1	b)	•	422	
Ę.				nployees (Part V, line 2a					5 4,132	
∢				lunteers (estimate if ne	• •				6 350	
				ted business revenue fro ness taxable income fro					7a 37,890 7b -15,842	
	+ -	Wet ame	Tutcu busi	ness taxable medine no	1111 OTHI 330 T, IIIIC 34	• •	Prio	r Year	Current Year	
	8	Contrib	outions and	d grants (Part VIII, line	1h)			15,659,244	8,083,348	
₫	9			revenue (Part VIII, line				183,825,885	193,295,662	
Revenue	10	Invest	ment incor	ne (Part VIII, column (A), lines 3, 4, and 7d)			153,152		
ř	11	Otheri	revenue (P	art VIII, column (A), lın	es 5, 6d, 8c, 9c, 10c, a	nd 11e)		449,521	1,260,708	
	12			dd lines 8 through 11 (m			ie .	200,087,802	207 247 002	
	13			ramounts paid (Part IX			•	30,555,907	207,247,003	
	14			r for members (Part IX,				33,172,293		
	15			ompensation, employee			5-			
\$		10)	,		, ,		:	107,086,004	113,433,004	
Expenses	16a			raising fees (Part IX, co				133,590	119,712	
ठ	Ь			enses (Part IX, column (D), lı						
	17			Part IX, column (A), line				48,937,447	49,504,251	
	18 19		•	Add lines 13-17 (must o		186,712,948				
<i>ن و</i>	13	Kevent	ae iess exp	enses Subtract line 18	nominile 12		Reginning	13,374,854 g of Current	11,017,743	
ည်း သည်။								ear ear	End of Year	
Not Assets or Fund Balances	20	Total a	ssets (Par	t X, line 16)				315,154,026	340,870,411	
48	21	Total li	abilities (F	Part X, line 26)			:	116,441,798	129,094,025	
	22			d balances Subtract lin	e 21 from line 20			198,712,228	211,776,386	
Pa	rt II	_	ature Blo						the best of mentioned a	
				ருபாy, I declare that I have ex correct, and complete Declar						
C: -	_									
Sigr Her		Signature of officer Date								
1 '	-	TIMOTHY P BURTON SENIOR VP/TREASURER								
		Туре	or print nam	e and title						
		Preparer's L Date Ch					Check If	Preparer's idei	ntıfyıng number	
Paid		signature				1	self- empolyed 🕨 🦳	(see instructio		
	arer's	Fırm's na	me (or yours	GRANT THORNTON LLP			1 1			
Use (ıf self-em		666 THIRD AVENUE				EIN 🕨		
		AUGUESS, AND ZIP + 4 · 666 THIRD AVENUE						Phone no 🕨	(212) 542-9609	

NEW YORK, NY 100174029

May the IRS discuss this return with the preparer shown above? (see instructions) $\, \cdot \, \cdot \, \cdot \,$

ΓYes ΓNο

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

Total program service expenses►\$

ADELPHI UNIVERSITY COMPRISES A LIBERAL ARTS COLLEGE AND A CLUSTER OF PROFESSIONAL SCHOOLS THAT HAVE GROWN UP IN CLOSE RELATIONSHIP TO THE NEEDS OF THE REGION OUR MISSION IS TO PROVIDE QUALITY UNDERGRADUATE AND GRADUATE EDUCATION AND TO OFFER PROFESSIONAL PREPARATION OF THE FIRST RANK IN ARTS, EDUCATION, BUSINESS, CLINICAL PSYCHOLOGY, SOCIAL WORK, NURSING, AND OTHER HEALTH SCIENCES THE UNIVERSITY PREPARES A BROAD SPECTRUM OF GRADUATES AND UNDERGRADUATES FOR A WIDE RANGE OF LIFE PURSUITS WHILE FOSTERING A PASSION FOR KNOWLEDGE, AN UNDERSTANDING AND A QUESTIONING OF CULTURAL VALUES, AND A VIEW OF THEMSELVES AS INDEPENDENT, LIFE LONG LEARNERS, AND CONTRIBUTORS TO KNOWLEDGE AND SERVICE IN AN EVER-CHANGING WORLD ADELPHI UNIVERSITY IS COMMITTED TO PROVIDE A HIGH-QUALITY EDUCATION FOR ALL OF ITS STUDENTS FOR UNDERGRADUATES AND GRADUATES, FOR THOSE COMING DIRECTLY FROM HIGH SCHOOLS, AND FOR THOSE WHO TRANSFER FROM COMMUNITY AND OTHER COLLEGES, FOR THOSE STUDYING LIBERAL ARTS AND SCIENCES, F

4b 4c 4d	(Code Public Service - The L Disorders, the Center University's students) (Expenses \$ University has extensive comfor Psychological Services, the	9,283,198 nunity health and lee Adelphi New Yor e programs that are	idents residing in the Univer including grants of \$ human services outreach prok k Statewide Breast Cancer S) (Revenue \$ nce halls on the Garden City, New Yo sity's residence halls) (Revenue \$ ograms including the Hy Weinberg Co support Hotline as well as other comi	2,595,159) enter for Communication munity service programs The
	Residential housing a of residential options (Code Public Service - The L Disorders, the Center	nd auxiliary enterprises - The to its students In 2009-10 th) (Expenses \$ University has extensive commercers of the commercer of the commercer of the commercer of the commerce of the commercer of the commerce of the comm	University offers siere were 1,197 stu 9,283,198 munity health and lee Adelphi New Yor	including grants of \$ human services outreach prok K Statewide Breast Cancer S	nce halls on the Garden City, New Yorking's residence halls) (Revenue \$ pagrams including the Hy Weinberg Coupport Hotline as well as other comi	2,595,159) enter for Communication munity service programs. The
	Residential housing a of residential options	nd auxiliary enterprises - The to its students In 2009-10 th	University offers s lere were 1,197 stu	tudent housing in six resider udents residing in the Univer	nce halls on the Garden City, New Yo sity's residence halls	ork campus, offering a variety
4b	Residential housing a	nd auxiliary enterprises - The	University offers s	tudent housing in six resider	nce halls on the Garden City, New Yo	
4b	(Code) (Expenses \$	4,841,653	including grants of \$) (Revenue \$	12,163,567)
	During 2009-10 there and are not only from and Sciences, the Go School of Nursing, Sc	were 7,917 in attendance at the New York area, but are rdon F Derner Institute of Ad	the University, 5,3 recruited nationally vance Psychologica ersity College Stud	377 full-time students and 2 and internationally as well al Services, the Honors Colle	uality education for all of its undergr ,540 part-time students Students of The University's colleges and schoo ege, the School of Business, Ruth S to student counseling, career counse	ome from diverse backgrounds Is include the College of Arts Ammon School of Education,
4a	(Code) (Expenses \$	157,693,205	ıncludıng grants of \$	33,172,293) (Revenue \$	178,522,873)
4	Section 501(c)(3)		tions and section	on 4947(a)(1) trusts ai	largest program services by e re required to report the amou ervice reported	•
	If "Yes," describe t	hese changes on Sched	ule O			
3	Did the organization services?	n cease conducting, or	-	t changes in how it cor		_ Yes ✓ No
_	II les, describe t	hese new services on S	chedule O			
_	If "Ves " describe t					

171,818,056

	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 💆	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V 🗗	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ĺ		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

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

Form 990 (2009)					
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance				
			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable				

	of U.S. Information Returns. Enter -0- if not applicable					
			20,755			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments t gaming (gambling) winnings to prize winners?	dors and reportable	1 c	Yes		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return					
b	If at least one is reported on line 2a, did the organization file all required federal em Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-fil instructions)		2b	Yes		
3a	Did the organization have unrelated business gross income of \$1,000 or more durin return?	g the	year covered by this	3a	Yes	
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	edule (o	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a sover, a financial account in a foreign country (such as a bank account, securities acaccount)?			4a		No
b	If "Yes," enter the name of the foreign country ▶_ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Financial Accounts	Report	of Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during	ng the	tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	elter transaction?	5b		Νο
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-E Prohibited Tax Shelter Transaction?		t Entity Regarding	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$1 organization solicit any contributions that were not tax deductible?			6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?		6b			
7	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribut services provided to the payor?		7a	Yes		
b	If "Yes," did the organization notify the donor of the value of the goods or services p	d?	7b	Yes		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope file Form 8282?	which it was required to	7c		N o	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?	prem	iums on a personal	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	enefit contract?	7f		Νο	
g	For all contributions of qualified intellectual property, did the organization file Form 8	8899	as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization frequired?	ile a F	orm 1098-C as	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) su the supporting organization, or a donor advised fund maintained by a sponsoring organization business holdings at any time during the year?	ion, have excess	8			
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person	?.		9b		
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter					
а	Gross income from members or shareholders					
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 99	0 ın lı	eu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year					

1 SOUTH AVENUE

(516) 877-3184

GARDEN CITY, NY 115300701

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

Se	ction A. Governing Body and Management				
			Yes	No	
_					
1a	Enter the number of voting members of the governing body 1a 24				
ь	Enter the number of voting members that are independent 1b 22				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	Yes		
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο	
6	Does the organization have members or stockholders?	6		Νο	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the				
	governing body?	7a		Νo	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
а	The governing body?	8a	Yes		
b	Each committee with authority to act on behalf of the governing body?	8b	Yes		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo	
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)				
100	venue couc.)		Yes	No	
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νο	
	b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?				
11					
	governing body belove ming the form				
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990				
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes		
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise				
_	to conflicts?	12b	Yes		
·	describe in Schedule O how this is done	12c	Yes		
13	Does the organization have a written whistleblower policy?	13	Yes		
14	Does the organization have a written document retention and destruction policy?	14	Yes		
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official	15a	Yes		
b	Other officers or key employees of the organization	15b	Yes		
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16a		No	
Ь	taxable entity during the year?	104		NO	
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b			
Se	ction C. Disclosure				
17	List the States with which a copy of this Form 990 is required to be filed▶				
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table				
20	State the name, physical address, and telephone number of the person who possesses the books and records of th	e orga	nızatıor	n 🕨	
	ROBERT DECARLO				

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

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. Use Schedule J-2 if additional space is needed

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

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

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

1b Total	•	3,726,545	0	756,354
----------	---	-----------	---	---------

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 147

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes," complete Schedule J for such individual</i>	3	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	_		
	manyladar	4	Yes	1
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services	_		NI -

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A)	(B)	(C)
Name and business address	Description of services	Compensation
Damon G Douglas Company 245 BIRCHWOOD AVE/ PO BOX 1030 CRANFORD, NJ 07016	Construction	14,634,925
Lackmann Culinary Services 303 CROSSWAYS PARK DRIVE WOODBURY, NY 11797	Food Service	3,284,911
KAYCO CONSTRUCTION CORPORATION 126-19 20TH AVENUE COLLEGE POINT, NY 11356	Construction	2,514,817
JVN SYSTEM INC 100A EAST JEFRYN BOULEVARD DEER PARK, NY 11729	Contractor	546,474
COM-BELL SYSTEMS INC 561 ACORN STREET SUITE C DEER PARK, NY 11729	CONTRACTOR	465,732
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►26	who received more than	

Page **8**

Form 990 (2009) Page 9								
Part V	<u> </u>	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
nts nts	1a	Federated cam	paıgns 1a					
<u> </u>	ь	b Membership dues 1b						
ts,				115,655				
<u> </u>	d		zations 1d	4.054.027				
Sins,	e	Government grants		4,054,927 3,912,766		ļ		
Contributions, gifts, grants and other similar amounts	g	sımılar amounts no	ot included above	3,912,700				
S E	h	Total. Add lines	s 1a-1f	🕒	8,083,348			
				Business Code				
anne	2a	TUITION AND FEES	5	900,099	178,522,873	178,522,873		
98 %	ь	SALES/SVCS ED DE	EPT	611,710	2,595,159	2,595,159		
Program Serwce Revenue	c	STUDENT SUPPOR	Т	721,310	12,177,630	12,163,567	14,063	
<u>₹</u>	d							
<u> </u>	e							
	f	All other progra	am service revenue					
Ě	g	Total. Add lines	s 2a-2f		193,295,662			
	3	Investment inc	ome (including dividen	ds, interest				
			aramounts)	-	3,092,968			3,092,968
	4		stment of tax-exempt bond	· · · · · · · · · · · · · · · · · · ·	6,977 16,651			6,977 16,651
	5	Royalties	(ı) Real	► (11) Personal	10,031			10,031
	6a	Gross Rents	454,869	(II) I ersonar				
	ь	Less rental	22,657					
	c	expenses Rental income	432,212					
	d	or (loss) Net rental incoi	me or (loss)		432,212			432,212
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	14,726,890					
	ь	Less cost or other basis and sales expenses	13,219,550					
	c d	Gain or (loss)	1,507,340		1,507,340			1,507,340
	8a		rom fundraising		1,307,310			1,307,310
Other Revenue		events (not inc \$115	luding ,655 s reported on line 1c)					
<u> </u>	Ь	less directer	penses b	530,819 242,801				
₹	c		(loss) from fundraising		288,018			288,018
	9a	Gross income f See Part IV, lin	rom gaming activities ne 19					
	b c		penses b	vities▶	0			
	10a	Gross sales of returns and allo	• •					
	ь		oods sold b					
	С	Net income or ((loss) from sales of inve	Business Code	0			
	11a			713,940	23,827		23,827	
	ь	FACILITY FEE		900,099	500,000		-,	500,000
	c	FEOUR SELLIFE		, ,				
	d	All other reven	ue					
	e	Total. Add lines			F33 63=			
	12	Total revenue.	See Instructions .	•	523,827 207,247,003	193,281,599	37,890	5,844,166

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Δ	Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).								
Do no	ot include amounts reported on lines 6b, p, 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 governments and organizations in the U S See Part IV, line 21	0			<u> </u>				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	33,172,293	33,172,293						
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0							
4	Benefits paid to or for members	0							
5	Compensation of current officers, directors, trustees, and key employees	2,861,179	990,545	1,616,265	254,369				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0							
7	Other salaries and wages	85,560,818	75,809,186	8,711,717	1,039,915				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,533,793	4,926,837	546,642	60,314				
9	Other employee benefits	13,113,194	11,113,825	1,847,557	151,812				
10	Payroll taxes	6,364,020	5,478,567	796,761	88,692				
11	Fees for services (non-employees)								
а	Management	0							
b	Legal	344,521	41,984	302,537					
c	Accounting	320,833		320,833					
d	Lobbying	84,596		84,596					
e	Professional fundraising See Part IV, line 17	119,712			119,712				
f	Investment management fees	261,385		261,385					
g	Other	1,650,907	1,161,494	429,505	59,908				
12	Advertising and promotion	2,368,255	565,610	1,801,750	895				
13	Office expenses	9,359,194	7,474,500	1,687,743	196,951				
14	Information technology	1,864,991	1,579,920	285,071					
15	Royalties	0							
16	Occupancy	8,710,528	8,358,358	350,752	1,418				
17	Travel	1,773,128	1,483,426	207,607	82,095				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0							
19	Conferences, conventions, and meetings	1,245,245	935,977	251,226	58,042				
20	Interest	4,040,369	4,007,213	33,156					
21	Payments to affiliates	0							
22	Depreciation, depletion, and amortization	7,760,426	7,375,416	385,010					
23 24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of	1,176,163	1,124,762	51,272	129				
а	total expenses shown on line 25 below) ASSISTANTSHIP/TUIT REMISSION	5,011,316	4,974,105	37,211					
a b	PROVISION FOR DOUBTUL ACCOUNTS	1,387,944	4,974,103	1,387,444					
c	COLLECTION COSTS	171,647	22	171,625					
d	OTHER	1,972,803	1,243,516	727,272	2,015				
e		2,5,2,003	2,213,310	,					
f	All other expenses								
25	Total functional expenses. Add lines 1 through 24f	196,229,260	171,818,056	22,294,937	2,116,267				
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation								

Part X Balance Sheet (A) (B) End of vear Beainning of vear 2.550 2.550 1 1 Cash—non-interest-bearing 29,940,213 2 12.027.331 2 6,270,348 6,714,759 3 3 4 1.351.845 1.521.985 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 Notes and loans receivable, net 5,230,477 5,390,172 Inventories for sale or use 8 3,328,882 3,972,584 Land, buildings, and equipment cost or other basis Complete 289.141.368 10a 10a Part VI of Schedule D 185,778,148 **10c** 10b 98.067.336 191.074.032 b Less accumulated depreciation 74.798.193 113,163,653 11 11 6.859.525 12 5,237,153 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 1.593.845 15 1.766.192 15 16 315, 154, 026 16 340,870,411 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 17.658.410 17 16.192.920 17 Accounts payable and accrued expenses . 4,537,611 4,735,344 18 18 30,366,331 19 21,694,585 19 Tax-exempt bond liabilities 62,566,159 85,276,740 20 20 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 1,250,869 1,189,552 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties 24 62.418 25 4.884 25 Other liabilities Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 116,441,798 129,094,025 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 171,302,293 182,598,469 27 27 Unrestricted net assets 28 11.315.230 28 11.005.738 Temporarily restricted net assets Fund 16.094.705 29 18.172.179 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here 🕨 🥅 and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 198,712,228 211,776,386 33 Total net assets or fund balances 33 34 Total liabilities and net assets/fund balances 315, 154, 026 340,870,411 34

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
C	If "Yes," to 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	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both Separate basis Consolidated basis Both consolidated and separated basis			
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?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Form **990** (2009)

OMB No 1545-0047

OMB No 1545-004

2000

Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

ADELPHI UNIVERSITY

Name of the organization

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

Public Charity Status and Public Support

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Employer identification number

11-1630741

									11-163074			
	rt I			blic Charity Stat						tructions		
The	rganı			e foundation because)			
1		A churc	h, convention	on of churches, or as	sociation of o	churches s e	ection 170(b)	(1)(A)(i).				
2	굣			ın section 170(b)(1)								
3		A hosp	tal or a coop	perative hospital serv	vice organiza	ition describ	ed in section	170(b)(1)(<i>f</i>	A)(iii).			
4	Γ			organization operate y, and state	ed in conjunc	tion with a h	iospital desc	rıbed ın secti	on 170(b)(1)	(A)(iii). Ente	er the	
5	Γ	=	-	erated for the benefit	_	or university	owned or op	erated by a g	jovernmental	l unit describ	— ed ın	
_	_			A)(iv). (Complete Pa				170/b\/1\/	(A.)()			
-	<u>'</u>			local government or	_							_
7	1	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)						i				
8	\sqcap	A comn	nunity trust	described in section	170(b)(1)(A)(vi) (Com	plete Part II)				
9	Γ	Anorga	ınızatıon tha	t normally receives	(1) more tha	ın 331/3% o	fits support f	from contribu	tions, membe	ership fees, a	nd gro	ss
		receipt	s from activi	ties related to its ex	empt functio	ns—subject	to certain ex	ceptions, and	d (2) no more	than 331/3%	of	
		ıts supp	ort from gro	ss investment incom	ne and unrela	ated busines	s taxable ınc	ome (less se	ction 511 ta	x) from busır	esses	
		acquire	d by the org	anızatıon after June 3	30,1975 Se	e section 5 0	09(a)(2). (Co	mplete Part	III)			
10	Γ	An orga	ınızatıon org	anızed and operated	exclusively	to test for p	ublic safety :	See section 5	09(a)(4).			
11 e	Г	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). Chec the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III - Functionally integrated d Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or						Check her ons				
		section	509(a)(2)									
f		If the o	-	received a written de	termination f	rom the IRS	that it is a T	ype I, Type 1	[I or Type II]	I supporting	organız	zation,
g				006, has the organiz	ation accept	ed any gift o	or contributio	n from any of	the			'
			g persons?									
				ectly or indirectly co	•			ersons desci	ribed in (ii)	44.00	Yes	No
				joverning body of the			lon			11g(i)		
			•	r of a person describ	• •		3			11g(ii)		
				ed entity of a person						11g(iii)	'	<u> </u>
h		Provide	the followin	g information about t	ne supported	a organizatio	on(s)					
(i) Name support organiza		ne of (ii) (described on orted EIN lines 1- 9 above or IRC section document? (iii) organization in organization in col (i) of your col (i) organization in organization in col (i) of your col (i) organization in col (i) of your support? In the U			e ion in anized	Am	vii) ount of oport?					
				(see instructions))	Yes	No	Yes	No	Yes	No		
									-			
Tota			l	I	I	1	I	1	1	I	1	

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)		
S	(Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support								
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total		
1	Gifts, grants, contributions, and								
	membership fees received (Do not								
	include any "unusual								
_	grants ") Tax revenues levied for the								
2	organization's benefit and either								
	paid to or expended on its								
	behalf								
3	The value of services or facilities								
-	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3								
5	The portion of total contributions by								
	each person (other than a								
	governmental unit or publicly								
	supported organization) included on								
	line 1 that exceeds 2% of the								
	amount shown on line 11, column								
_	(f) Dublic Support Subtract line F from								
6	Public Support. Subtract line 5 from line 4								
S	ection B. Total Support	1		-					
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total		
7	A mounts from line 4								
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties								
	and income from similar								
9	sources Net income from unrelated								
9	business activities, whether or								
	not the business is regularly								
	carried on								
10	Other income (Explain in Part								
	IV) Do not include gain or loss								
	from the sale of capital assets								
11	Total support (Add lines 7								
4.5	through 10)	/5							
12	Gross receipts from related activities	,	•			12			
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□		
	check this box and stop here						-1		
S	ection C. Computation of Pub	lic Support P	ercentage						
14	Public Support Percentage for 2009			11 column (f))		14			
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15			
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox		
_	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □		
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi			
	box and stop here. The organization				,		▶		
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14			
	ıs 10% or more, and ıf the organizat								
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp			
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□		
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_							
	Explain in Part IV how the organizat						clv		
	supported organization						▶ ┌		
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•		

▶□

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support	T			1	T	I
cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
_	purpose Gross receipts from activities that						
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
6	Total. Add lines 1 through 5 Amounts included on lines 1, 2,						
/a	and 3 received from disqualified				1		
	persons						
b	A mounts included on lines 2 and 3						
	received from other than disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	rom line 6) ction B. Total Support						
	ndar year (or fiscal year beginning						
cuic	in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar						
	sources						
ь	Unrelated business taxable						
	income (less section 511 taxes) from businesses acquired after						
	June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
13	IV) Total support (Add lines 9, 10c,						
13	11 and 12)						
14	First Five Years If the Form 990 is for	or the organizat	ion's first, second	l, thırd, fourth, or	fifth tax year as a	a 501(c)(3) orgar	
	check this box and stop here						► □
Se	ction C. Computation of Publ	ic Support P	ercentage				
15	Public Support Percentage for 2009			13 column (f))		15	
16	Public support percentage from 200	-		.,,		16	
	Table support personage nom 200	o o o modulo / i / i	arc 111, mrs 15			10	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ae			
17	Investment income percentage for 2				n (f))	17	
18	Investment income percentage from	•		•		18	
	33 1/3% support tests—2009. If the		•		d line 15 is more		line 17 is not
1.7a	more than 33 1/3%, check this box a					uii 22 1/3/0 dill	. IIIC 17 13 110t
	organization	•厂		•			
ь	33 1/3% support tests—2008. If the	organization di	d not check a box	on line 14 or line	e 19a, and line 16	5 is more than 33	1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493178011601

OMB No 1545-0047

Open to Public Inspection

SCHEDULE C

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ) For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Political Campaign and Lobbying Activities

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

Se Se	ection 527 organizations. Complete	Part I-A only						
If th	ne organization answered "Ye	s," to Form 990, Part IV, Line 4, or	Form 990-EZ, Pa	rt VI, line 47 (Lobbyin	g Activ	vities), then		
• Se	ection 501(c)(3) organizations that	have filed Form 5768 (election under	section 501(h)) C	omplete Part II-A Do not	comple	te Part II-B		
• Se	ection 501(c)(3) organizations that	have NOT filed Form 5768 (election u	nder section 501(n)) Complete Part II-B D	o not co	omplete Part II-A		
		s," to Form 990, Part IV, Line 5 (Pr	oxy Tax) or Forn	n 990-EZ, line 35a (reg	arding	proxy tax), then		
	ection 501(c)(4), (5), or (6) organi	zations Complete Part III						
	ame of the organization ELPHI UNIVERSITY			Employer id	dentific	atıon number		
AD	ELPHI UNIVERSII I			11-163074	4 1			
Pai	rt I-A Complete if the or	ganization is exempt under	section 501(c			ganization.		
1	Provide a description of the org	ganization's direct and indirect politic	cal campaign acti	vities in Part IV				
2	Political expenditures			F	\$_			
3	Volunteer hours				_			
Pai	rt I-B Complete if the or	ganization is exempt under s	section 501(c)(3).				
1	•	tax incurred by the organization unc		*				
2	Enter the amount of any excise	tax incurred by organization manage	ers under section	4955	- \$ <u></u>	_		
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?					┌ Yes ┌ No		
4a	Was a correction made?					┌ Yes		
ь	If "Yes," describe in Part IV							
Pai	rt I-C Complete if the or	ganization is exempt under s	section 501(c) except section 5	01(c)	(3).		
1	Enter the amount directly expe	nded by the filing organization for se	ction 527 exempt	function activities 🕨	· \$_			
2	Enter the amount of the filing o	rganızatıon's funds contributed to otl	ner organizations	for section 527				
	exempt funtion activities			►	\$_			
3	Total exempt function expendit	tures Add lines 1 and 2 Enter here a	and on Form 1120)-POL, line 17b ►	\$ _			
4	Did the filing organization file F	form 1120-POL for this year?			_	┌ Yes ┌ No		
5								
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -	0- co	e) A mount of political ontributions received and promptly and irectly delivered to a separate political		

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 -

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Pa	Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).								
	Check If the filing organization belongs to a Check If the filing organization checked box		d" provisions apply	,					
<u> </u>	Limits on Lobbying E (The term "expenditures" means ar	Expenditures			(a) Filing Organization's Totals	(b) Affiliated Group Totals			
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)						
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)						
c	Total lobbying expenditures (add lines 1a and 18								
d	d Other exempt purpose expenditures								
e	Total exempt purpose expenditures (add lines 1	c and 1d)							
f	Lobbying nontaxable amount Enter the amount f								
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir							
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0					
	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000								
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000			00					
	Over \$17,000,000 \$1,000,000								
		•							
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)							
h	Subtract line 1g from line 1a If zero or less, enter	er -0-							
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -							
j	If there is an amount other than zero on either line section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No			
	(Some organizations that made a columns below. See the	he instructions fo	ection do not l r lines 2a thro	nave to com ugh 2f on pa		ne five			
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı			
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total			
2a	Lobbying non-taxable amount								
b	Lobbying ceiling amount (150% of line 2a, column(e))								
c	Total lobbying expenditures								
d	Grassroots non-taxable amount								

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a	1)	(b)
		Yes	No	A mount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		Νo	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo	
c	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νo	
e	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		Νo	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		84,596
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo	
i	Other activities? If "Yes," describe in Part IV		Νo	
j	Total lines 1c through 1i			84,596
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
ь	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		İ	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes". 1 Dues, assessments and similar amounts from members

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
Ь	Carryover from last year	2b	
С	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and		
	political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	ĺ

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Ret urn Reference	Explanat ion
SCHEDULE C, PART II-B, LINE 1G	LOBBYING	ADELPHI UNIVERSITY HAS ENGAGED THE FIRM,
		DAVIDOFF, MALITO, & HUTCHER TO ASSIST WITH ITS
		STRATEGIC PLANNING GOAL AND TO FORMULATE A PLAN
		IN THIS REGARD THE IMPLEMENTATION OF THIS PLAN
		INCLUDES THE FINAL PREPARATION OF SUPPORTING
		DOCUMENTATION, THE PREPARATION OF TESTIMONY
		BEFORE RELEVANT COMMITTEES OF THE NEW YORK
		STATE LEGISLATURE, THE DEVELOPMENT OF
		LEGISLATIVE STRATEGIES CONCERNING THE
		INITIATIVE, AND THE DEVELOPMENT OF MEETINGS WITH
		MEMBERS OF THE NEW YORK STATE LEGISLATURE IN
		ADDITION, THE FIRM PROVIDES STRATEGIC COUNSELING
		AND SERVES AS LIAISON TO APPROPRIATE GOVERNMENT
		AGENCIES AS NECESSARY, REPORTING ON GOVERNMENT
		PROGRAMS RELEVANT TO THE INITIATIVES AND OTHER
		POSSIBLE AREAS OF INTEREST TO ADELPHI UNIVERSITY
		DURING FISCAL YEAR 2009-10, THE UNIVERSITY PAID
		\$81,000 TO THE FIRM, DAVIDOFF, MALITO & HUTCHER IN
		ADDITION, THE UNIVERSITY PAID \$34,020 TO THE
		COMMISSION ON INDEPENDENT COLLEGES AND
		UNIVERSITIES OF WHICH \$3,596 IS ATTRIBUTABLE TO
		LOBBYING

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DLN: 93493178011601

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

toma	F Attacil to Fo	onii 990. F See separate instructions.	_	znopection				
	me of the organization ELPHI UNIVERSITY			oyer identification number				
Pa	organizations Maintaining Donor Actions organization answered "Yes" to Form 99			or Accounts. Complete if the				
	organization answered Tes to Form 55	(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year	. ,	•	•				
2	Aggregate contributions to (during year)							
3	Aggregate grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advi- funds are the organization's property, subject to the o		or advi:	sed Yes No				
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben- conferring impermissible private benefit							
Pa	rt III Conservation Easements. Complete	ıf the organızatıon answered "Yes" to	o Form	1 990, Part IV, line 7.				
2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualication of the last day of the tax year	on or pleasure) Preservation of an Preservation of a c	ertified					
				Held at the End of the Year				
а	Total number of conservation easements		2a					
b	Total acreage restricted by conservation easements		2b					
c	Number of conservation easements on a certified his	toric structure included in (a)	2c					
d	Number of conservation easements included in (c) ac	equired after 8/17/06	2d					
3	Number of conservation easements modified, transfe	rred, released, extinguished, or terminate	d by th	e organization during				
	the taxable year 🗠							
4	Number of states where property subject to conserva	ition easement is located ►						
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		dling of	violations, and Yes No				
6	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	ents du	ırıng the year 🗠				
7	A mount of expenses incurred in monitoring, inspecting	ng, and enforcing conservation easements	during	the year ► \$				
8	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion	┌ Yes				
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easem	he footnote to the organization's financial nents	statem	nents that describes				
ar	TIII Organizations Maintaining Collection Complete if the organization answered "		or Oth	ner Similar Assets.				
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	116, not to report in its revenue stateme for public exhibition, education or researc	h ın fur					
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	oublic exhibition, education, or research ii		· · · · · · · · · · · · · · · · · · ·				
	(i) Revenues included in 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 relating to these items							

Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Par	Organizations Maintaining Co	ollections of Art	, His	storical T	<u>reas</u>	ures, or C	<u> </u>	r Similar <i>I</i>	\sse	ts (co	<u>ntınued)</u>
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	ne following	that a	ire a signific	ant u	se of its colle	ction	ו	
а	Public exhibition		d	┌ Loan	orex	change prog	rams				
b	Scholarly research		e	┌ Othe	r						
c	Preservation for future generations										
4	Provide a description of the organization's content XIV	ollections and expla	ın hov	w they furth	er the	organizatioi	n's ex	cempt purpos	e ın		
5	During the year, did the organization solicit assets to be sold to raise funds rather than			•				nılar	Γ	Yes	√ No
Pai	rt IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar					n answere	d "Y	es" to Form	990),	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	dian or other interme	diary	for contribu	ıtıons	or other ass	ets	not	Г	Yes	∏ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ıng table		Γ			A mou	ınt	
c	Beginning balance						1c				
d	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21?			_			Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI\	/									
Pa	rt V Endowment Funds. Complete										
		(a)Current Year	(I	b)Prior Year		Two Years Bac	k (d)Three Years Ba	ck (e	Four Ye	ears Back
1a	Beginning of year balance	96,823,763		104,837,45	_						
Ь	Contributions	4,196,535 5,604,280		3,846,23 -10,889,93	_				_		
с	Investment earnings or losses	312,208		615,59							
d	Grants or scholarships Other expenditures for facilities	312,208		354,40							
е	and programs	312,3,1		331,10	, i						
f	Administrative expenses										
g	End of year balance	105,999,399		96,823,76	53						
2	Provide the estimated percentage of the yea	r end balance held a	ıs								
а	Board designated or quasi-endowment 🕨	78.260 %									
ь	Permanent endowment F 21.150 %										
c	Term endowment ► 0.590 %										
3a	Are there endowment funds not in the posse	ssion of the organiza	ation	that are hel	d and	admınıstere	d for	the			
	organization by									Yes	No
	(i) unrelated organizations				•		•		a(i)		No_
h	(ii) related organizations If "Yes" to 3a(ii), are the related organization				• •		•	<u> 3</u>	a(ii) 3b	<u> </u>	No_
4	Describe in Part XIV the intended uses of th				•		•		<u> </u>		
Pai	rt VI Investments—Land, Building				90, F	Part X. line	10.				
	Description of investment	,		(a) Cost or basis (invest	other	(b)Cost or o basis (othe	ther	(c) Accumulate depreciation		(d) Boo	k value
1a	Land					2,158	3,865		\top	:	2,158,865
b	Buildings					247,81	5,554	69,677,4	185	178	3,138,069
	Leasehold improvements					1,38	1,617	1,116,8	359		264,758
d	Equipment					37,785	5,332	27,272,9	992	10),512,340
	Other										

191,074,032

Part VII Investments—Other Securities. See (a) Description of security or category			d of valuation
(including name of security)	(b)Book value		-year market value
Financial derivatives			
Closely-held equity interests Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See		<u>. </u>	
(a) Description of investment type	(b) Book value	(c) Metho	d of valuation
(a) Description of investment type	(b) Book value	Cost or end-of	-year market value
Part IX Other Assets. See Form 990, Part X, col (B) line 13)			
(a) Descrip			(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1			
Part X Other Liabilities. See Form 990, Part X	, line 25.	.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability			
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25. (b) A mount		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount		
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Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount		

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	207,247,003
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	196,229,260
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	11,017,743
4	Net unrealized gains (losses) on investments	4	2,046,415
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	2,046,415
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	13,064,158
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue	per R	
1	Total revenue, gains, and other support per audited financial statements	1	175,870,122
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments 2a 2,046,41!	5	
b	Donated services and use of facilities 2b		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)	'	
e	Add lines 2a through 2d	2e	2,069,072
3	Subtract line 2e from line 1	3	173,801,050
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 200,907	<u>'</u>	
Ь	Other (Describe in Part XIV)	5	
c	Add lines 4a and 4b	4c	33,445,953
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	207,247,003
	Reconciliation of Expenses per Audited Financial Statements With Expense	s per	
1	Total expenses and losses per audited financial statements	1	162,805,964
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d 22,65	7	
e	Add lines 2a through 2d	2e	22,657
3	Subtract line 2e from line 1	3	162,783,307
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 200,90	7	
b	Other (Describe in Part XIV) 4b 33,245,04	6	
c	Add lines 4a and 4b	4с	33,445,953
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	196,229,260
Par	t XIV Supplemental Information		
C = =	aplete this part to provide the descriptions required for Part II, lines 2, E, and 0, Part III, lines 1, and 4	Dart IV	lines 1h and 2h

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any

Ident if ier	Return Reference	Explanation
Schedule D, Part III, 1a	Collections of Art	The University maintains an inventory of works of art. The works of art are primarily comprised of paintings and sculptures and are displayed throughout the campus. Under the provisions of SFAS 116, the University is not required to and does not report these items in its financial statements.
Schedule D, Part X	Uncertain Tax Provisions Under "FIN 48"	"On September 1, 2007, the University adopted the provisions of Financial Accounting Standards Board ("FASB") Interpretation No 48 ("FIN 48"), "Accounting for Uncertainty in Income Taxes "FIN 48 requires that a tax position be recognized or derecognized based on a "more likely than not" threshold This applies to positions taken or expected to be taken in a tax return. The University evaluated its tax positions and concluded that it does not have any uncertain tax positions that meet the criteria under FIN 48. Accordingly, implemenation of FIN 48. did not have any impact on the University's accompanying financial statements."
Schedule D, Part XII & Part XIII, Lines 2d	Reconciliation of Revenue & Expenses Per 990 to Financial Statements	RENT EXPENSE, INCLUDED ON 990, PART VIII, LINE 6B TOTALING \$22,657
SCHEDULE D, PARTS XII AND XIII, LINES 4B	Reconciliation of Revenue & Expenses per 990 to Financial Statements	PROFESSIONAL FUNDRAISING FEES (SHOWN NET ON FINANCIAL STATEMENTS) TOTALING \$72,753 AND SCHOLARSHIPS (SHOWN NET ON FINANCIAL STATEMENTS) TOTALING \$33,172,293
SCHEDULE D, PART V	PURPOSE OF ENDOWMENT FUNDS	THE UNIVERSITY'S ENDOWMENT IS AN AGGREGATION OF GIFTS PROVIDED BY DONORS WITH THE REQUIREMENT THEY BE HELD IN PERPETUITY TO GENERATE EARNINGS NOW AND IN FUTURE YEARS TO SUPPORT THE UNIVERSITY'S PROGRAMS OF INSTRUCTION, RESEARCH AND PUBLIC SERVICE, AND FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENT EARNINGS FROM ENDOWMENT INVESTMENTS SUPPORT SCHOLARSHIPS, CHAIRS, PROFESSORSHIPS, FELLOWSHIPS, BASIC RESEARCH AS WELL AS ACADEMIC AND PUBLIC SERVICE PROGRAMS

Employer identification number

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

ADELPHI UNIVERSITY

Name of the organization

Schools

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public

	11-1630/41			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No,"		103	
	please explain THIS POLICY IS PUBLICIZED IN THE PRINTED MEDIA WITH NEWSPAPER ADVERTISEMENTS AS WELL AS IN THE COURSE REGISTRATION GUIDES	3	Yes	
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990)			
	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	5a		No
b	Admissions policies?	5b		Νo
С	Employment of faculty or administrative staff?	5c		Νo
	I Scholarships or other financial assistance?	5d		Νo
е	Educational policies?	5e		Νo
f	Use of facilities?	5f		Νo
g	Athletic programs?	5g		Νo
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990)	5h		Νo
6	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
	Has the organization receive any infancial and or assistance from a governmental agency?	6b	163	Νo
	If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) 🏓 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05	32		
	of Rev Proc 75-50, 1975-2 CB 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 990)	7	Yes	

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DLN: 93493178011601

OMB No 1545-0047

2009

SCHEDULE F (Form 990)

Department of the Treasury

Totals.

Statement of Activities Outside the United States

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

Open to Public **Inspection**

Internal Revenue Service

	ne of the organization					Employer ide	ntification number
ADE	ELPHI UNIVERSITY					11-1630741	L
Pä	General Infor "Yes" to Form 9			de the United States	. Complete	e if the organ	nization answered
1	For grantmakers. Doe assistance, the grante	es the organiza ees' eligibility fo	ition maintain r or the grants or	ecords to substantiate tassistance, and the se	lection crite	rıa used to a	ward
2	For grant makers. Descri United States	be in Part IV the	organization's pr	ocedures for monitoring th	ne use of gran	nt funds outsıd	e the
3	Activites per Region (U	se Schedule F-1	(Form 990) If add	ditional space is needed)			
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	ıs a progr describe sı	ty listed in (d) am service, pecific type of s) in region	(f) Total expenditures for region
	ITRAL			INVESTMENTS			
AS	ERICA&CARIBBEAN ST ASIA AND THE SIFIC			INVESTMENTS			
	OPE			INVESTMENTS			
	DLE EAST AND NORTH			INVESTMENTS			
	RTH AMERICA NADA&MEXICO)			INVESTMENTS			
	SIA&NEW EPENDENT STATES			INVESTMENTS			
50 L	JTH AMERICA			INVESTMENTS			
50 L	JTH ASIA			INVESTMENTS			
SUE	S-SAHARAN AFRICA			INVESTMENTS			
						<u> </u>	

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete If the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ▶ ☐ Use Schedule F-1 (Form 990) 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) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
2 Enter total n tax-exempt	number of recipions by the IRS, or f	ent organizations lis or which the grante	ted above that are e or counsel has pr	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►		
3 Enter total n	umber of other	organizations or en	tities					: (Earm 990) 2009	

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. (c) Number of (b) Region (d) A mount of (e) Manner of cash (a) Type of grant or (f) A mount of (g) Description (h) Method of assistance cash grant disbursement of non-cash valuation recipients non-cash (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2009

Identifier	ReturnReference	in Part I, line 2, and any additional information. Explanation
	+	

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DLN: 93493178011601

OMB No. 1545-0047

2009

Department of the Treasury

Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,

Supplemental Information Regarding

Inspection

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

ADELPHI UNIVERSITY

SCHEDULE G

or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.

Employer identification number

11-1630741

Part I	Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
	Form 990-EZ filers are not required to complete this part.

- Indicate whether the organization raised funds through any of the following activities. Check all that apply
- Mail solicitations
- Internet and e-mail solicitations
- Phone solicitations
- In-person solicitations

- Solicitation of non-government grants
 - Solicitation of government grants
- Special fundraising events
- If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fundrais custo contr contribu	er have dy or ol of	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No			
RUFFALO CODY- SEE SCHEDULE O	PHONATHON		No	113,298	72,753	40,545
BENTZ WHALEY FLESSNER			No		46,959	
Total			>	113,298	119,712	40,545

³ List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pai	Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.								
		(a) Event #1 GALA (event type)		(b) Event #2 GOLF CLASSIC (event type)	(c) O ther Events 2 (total number)	(d) Total Events (Add col (a) through col (c))			
Ме	1	Gross receipts	423,950	161,535	60,989		646,474		
Revenue	2	Less Charitable contributions	49,600	52,900	13,155	. 5 5		5,655	
	3	Gross income (line 1 minus line 2)	374,350	108,635	47,834		53	0,819	
	4	Cash prizes							
ရွ	5 Non-cash prizes								
Expenses	6	Rent/facility costs	81,271	45,225	21,220		14	7,716	
	7	Food and beverages			9,852			9,852	
Direct	8	Entertainment	7,800					7,800	
莅	9	Other direct expenses .	47,627	19,595	10,211		7	7,433	
	10	10 Direct expense summary Add lines 4 through 9 in column (d)							
	11	Net income summary Combine li	nes 3, column d, and line	10			28	8,018	
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted mor	e thar	1	
Revenue	_		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tot (Add col col			
	1	Gross revenue							
Ses	2	Cash prizes							
Expenses	3	Non-cash prizes							
Direct B	4	Rent/facility costs							
Ĕ	5	Other direct expenses							
	6	Volunteer labor	Г Yes	Г Yes	│ Yes				
		Direct expense summary Add lines Net gaming income summary Com							
9	Ent	er the state(s) in which the organiza	stion operates gaming act	tivities			Yes	No	
a		the organization licensed to operate				. 9a			
b	If "I	No," Explain							
10a b									
11 12		es the organization operate gaming a the organization a grantor, beneficia				11		<u> </u>	
	forn	ned to administer charitable gaming	?		Schedule G (Form 9	12 90 or 990-	EZ) 20	09	

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	+	
	amount of gaming revenue retained by the third party 🟲 \$		
c	If "Yes," enter name and address		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Director/officer I Employee I Independent contractor		
.7	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year ▶ \$	1	

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Schedule I

(Form 990)

DLN: 93493178011601

OMB No 1545-0047

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Department of the Treasury ► Attach to Form 990 Internal Revenue Service

Open to Public **Inspection**

Name of the organization						Employer identif	ication number
ADELPHI UNIVERSITY						11-1630741	
Part I General Infor	mation on Gran	nts and Assistance				'	
2 Describe in Part IV the	ed to award the gran organization's proce	ts or assistance? dures for monitoring the us	e of grant funds in the	United States			√ Yes
Form 990, Part	IV, line 21 for an	to Governments and y recipient that receive 990) if additional space	d more than \$5,000	. Check this box if n	o one recipient receiv	ed more than \$5,0)00. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		
2 Enter total number of se	ction 501/c//31 and	government organizations					<u> </u>
		· · · · · · · ·					•

Part IIII Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
SCHOLARSHIPS TO STUDENTS	3917	33,172,293			
See Addıtıonal Data Table					
	•	•		•	•

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
Schedule I, Part I, Line 2	Procedures for monitoring grant funds	THE UNIVERSITY AWARDS BOTH INSTITUTIONALLY-FUNDED FINANCIAL AID TO STUDENTS AS WELL AS FINANCIAL AID FUNDED FROM PRIVATE GIFTS AND VARIOUS FEDERAL, STATE AND LOCAL GOVERNMENT AGENCIES SCHOLARSHIPS ARE AWARDED ON AN EQUAL, OBJECTIVE AND NONDISCRIMINATORY BASIS USING ACADEMIC ACHIEVEMENT, FINANCIAL NEED, AND OTHER SIMILAR STANDARDS THE UNIVERSITY MAINTAINS SEPARATE ACCOUNTING FOR ALL GRANTS AND STRICTLY MONITORS THAT ANY DISBURSEMENTS ARE MADE ONLY FOR THE INTENDED PURPOSE OF THE GRANT AND IN ACCORDANCE WITH THE GRANT REQUIREMENTS AN AUDIT OF THE UNIVERSITY'S FEDERALLY FUNDED PROGRAMS, IN ACCORDANCE WITH THE "US OFFICE OF MANAGEMENT AND BUDGET ("OMB") CIRCULAR A-133 COMPLIANCE SUPPLEMENT", IS CONDUCTED ANNUALLY BY THE UNIVERSITY'S EXTERNAL AUDITORS
		

DLN: 93493178011601

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name	of	t he	orga	nizat	ion
DELPH	IT LI	NIVE	RSITY		

Employer identification number

11-1630741

Pa	rt I Questions Regarding Compensation	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	굣	Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	⊽	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement orprovision of all the expenses desc			1b	Yes	
2	Did the organization require substantiation prior to r					
	officers, directors, trustees, and the CEO/Executive	Directo	or, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the					
	Compensation committee	ᅜ	• •			
	▼ Independent compensation consultant	ᅜ	Compensation survey or study			
	Form 990 of other organizations	ত	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	I, Section A, line $1 extstyle{a}$ with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymen	nt?	4a	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?					Νo
c	Participate in, or receive payment from, an equity-based compensation arrangement?					Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mu	ıst comp	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	lıne 1a,	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes," of			7		No
8	Were any amounts reported in Form 990, Part VII, p					
	subject to the initial contract exception described in in Part III	n Regs s	section 53 4958-4(a)(3)? If "Yes," describe			
				8		No
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	e rebutta	able presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name (B) Breakdown of W-2 and/or 1099-MISC compensation (I) Date compensation (II) Date compensation (III) Date compensation (IV) Com									
(i) Base incentive reportable compensation reportable compensation compensation compensation	(A) Name					(C) Retirement and		(E) Total of columns	
See Additional Data Table			(i) Base compensation	ıncentive	(iii) Other reportable compensation		benefits	(B)(ı)-(D)	Form 990 or
	See Additional Data Table								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
Part I, Line 1a	REGARDING	AS A CONDITION OF EMPLOYMENT AND FOR THE CONVENIENCE OF THE UNIVERSTIY, THE PRESIDENT IS REQUIRED TO LIVE IN A UNIVERSITY RESIDENCE IN ADDITION, HOUSEKEEPING SERVICES ARE REQUIRED FOR THE RESIDENCE ANY PERSONAL USAGE IS TREATED AS TAXABLE INCOME AMOUNTS ARE INCLUDED ON THE 990, PART VII AND SCHEDULE J, PART II
SCHEDULE J, PART I, LINE 4A		THE UNIVERSITY'S FORMER PROVOST, MARCIA WELSH, RECEIVED A SEVERANCE PACKAGE DURING THE CALENDAR YEAR 2009, TOTALING \$214,631

Schedule J (Form 990) 2009

Software ID: Software Version:

EIN: 11-1630741

Name: ADELPHI UNIVERSITY

orm 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
ROBERT A SCOTT	(I) (II)		0 0	11,909 0	127,342 0	71,104 0	631,656 0	0
TIMOTHY P BURTON	(I) (II)		0	o 0	23,275 0	21,092 0	329,664 0	0
ANGELO B PROTO	(I)		0 0	3,100 0	28,175 0	18 0	314,219 0	0
GAYLE D INSLER	(ı) (ıı)		0	139 0	28,175 0	18	293,856 0	0
CHRISTIAN VAUPEL	(I) (II)		0	0	21,224 0	17,511 0	256,894 0	0
LORI A DUGGAN GOLD	(I) (II)		0 0	0	16,745 0	18,956 0	226,008	0
PATRICK R COONAN	(I) (II)		0	6,040 0	18,340 0	25,028 0	265,170 0	0
ANDREW W SAFYER	(I)	189,921 0	0 0	28,238 0	18,964 0	23,498 0	260,621 0	0
ROBERT DECARLO	(I) (II)		0 0	o 0	21,731 0	12,543 0	216,455 0	0
STEVEN J RUBIN	(ı) (ıı)		0	118 0	20,486 0	8,237 0	204,116	0
RAKESH GUPTA	(ı) (ıı)		0	300 0	22,041 0	47,558 0	250,556 0	0
JEAN LAU CHIN	(ı) (ıı)		0	0	17,078 0	18,311	221,755	0
JACK P CHEN	(ı) (ıı)		0	1,715 0	17,822 0	23,637 0	221,596 0	0
RICHARD K GARNER	(ı) (ıı)		0	0	21,057 0	7,872 0	210,253	0
ROBERT D JONES	(ı) (ıı)		0	78,494 0	10,909	18	184,285 0	0
MARCIA WELSH	(ı) (ıı)		0	0	22,079	565 0	214,631	0
RONALD FEINGOLD- PROFESSOR-609	(ı) (ıı)		0	3,333 0	17,787 0	7,158 0	181,164 0	0

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Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule 0 (Form 990).

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

DLN: 93493178011601

Open to Public Inspection

Internal Revenue Service
Name of the organization
A DELPHI UNIVERSITY

Department of the Treasury

Employer identification number

11-1630741

Pa	art I Bond Issues													
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issue	Price	(f) Des	cription of F	Purpose	(g) Defeased		Beha	On alf of uer
											Yes	No	Yes	No
A	TOWN OF HEMPSTEAD INDUSTRIAL DEVELOPMENT AGENCY	JSTRIAL DEVELOPMENT 11-6001929 424674CX5		10-27-2005		42,4		CONSTRUC CENTERS	TION-SPO	RTS/ARTS		×		x
В	TOWN OF HEMPSTEAD LOCAL DEVELOPMENT CORPORATION	11-2798949	424682AW2	09-30-2	2009	31,8			CONSTRUCT RESIDEN HALL/REFINANCE			×		х
Pa	art III Proceeds													
	-		-	Α			В		С	D	· · · · · · · · · · · · · · · · · · ·		Е	
1_	Total proceeds of issue			4	4,176,49	5	31,814,56	60						
	Gross proceeds in reserve funds													
3	Proceeds in refunding or defeasan			6,399,87	8	6,399,87	78							
4					5	3	!	53						
5	5 Issuance costs from proceeds				428,00	0	492,13	34						
6	Working capital expenditures from													
7	Capital expenditures from proceed	ds		4	3,748,49	5 ;	24,922,49	95						
8	Year of substantial completion			200	07	2010								
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
9	Were the bonds issued as part of a	a current refunding is	ssue?		X		X							
10	Were the bonds issued as part of a	an advance refundinç	j issue?		х	Х								
11	Has the final allocation of proceed	ds been made?		Х			Х							
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?			х		Х								
Pa	Part III Private Business Use													
					<u> </u>		B			D			E	
	W/ bl			Yes	No	Yes	No	Yes	No	Yes	No	Ye	5	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?				X		Х							
2	Are there any lease arrangements which may result in private busine	financed property	x			Х								
For	Privacy Act and Paperwork Reduction Ac			Cat No 5	0193E			9	Schedule	K (Form	990) 20	09		

Schedule K (Form 990) 2009

Part III Private Business Use (Continued)

			Α		3		С)		E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		Х		Х						
3b	Are there any research agreements with respect to the financed property which may result in private business use?		Х		Х						
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	x		х							
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 099 %								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 024 %									
6	Total of lines 4 and 5		0 123 %								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	х		х							

Part IV Arbitrage

			A		В		C	D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		Х		х						
2	Is the bond issue a variable rate issue?		х		Х						
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		Х		Х						
b	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?	Х			Х						
b	Name of provider	FSA CAPIT MGMTLLC	A L								
c	Term of GIC		2 1								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	×									
5	Were any gross proceeds invested beyond an available temporary period?		х		х						
6	Did the bond issue qualify for an exception to rebate?	Х		Х							
									Schodul	e K (Form 99)	1) 2009

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DLN: 93493178011601

Transactions with Interested Persons

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Schedule L

Name of the organization ADELPHI UNIVERSITY

Employer identification number

11-1630741

Part I Excess Benefit Tran Complete if the organizat									e 40b	
1 (a) Name of disq						on of trans		,		rrected?
1 (a) Name of alsq		Person		(b) Desc	. iipti	OII OI LIAIIS			Yes	No
			-							
2 Enter the amount of tax impos							ear under			
section 4958								\$		
3 Enter the amount of tax, If any	, on line	.∠, abo	ve, reimbursed by	the organization.	•			>		
Part II Loans to and/or I										
Complete if the organiz	zation a I	nswere	d "Yes" on Form ^g T	990, Part IV, line 26	, or l	Form 990-E		, lıne 38a	T	
		oan to			، ا	e) In	(f) Approv	ed	(g)Writte	en
(a) Name of interested person and purpose	or fro	m the	(c)O riginal principal amour	(d)Balance due		fault?	by board	or	agreement?	
purpose		1	principal amout	·			committ			
	То	From			Ye	s No	Yes	No	Yes	No
Total										
Part III Grants or Assistar Complete if the orga					/ lin	27				
·				tween interested per			_		_	
(a) Name of interested pers	on	,		organization		(c)A m	ount of gr	ant or typ	e of assist	tance
TRUSTEE FRANK ANGELLO		СН	ILD OF TRUSTEE							4,750
PRESIDENT ROBERT A SCOTT		SPO	OUSE OF PRESI	DENT						5,000
SEE NOTES - SCHEDULE 0										
Part IV Business Transact	ions 1	nvolv	ing Intereste	d Persons.						
Complete if the orga					/, lın	e 28a, 28	b, or 280	C		
) Relationship						1, ,	aring of
(a) Name of interested person between inter person and organizati				(c) A mount of transaction		(d) Desc	rıptıon of t	ransactio	n -	zation's nues?
		organization	trunsuction					Yes	No	
TRUSTEE MICHAEL J DRISCOLL		TRUST	ГЕЕ	66,6	67	PAYMENT	AS FACU	LTY		Νο
						MEMBER				
SEE NOTES SCHEDULE 0										
		\vdash								

OMB No 1545-0047

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SCHEDULE M (Form 990)

Department of the Treasury

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

NonCash Contributions

Internal Revenue Service Name of the organization

Employer identification number ADELPHI UNIVERSITY 11-1630741 Part I Types of Property

		Check	Number of Contributions	Revenues reported on	Method of de	etermi	nıng	
		ıf applicable		Form 990, Part VIII, line	reven	ues		
1	Art-Works of art	аррпсавіе		1 g				
	Art—Historical treasures .							
	Art—Fractional interests							
	Books and publications							
	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	12	1,054,139	MARKET QUOTATI	O N		
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Q ualified conservation contribution—Historic							
14	structures							
	contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()							
26	O ther ▶()							
	O ther ▶()							
28	O ther ► ()							
29	Number of Forms 8283 received for which the organization compl				29			0
							Yes	No
30a	During the year, did the organiza	tion receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it			
	must hold for at least three year	s from the o	late of the initial contribution	on, and which is not require	d to be used			
	for exempt purposes for the enti	re holdıng p	erıod?			30a		No
b	If "Yes," describe the arrangem	ent in Part I	I					
31	Does the organization have a gif	tacceptano	e policy that requires the r	eview of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?	e thırd partı	es or related organizations	to solicit, process, or sell i	non-cash	32a		Νο
ь	If "Yes," describe in Part II							
33	If the organization did not report	revenues i	n column (c) for a type of p	roperty for which column (a) is checked,			
	describe in Part II							
For P	rivacy Act and Paperwork Reduction	Act Notice	see the Instructions for Forn	n 990. Cat No 51227J	Schedule	M (For	m 990'	2009

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

Software ID: Software Version:

EIN: 11-1630741

Name: ADELPHI UNIVERSITY

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DLN: 93493178011601

2009

OMB No 1545-0047

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SCHEDULE 0

Department of the Treasury Internal Revenue Service

(Form 990)

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

Attach to Form 990.

Supplemental Information to Form 990

Name of the organization ADELPHI UNIVERSITY

Employer identification number

11-1630741

ldentifier	Return Reference	Explanation
990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST POLICY	THE UNIVERSITY HAS A CONFLICT OF INTEREST POLICY ALL TRUSTEES, OFFICERS AND EMPLOYEES OF THE UNIVERSITY MUST SIGN A CONFLICT OF INTEREST STATEMENT ANNUALLY. THE CHAIRMAN OF THE UNIVERSITY'S AUDIT COMMITTEE AND THE CHAIRMAN OF THE TRUSTEE AFFAIRS COMMITTEE, REPORT TO THE UNIVERSITY'S GOVERNING BOARD ANNUALLY REGARDING ANY POTENTIAL CONFLICTS OF INTEREST IN ADDITION, ANNUALLY IN PREPARATION OF THE 990, QUESTIONNAIRES ARE COMPLETED BY ALL TRUSTEES, OFFICERS, AND KEY EMPLOYEES REGARDING TRUSTEES' INDEPENDENCE, RELATIONSHIPS AMONG TRUSTEES, OFFICERS, AND KEY EMPLOYEES, AND TRANSACTIONS INVOLVING A POTENTIAL CONFLICT OF INTEREST ANY POTENTIAL TRANSACTIONS OR RELATIONSHIPS ARE REVIEWED AND DOCUMENTED ON THE 990 AND SCHEDULE L

ldentifier	Return Reference	Explanation
990, PART VI, SECTION B, LINE 15B	PROCESS OF DETERMINING COMPENSATION	AN INDEPENDENT COMPENSATION CONSULTANT HAS BEEN HIRED BY THE UNIVERSITY TO REVIEW THE COMPENSATION OF THE UNIVERSITY'S OFFICERS THE CONSULTING FIRM REVIEWS COMPENSATION OF THE UNIVERSITY'S OFFICERS IN COMPARISON TO THOSE OFFICERS OF OTHER COLLEGES AND UNIVERSITIES THEIR RECOMMENDATIONS AND REPORT ARE PRESENTED TO THE UNIVERSITY'S BOARD OF TRUSTEES FOR APPROVAL THE DATE OF THE LAST REPORT OF THE INDEPENDENT CONSULTANTS WAS SEPTEMBER 2010 THE COMPENSATION OF THE UNIVERSITY'S KEY EMPLOYEES IS REVIEWED ANNUALLY COMPARISONS ARE MADE TO SALARIES REPORTED BY THE COLLEGE AND UNIVERSITY PERSONNEL ASSOCIATION AS WELL AS THE COMPENSATION REPORTED IN OTHER UNIVERSITY'S FORM 990 COMPENSATION OF KEY EMPLOYEES IS PRESENTED TO THE UNIVERSITY'S BOARD OF TRUSTEES ANNUALLY FOR APPROVAL

ldentifier	Return Reference	Explanation
990, PART VI, SECTION C, LINE 19		THE UNIVERSITY'S GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST

ldentifier	Return Reference	Explanation
,	REVIEW OF 990 BY UNIVERSITY'S BOARD OF	FORM 990 AND ALL SCHEDULES AND FORM 990T ARE PREPARED ANNUALLY BY MANAGEMENT, REVIEWED BY AN EXTERNAL AUDITING FIRM, AND REVIEWED BY THE
11A	TRUSTEES	BOARD OF TRUSTEES AUDIT COMMITTEE PRIOR TO FILING THE FORMS WITH THE IRS

ldentifier	Return Reference	Explanation
, ,		THE UNIVERSITY DELEGATES THE MANAGEMENT OF FOOD SERVICES THAT ARE PROVIDED TO ITS STUDENTS TO A FOOD SERVICE MANAGEMENT COMPANY

ldentifier	Return Reference	Explanation
SCHEDULE G - PART	FUNDRA ISING	RUFFALO CODY IS A PROFESSIONAL FUNDRAISING FIRM THAT SEEKS GIFTS FOR THE
1. LINE 2B	CONSULTANT	PHONATHON AND PROVIDES INFORMATION FOR THE UNIVERSITY'S DATA BASE

ldentifier	Return Reference	Explanation
SCHEDULE L, PART III	GRANTS BENEFITTING INTERESTED PARTIES	SCHOLARSHIP - DURING FISCAL 09-10, SCHOLARSHIPS WERE AWARDED TO THE CHILD OF ONE OF THE UNIVERSITY'S TRUSTEES TOTALING \$4,750 THE SCHOLARSHIPS WERE AWARDED BY THE UNIVERSITY'S FINANCIAL AID OFFICE AND WERE BASED SOLELY ON THE ACHIEVEMENTS OF THE STUDENT DONATION - A DONATION IN THE AMOUNT OF \$5,000 WAS MADE TO AN EDUCATIONAL ORGANIZATION WHERE THE SPOUSE OF THE UNIVERSITY'S PRESIDENT IS THE EXECUTIVE DIRECTOR

ldentifier	Return Reference	Explanation
SCHEDULE L, PART IV	BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	DURING FISCAL 09-10, A TRUSTEE RETIRED FROM THE UNIVERSITY'S BOARD AND SUBSEQUENTLY BECAME A PROFESSOR OF THE UNIVERSITY AS A PROFESSOR, HE WAS PAID \$66,667 BY THE UNIVERSITY

ldentifier	Return Reference	Explanation
'	DEV ELOPMENT	THE PROCEEDS FROM THE 2009 TOWN OF HEMPSTEAD LOCAL DEVELOPMENT CORPORATION, CIVIC FACILITY REVENUE BONDS WERE USED TO CONSTRUCT A NEW RESIDENCE HALL AND TO REFUND OUTSTANDING 1999 BONDS THE REFUNDED 1999 TOWN OF HEMPSTEAD INDUSTRIAL DEVELOPMENT AGENCY, CIVIC FACILITY REVENUE BONDS WERE ISSUED ON FEBRUARY 24, 1999

ldentifier	Return Reference	Explanation
. ,, 0,	DEFEASANCE ESCROWS	THE NUMBER LISTED UNDER PROCEEDS IN REFUNDING OR DEFEASANCE ESCROWS IS THE AMOUNT OF PROCEEDS DEPOSITED TO THE ESCROW ACCOUNT AS OF 2/1/10, THE REFUNDED BONDS WERE CALLED IN FULL AND THE BALANCE IN THIS ACCOUNT AS OF AUGUST 31, 2010 IS ZERO

DLN: 93493178011601

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990. ► See separate instructions.

2009

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

SCHEDULE R

Name of the ADELPHI UNIVE	e organization				Employer identific	cation number
ADELPHI UNIVE	RSH T				11-1630741	
Part I	Identification of Disregarded Entities (Comp	olete if the organization a	answered "Yes" on	Form 990, Part I\	V, line 33.)	
	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
	VERTISING AGENCY LLC UNIVERSITY SOUTH AVENU , NY 11530	ADVERTISING	NY	0	0	ADELPHI
Part II	Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during	nizations (Complete if the tax year.)	he organization ans	swered "Yes" on F	Form 990, Part IV	, line 34 because it had one
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity
For Privacy	Act and Paperwork Reduction Act Notice, see the Instruct	tions for Form 990.	Cat No 50135	SY	1	Schedule R (Form 990) 2009

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end asset	-of-year	(h Disprop allocat	ortionate	Code amount ır Sched	(i) V—UBI n box 20 of ule K-1 n 1065)	(j Gener mana parti	al or Iging
								Yes	No			Yes	No
												+	
				s a Corporation on treated as a corpo				nswer	ed "Y	es" on F	orm 990, P	art IV,	
	cause it flad offe t		elated organizations				(f))		(-)	(5)		
(a) Name, address, and EIN o	f related organization	(b) Primary a	ctivity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	Share o	f total	Sh end-	(g) nare of -of-year ssets	(h) Percentag ownership		
									1				

(6)

Pa	art V	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, II	ne 34, 35, or 36.)									
	Note.	Complete line 1 if any entity is listed in Parts II, III or IV			Yes	No						
1.0	ouring th	e tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV	>									
а	Receij	pt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a								
ь	Gıft, g	rant, or capital contribution to other organization(s)		1b								
c	Gıft, g	rant, or capital contribution from other organization(s)		1c								
d	d Loans or loan guarantees to or for other organization(s)											
e	e Loans or loan guarantees by other organization(s)											
f	Sale o	f assets to other organization(s)		1f								
g	Purch	ase of assets from other organization(s)		1 g								
h	Excha	inge of assets		1h								
i	Lease	of facilities, equipment, or other assets to other organization(s)		1 i								
j	Lease	of facilities, equipment, or other assets from other organization(s)		1j								
k		mance of services or membership or fundraising solicitations for other organization(s)		1k								
ı		mance of services or membership or fundraising solicitations by other organization(s)		11								
n		g of facilities, equipment, mailing lists, or other assets		1m								
n	Sharır	ng of paid employees		1n								
o	Reimb	oursement paid to other organization for expenses		10								
p		ursement paid by other organization for expenses		1р								
q	Other	transfer of cash or property to other organization(s)		1q								
		transfer of cash or property from other organization(s)		1r								
2	Ifthe	answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships		lds								
		(a) Name of other organization	(b) Transaction type(a-r)	Amouni	(c) t involv	ed						
(1) (2)												
(-)												
(3)	_											
(4)			-									
												
(5)												

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d Are parti sect 501(d organiz	ners ion :)(3) :ations?	(e) Share of end-of-year assets		r) ortionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	agın tner?
			Yes	No		Yes	No		Yes	N
										+
										t
										+
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										1

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Form 4562

Depreciation and Amortization

(Including Information on Listed Property)

DLN: 93493178011601

OMB No 1545-0172

Department of the Treasury ► See separate instructions. Attach to your tax return. Sequence No 67 Internal Revenue Service Name(s) shown on return Business or activity to which this form relates Identifying number ADELPHI UNIVERSITY 11-1630741 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount. See the instructions for a higher limit for certain businesses 1 \$ 125,000 2 Total cost of section 179 property placed in service (see instructions) . . . 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 \$ 500,000 4 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use (a) Description of property 6 (c) Elected cost only) 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 Tentative deduction Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 **15** Property subject to section 168(f)(1) election . . 15 **16** Other depreciation (including ACRS) 8,762 MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2009 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (a)Depreciation (e) Convention vear placed in (business/investment (f) Method deduction property period service use only—see instructions) 19a 3-year property **b** 5-year property c 7 - year property d 10-year property e 15-year property f 20-year property 27 5 yrs ММ S/L h Residential rental property 27 5 yrs ММ S/L ΜМ i Nonresidential real 39 yrs S/L property MMS/L Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life **b** 12-year 12 yrs **c** 40-year ММ S/L Part IV **Summary** (see instructions) 21 Listed property Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 22 8.762 and on the appropriate lines of your return Partnerships and S corporations—see instructions 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depre	ciation a	nd Other In	forma	tion (C	aution	: See t	the i	nstruc	tions	for lin	nits f	or pa	sseng	er au	tomot	iles.)
24a Do you have evider	nce to support	the business/inve	stment u	ise claimed	d? ┌ Yes	Гио		24	4b lf "ነ	∕es," ıs	the ev	ıdence	written?	Гүе	sГN)
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d Cost or bas	rother	(busines	(e) deprecia s/investn e only)		(f) Recoven period	y M∈	(g) ethod/ vention		(h Depreci deduc	ation/		(i) Electe section 1 cost	
25 Special depreciation allo 50% in a qualified busi			y placed	ın service (during the	tax year	and u	ised mor	e than	25						
26 Property used mor	e than 50%	ın a qualıfıed b	usıness	use												
		%							-		+					
		%														
27 Property used 50%	orless in a		ness us	е												
		%							S/L - S/L -		+					
		%							S/L -							
28 Add amounts in c	olumn (h), lır	ies 25 through	27 En	ter here a	and on lu	ne 21, բ	page	1 .	28							
29 Add amounts in c	olumn (ı), lın	e 26 Enterhe	re and o	n line 7,	page 1					•		29				
				_Infor												
Complete this section If you provided vehicles to														e vehic	les	
30 Total business/in	vestment mu	les driven duri	na the	_	a)	(t	-		(c)		(d)	(€			f)
year (do not inclu				Vehi	cle 1	Vehi	cle 2	Ve	ehicle	3	Vehic	le 4	Vehi	cle 5	Vehi	cle 6
31 Total commuting	miles driven	during the yea	r .													
32 Total other person	nal(noncomm	nuting) miles d	rıven													
33 Total miles driver through 32	during the y		30													
34 Was the vehicle a				Yes	No	Yes	No	Yes	· N	vo v	res -	No	Yes	No	Yes	No
during off-duty ho	urs? .															
35 Was the vehicle u owner or related p		by a more tha	n 5%													
36 Is another vehicle		r personal use	?.													
Section	on C—Que	stions for E	mplo	yers W	ho Pro	vide \	/ehi	cles f	or U	se by	The	ir En	nploy	ees		
Answer these questio 5% owners or related				eption to	comple.	tıng Se	ction	B for v	ehicle	s used	by e	mploy	ees wh	o are	not mo	re tha
37 Do you maintain a employees? .		y statement t											our •	Y	es	No
38 Do you maintain a	written polic	:y statement t	hat prof	nibits per	sonal us	e of vel	hicle	s, exce	pt con	nmutın	g, by					
employees? See t						ers, dire	ector	s, or 1º	% orm	nore ov	ners		• •			
39 Do you treat all us			•					•		•	•		•	_		
40 Do you provide movehicles, and reta		•		oyees, ol	btaın ınfo • •	rmatioi •	n froi • •	m your	emplo •	yees a • •	bout ·	the us	e of the •	9		
41 Do you meet the r	equirements	concerning qu	ialified a	automobi	le demor	nstratio	n us	e? (See	ınstrı	uctions) .					
Note: If your ansv	ver to 37, 38	, 39, 40, or 41	ıs "Ye	s," do not	t comple	te Sect	ion E	3 for the	cove	red vel	nicles					
Part VI Amorti	zation														•	
(a) Description of c	osts	(b) Date amortization begins		(c A morti a mo	ızable			(d) Code ection		(e) mortiza period ercent	or			(f) rtizationis yea		
42 A mortization of co	sts that bed		r 2009	tax year	(see ins	truction	ns)				<u> </u>					
	T	3,			-		•									
									\dashv							
43 A mortization of co	sts that beg	an before your	2009 t	ax year							43					
44 Total. Add amoun	ts ın column	(f) See the ins	tructio	ns for wh	ere to re	port					44					

Software ID: Software Version:

EIN: 11-1630741

Name: ADELPHI UNIVERSITY

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

Compensated Employees, and Independent Contractors													
(A) Name and Title	(B) Average hours per	Posi t	((tion (hat a	(che)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation			
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations			
CAROLA AMMON Trustee	2 0	Х						o	0	0			
FRANK ANGELLO	2 0	Х						0	0	0			
Trustee RICHARD C CAHN	2.0	V						0	0	0			
Trustee MICHAEL CAMPBELL	2 0	Х						0	0	0			
Trustee	2 0	Х						0	0	0			
ROBERT G DARLING Trustee	2 0	Х						o	0	0			
MICHAEL J DRISCOLL Trustee	2 0	Х						0	0	0			
JOAN S GIRGUS Trustee	2 0	Х						0	0	0			
JEFFREY R GREENE Trustee	2 0	Х						0	0	0			
PALMINA R GRELLA Trustee	2 0	Х						О	0	0			
JOHN GUTLEBER Trustee	2 0	Х						0	0	0			
NOREEN HARRINGTON Trustee	2 0	х						0	0	0			
OSBERT HOOD Trustee	2 0	Х						0	0	0			
N GERRY HOUSE Trustee	2 0	Х						0	0	0			
ANGELA JAGGAR TRUSTEE	2 0	Х						0	0	0			
LAURENCE KESSLER Trustee	2 0	х						0	0	0			
LINDSEY KUPFERMAN Trustee	2 0	Х						0	0	0			
MICHAEL LAZARUS Trustee	2 0	Х						o	0	0			
KATHERINE LITTLEFIELD Trustee	2 0	Х						0	0	0			
GERALD MAHONEY Trustee	2 0	х						О	0	0			
THOMAS F MOTAMED Trustee	2 0	Х						0	0	0			
LEON POLLACK Trustee	2 0	Х						0	0	0			
GARY ROSENBERG Trustee	2 0	Х						0	0	0			
CHRISTOPHER SARIDAKIS Trustee	2 0	Х						0	0	0			
LOIS C SCHLISSEL Trustee	2 0	Х						0	0	0			
HELENE SULLIVAN TRUSTEE	2 0	Х						0	0	0			

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

Compensated Employees, and I	ndepende	ent Co	ntra	cto	rs					
(A) Name and Title	(B) Average hours		tion (che)			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
MARJORIE WEINBERG-BERMAN TRUSTEE	2 0	Х						0	0	0
JOSEPH W WESTPHAL TRUSTEE	2 0	Х						0	0	0
ROBERT WILLUMSTAD TRUSTEE	2 0	Х						0	0	0
BARRY T ZEMAN TRUSTEE	2 0	Х						0	0	0
ROBERT A SCOTT PRESIDENT	65 0	Х		х				433,210	0	198,446
TIMOTHY P BURTON SENIOR VP AND TREASURER	50 0			х				285,297	0	44,367
ANGELO B PROTO VP FOR ADMINISTRATION	50 0			х				286,026	0	28,193
GAYLE D INSLER PROVOST AND SENIOR VP	50 0			х				265,663	0	28,193
CHRISTIAN VAUPEL VP FOR UNIVERSITY ADVANCEMENT	50 0			х				218,159	0	38,735
LORI A DUGGAN GOLD VP FOR COMMUNICATIONS	50 0			х				190,307	0	35,701
PATRICK R COONAN DEAN, SCHOOL OF NURSING	50 0				х			221,802	0	43,368
ANDREW W SAFYER DEAN, SOCIAL WORK	50 0				х			218,159	0	42,462
ROBERT DECARLO ASSOCIATE VP AND CO-TREASURER	50 0				х			182,181	0	34,274
STEVEN J RUBIN ACTING DEAN, ARTS AND SCIENCES	50 0				х			175,393	0	28,723
RAKESH GUPTA DEAN, SCHOOL OF BUSINESS	50 0					Х		180,957	0	69,599
JEAN LAU CHIN DEAN, DERNER INSTITUTE	40 0					Х		186,366	0	35,389
JACK P CHEN CHIEF INFORMATION OFFICER	50 0					Х		180,137	0	41,459
RICHARD K GARNER DEAN, HONORS COLLEGE	50 0					Х		181,324	0	28,929
ROBERT D JONES ASSOCIATE PROFESSOR	40 0					Х		173,358	0	10,927
MARCIA WELSH FORMER PROVOST	0 0						х	191,987	0	22,644
RONALD FEINGOLD-PROFESSOR-609 FORMER DEAN, EDUCATION	40 0						х	156,219	0	24,945