

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493193002212

 $\mathsf{Form}\mathbf{990}$

Department of the Treasury

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)

2010

OMB No 1545-0047

Open to Public

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

ntemai	Revenue	e Service The organization may have to use a copy of this retain to satisfy sta	ороло у .	- 4 - 11 - 11 - 11 - 11 - 11 - 11 - 11	Inspection
A Fo	r the	2010 calendar year, or tax year beginning 09-01-2010 and ending 08-31-2011		D Employer i	dentification number
_		applicable C Name of organization Hofstra University			
Add —	ress cl	hange Doing Business As		11-16309	906
Naı	me cha	nge	l	E Telephone	number
Inıt	ıal retu	Number and street (of P O box if mail is not delivered to street address)	Room/suite	(516)463	3-6820
– Ter	mınate	128 Hofstra University 100E Phillips Hall			
– _{Am}	ended	·		G Gross receip	ots \$ 511,957,659
– _{Apr}	olicatioi	Hempstead, NY 11549			
		F Name and address of principal officer			
		STUART RABINOWITZ PRESIDENT	H(a) Isthisag	roup return for affili	rates? Yes Vo
		Hofstra University	H(b) Are all a	ffılıates ıncluded	? Fyes F No
		Hempstead,NY 11549			t (see instructions)
. Та	v-even	npt status		exemption n	
. 14	A-CACII	inpressances 501(c)(5) 501(c)() = (illisert illo) 4947(a)(1) 01 527			
W	ebsite	e: ► www hofstra edu			
(Forr	n of or	ganization 🔽 Corporation Trust Association Other 🕨	L Year of form	nation 1935	M State of legal domicile N
Pa	rt I	Summary			-
	1	Briefly describe the organization's mission or most significant activities			
		INSTITUTION OF HIGHER LEARNING			
<u>2</u>					
aovemialise					
<u>.</u>	,		more than 25	% of its net a	ecate
3		Number of voting members of the governing body (Part VI, line 1a)		3 of its fiet a	1
		Number of independent voting members of the governing body (Part VI, line 1a)		4	28
2		Total number of individuals employed in calendar year 2010 (Part V., line 2a)		5	
		Total number of individuals employed in calendar year 2010 (Part V, line 2a) . Total number of volunteers (estimate if necessary)		6	7,154
		Total unrelated business revenue from Part VIII, column (C), line 12		7a	1,424,48
		Net unrelated business taxable income from Form 990-T, line 34		7a 7b	1,424,46.
	B	Net differenced business taxable income from Form 990-1, fine 54	Prior		Current Year
	8	Contributions and grants (Part VIII, line 1h)		9,874,337	
ā				8,456,015	35,101,082 391,717,518
Havenue	9	Program service revenue (Part VIII, line 2g)		4,817,373	23,782,470
<u> </u>	10	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>		
	11 12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		67,781	-28,703
	12	12)	43	3,215,506	450,572,367
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	7	0,197,645	74,439,806
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0	С
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines			
Expenses		5-10)	23	6,629,436	241,400,342
₹	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	C
ភិ	Ь	Total fundraising expenses (Part IX, column (D), line 25) ▶4,547,372			
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	9	7,713,469	99,514,714
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	40	4,540,550	415,354,862
	19	Revenue less expenses Subtract line 18 from line 12	2	8,674,956	35,217,505
8			Beginning	I	End of Year
ge g		Tabel access (Doubly Live 4.5)	Ye		
£	20	Total assets (Part X, line 16)		8,654,925	792,729,810
Fund Balances	21	Total liabilities (Part X, line 26)		0,884,664	354,947,059
	22	Net assets or fund balances Subtract line 21 from line 20	38	7,770,261	437,782,751
	rt II	Signature Block			to the best of
now		lties of perjury, I declare that I have examined this return, including accompanying sch and belief, it is true, correct, and complete. Declaration of preparer (other than officer)			
		1	201	2-07-10	
ign	1	Signature of officer	Date		
ler		CATHERINE HENNESSY VP FINANCIAL AFFAIRS & TREASURER			
		Type or print name and title			
		Print/Type Preparer's signature Date	= -	neck if self-	PTIN
aid		preparer's name 201	2-05-29 er	nployed 🕨 🦳	
repa	arer	Firm's name F GRANT THORNTON			Firm's EIN 🕨
	Only	Firm's address 666 THIRD AVENUE			Phone no 🕨 (212) 542-
- JC 1	Jiiiy	NEW YORK, NY 10017			9609

May the IRS discuss this return with the preparer shown above? (see instructions) .

Part TV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🕏	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		Νo
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	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 1	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	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? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	Yes	
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	, , , , ,	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, Parts I and IV	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, Parts II and IV	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, Parts III and IV.	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
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	Yes	
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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		N o
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 lines 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
С	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		Νo
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		No
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		No
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 (or a family member thereof) was an officer, director, trustee, or direct or indirect 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 Ma	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	Yes	
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		N o
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	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? <i>If</i> "Yes," complete Schedule R, Part I	33		No
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)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	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? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2010)

		,
Part V	St	atements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	•	. [
			Yes	No
1	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 834			
•	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	L I Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i> Statements filed for the calendar year ending with or within the year covered by this		1 00	
	return			
)	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Old the organization have unrelated business gross income of \$1,000 or more during the	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
	If "Yes," enter the name of the foreign country 🛌			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Markhamana and the constitute of the first o	_		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 		N N
		5b		IN
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		N
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Old the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Old the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		N
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e 7f		N o
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	1	
	Sponsoring organizations maintaining donor advised funds.	-		
	Did the organization make any taxable distributions under section 4966?	9a		
	Old the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club acilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
I	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states n which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Yes," has it filed a Form 7.20 to report these payments? If "No," provide an explanation in Schedule O.	14b		1 1

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	ection A. Governing Body and Management			
			Yes	No
		1		
_		1		
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the			110
0	year by the following			1
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		No
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
- 1 (0	venue ocuci,		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
	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?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
		11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "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	
	Other officers or key employees of the organization	15b	Yes	
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
	The state of the process in selled to (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its 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	ection 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
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 CATHERINE HENNESSY VP FINANCE

HOFSTRA UNIVERSITY Hempstead, NY 115491280

(516) 463-6820

<u>Part VIII</u> 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

- 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, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organ	nization nor any r	<u>elated o</u>	rgan	zatio	on c	ompen	sate	d any current office	er, director, or trust	ee
(A) Name and Title A verage hours per	Name and Title A verage hours that apply)							(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week (describe hours for related organizations in Schedule O)	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
See Additional Data Table										

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

		1	I						I					
	(A) Name and Title	(B) Average hours		that a			ıll		Rep comp	(D) ortable ensation	(E) Reportable compensatio		Estima amount o	ated fother
		per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organiz	m the zation (W- 9-MISC)	from related organization (W- 2/1099 MISC)	s	compens from s organizat relat organiza	the Ion and ed
See A	Addıtıonal Data Table													
		+		\vdash										
				\vdash	_	-		-						
		+		\vdash	-	_								
				<u> </u>	-	-		-						
	Sub-Total							<u> </u>						
	Total from continuation sheets	to Part VII. Sec				<u> </u>	<u> </u>							
d	Total (add lines 1b and 1c) .							 		6,444,952		0	-	749,719
2	Total number of individuals (inc \$100,000 in reportable compen	luding but not lin	nıted to	thos	e lıs	ted) who	receive	d more tha	n			
													Yes	No
3	Did the organization list any for					ey e	mploy	ee, o	r highes	t compens	ated employee			
	on line 1a? If "Yes," complete Sc.	hedule J for such	ındıvıdı	ual		•	•	•				3	Yes	
4	For any individual listed on line organization and related organiz											,	Vac	1
5	Did any person listed on line 1a	receive or accri	ie com	- nenc:	ation	fro	manv	unrel	lated ord	ianization o	r individual for	4	Yes	
J	services rendered to the organiz										•	5		No
S	ection B. Independent Con	tractors												
1	Complete this table for your five \$100,000 of compensation from	n the organizatio		ındep	end	ento	contra	ctors	that red	eived more				
	Nai	(A) me and business ad	dress							Descr	(B) option of services		(C Comper	
Lehr	Construction Corp													007.637

(A) Name and business address	(B) Description of services	(C) Compensation
Lehr Construction Corp 902 Broadway NEW YORK, NY 10010	Construction	3,097,637
Structure Tone Inc 9th Floor 770 Broadway NEW YORK, NY 10003	Construction	1,235,129
Veterans Transportation Co Inc 20 Lynn Place VALLEY STEAM, NY 11580	Transportation Svcs	993,419
Jeca Associates Inc PO BOX 4240 23 Knight Road WAYNE, NJ 07474	Construction	846,792
Air Structures American Technologie 211 South Ridge Street RYE BROOK, NY 10573	Construction	585,823
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►75	who received more than	

Form 99 Part \	•	` <u>'</u>					Pag	e 9
	/ 1 1 1	Statement of Reven	ie		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	
Contributions, gifts, grants and other similar amounts	b d e f		. 1c . 1d . 1e and 1f nes 1a-1f \$	1,231,847 9,097,696 24,771,539 418,198				311
Program Service Revenue al	2a b c d e	TOTAL. Add lines 1a-1f TUITION & FEES SALES& SVC AUX ENT SALES& SVC ED DPT OTHER SOURCE ED SV All other program service rev Total. Add lines 2a-2f	venue	Business Code 611600 812900 900099	38,199,173 2,485,835	337,965,610 36,819,376 2,485,835 13,066,900	1,379,797	
	4 5 6a b	Investment income (including and other similar amounts) Income from investment of tax-ext Royalties	(I) Real 398,611 242,193 156,418	(II) Personal	8,073,746 0 0		44,684	8,029,06
	7a b	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss)	(I) Securities 76,348,343 60,639,619 15,708,724	(II) Other				
Other Revenue	8a b c 9a b c 10a b c	Less direct expenses Net income or (loss) from ga Gross sales of inventory, les returns and allowances Less cost of goods sold Net income or (loss) from sa Miscellaneous Revenue	ine 1c) a b idraising events	300,082 503,107 b 18,277 373 Business Code	15,708,724 -203,025 17,904			
	12	Total revenue. See Instructi	ons		450,572,367	390,337,721	1,424,481 m 990 (20	

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 not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. (A) Total expenses (B) Program service expenses (C) Management and general expenses	(D) Fundraising expenses
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). Do not include amounts reported on lines 6b, (A) (B) (C) (B) (C) (C) (D) (C) (D) (C) (D) (C) (D) (D	Fundraising
Do not include amounts reported on lines 6b, (A) (B) (C) Management and Total expenses	Fundraising
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 74,439,806 74,439,806	
Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	
4 Benefits paid to or for members 0	
5 Compensation of current officers, directors, trustees, and key employees	309,182
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	
7 Other salaries and wages 177,531,191 156,734,250 18,768,559	2,028,382
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	198,918
9 Other employee benefits	464,986
10 Payroll taxes	149,891
a Fees for services (non-employees) Management	113,031
b Legal	
c Accounting	
d Lobbying	
e Professional fundraising services See Part IV, line 17	
	110 120
	118,129
	451
	483,629
14 Information technology	15
15 Royalties	20.645
16 Occupancy	30,615
17Travel11,485,7999,936,2391,046,84218Payments of travel or entertainment expenses for any federal, state, or local public officials0	502,718
	8,645
19 Conferences, conventions, and meetings 296,490 203,058 84,787 20 Interest 7,218,806 6,790,523 428,283	0,043
21 Payments to affiliates	
22 Depreciation, depletion, and amortization	
23 Insurance	1,059
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)	1,039
a BAD DEBT AND COLLECTION COST 2,590,048 2,381,418 208,630	
b CREDIT CARD FEES 210,385 210,385	
c OTHER MISC 5,429,247 1,347,970 3,830,525	250 752
d 5,429,247 1,347,970 3,630,325	250,752
e All other expenses	
25 Total functional expenses. Add lines 1 through 24f 415,354,862 351,413,071 59,394,419	4,547,372
26 Joint costs. Check here ► ☐ if following	1,511,512
SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a	
combined educational campaign and fundraising solicitation	m 990 (2010)

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			78,734,129	2	112,741,430
	3	Pledges and grants receivable, net			29,039,576	3	28,015,385
	4	Accounts receivable, net			8,082,260	4	7,410,156
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of	employees, and				
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$, and contributing esponsoring organizations of section $501(c)(9)$ voluntary emploorganizations (see instructions)	mploy	ers, and			
\$		Schedule L				6	
ssets	7	Notes and loans receivable, net			5,517,169	7	4,811,681
₹	8	Inventories for sale or use			284,908	8	272,053
	9	Prepaid expenses and deferred charges			3,555,585	9	3,573,967
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	521,632,515			
	b	Less accumulated depreciation	10b	259,100,533	263,379,146	10 c	262,531,982
	11	Investments—publicly traded securities			203,696,622	11	221,559,114
	12	Investments—other securities See Part IV, line 11	132,388,936	12	148,283,968		
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11	3,976,594	15	3,530,074		
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			728,654,925	16	792,729,810
	17	Accounts payable and accrued expenses .			17,076,744	17	19,715,829
	18	Grants payable				18	
	19	Deferred revenue			91,630,250	19	107,096,462
	20	Tax-exempt bond liabilities			145,447,951	20	141,519,464
es S	21	Escrow or custodial account liability Complete Part IV of Schedu	le D			21	
bilities	22	Payables to current and former officers, directors, trustees, ke employees, highest compensated employees, and disqualified					
Ę		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third partie	s .		3,025,279	23	2,265,012
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			83,704,440	25	84,350,292
	26	Total liabilities. Add lines 17 through 25			340,884,664	26	354,947,059
<u></u>		Organizations that follow SFAS 117, check here ▶ 🔽 and com	plete	lines 27			
æ		through 29, and lines 33 and 34.					
<u>a</u>	27	Unrestricted net assets			276,117,092	27	266,941,862
8	28	Temporarily restricted net assets			15,944,866	28	72,194,174
덛	29	Permanently restricted net assets			95,708,303	29	98,646,715
Fund Balances		Organizations that do not follow SFAS 117, check here	nd cor	nplete			
ŏ		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other f	unds			32	
Net	33	Total net assets or fund balances			387,770,261	33	437,782,751
	34	Total liabilities and net assets/fund balances			728,654,925	34	792,729,810

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI			. [~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		450.5	572,367
2	Total expenses (must equal Part IX, column (A), line 25)	2			354,862
3	Revenue less expenses Subtract line 2 from line 1	3		35,2	217,505
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		387,7	70,261
5	Other changes in net assets or fund balances (explain in Schedule O)	5		14,7	94,985
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		437,7	82,751
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			୮	
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
С	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 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				
	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 on a separate basis, consolidated basis, or both	ıssued			
	▼ Separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Single Audit Act and OMB Circular A-133?	he	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b	Yes	

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493193002212

Employer identification number

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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.

Name of the organization Hofstra University

11-1630906

					111 1030300			
	rt I	Reason for Public Charity Sta				ictions		
he	organız	zation is not a private foundation becau	•	• .	•			
1	\sqcap	A church, convention of churches, or	association of churches o	escribed in section 170(b)(1)(A)(i).			
2	<u>~</u>	A school described in section 170(b)(1)(A)(ii). (Attach Sched	ule E)				
3	\sqcap	A hospital or a cooperative hospital s	ervice organization desci	ibed in section 170(b)(1)	(A)(iii).			
4	Γ	A medical research organization operators hospital's name, city, and state	ated in conjunction with a	hospital described in sec	tion 170(b)(1)(A)(iii). Ente	er the	
5	\vdash	An organization operated for the bene	-	ty owned or operated by a	governmental ur	nit describ	ed in	
	_	section 170(b)(1)(A)(iv). (Complete						
6	<u> </u>	A federal, state, or local government of						
7	ı	An organization that normally receive described in section 170(b)(1)(A)(vi) (Complete		support from a governme	ntal unit or from t	he genera	public	
8	Г	A community trust described in section		nplete Part II)				
9	<u></u>	An organization that normally receive		'	outions, members	hip fees, a	nd aros	ss
-	•	receipts from activities related to its					_	
		its support from gross investment inc	· · · · · · · · · · · · · · · · · · ·					
		acquired by the organization after Jun			•			
0	\vdash	An organization organized and operate	•		•			
1	Ë	An organization organized and operate	•	•		rv out the	nurnos	es of
_	,	one or more publicly supported organi the box that describes the type of sup a Type I b Type	zations described in sect porting organization and	ion 509(a)(1) or section 5	509(a)(2) See se gh 11h		a)(3).	Checl
e	\vdash	By checking this box, I certify that the		, ,		′ ′'		
-	'	other than foundation managers and o section 509(a)(2)						
f		If the organization received a written check this box				upporting (organız	ation,
g		Since August 17, 2006, has the organical following persons?	, , , ,	,				
		(i) a person who directly or indirectly			cribed in (ii)		Yes	No
		and (III) below, the governing body of t	• • • • •	ation?		11g(i)		
		(ii) a family member of a person descri				11g(ii)	+	
		(iii) a 35% controlled entity of a pers				11g(iii)		
h		Provide the following information abou	t the supported organizat	cion(s)				
		(iii)	(iv)					

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?		organization in orgal col (i) of your col (i support? in t		(vi) Is the organizati col (i) orga in the U	on in anized S ?	(vii) A mount of support
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

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

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

<u> </u>	ection A. Public Support		and to quanty t			out complete	
	endar year (or fiscal year beginning						
Care	in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
_	behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public Support. Subtract line 5 from						
Ū	line 4						
S	ection B. Total Support		<u> </u>	I I.			
	endar year (or fiscal year beginning						
	ın) >	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
Ū	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support (Add lines 7						
	through 10)						
12	Gross receipts from related activiti	es, etc (See inst	ructions)			12	
13	First Five Years If the Form 990 is t	for the organizati	on's first, second	, thırd, fourth, or	fifth tax year as a	501(c)(3) organı	
	check this box and stop here						►
	-tiC Ct-ti	L'a Carana at B					
<u> </u>	ection C. Computation of Pub Public Support Percentage for 2010			11 column (f))			
	· ·		•	II Column (1))		14	
15	Public Support Percentage for 2009	Schedule A, Pa	rt II, line 14			15	
16a	33 1/3% support test—2010. If the				line 14 is 33 1/3%	or more, check	
_	and stop here. The organization qua						▶ □
b	33 1/3% support test—2009. If the				5a, and line 15 is 3	33 1/3% or more,	- -
	box and stop here. The organization				45.46		►
1/a	10%-facts-and-circumstances test-						
	is 10% or more, and if the organization made						rt a d
	in Part IV how the organization mee	ts the "racts and	circumstances"	test ine organiz	ration qualifies as	a publicly suppo	
L	organization	_2000 If+ba a	anization did not	chack a hay an l	no 12 165 166 -	r 17a and line	► □
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ						
	Explain in Part IV how the organization						v
	supported organization	aon meets the 10	acts and circuilis	tances test file	z organizacion qual	mes as a publici	y ▶[¯
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b, check this	box and see	- 1
	instructions	on ala not check	a box on fine 15	, 100, 100, 1700	I by check tills	SON GING SCC	▶ □

organization

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total in) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f)) 15 16 Public support percentage from 2009 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f)) 17 **17** Investment income percentage from 2009 Schedule A, Part III, line 17 18 18 19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported

33 1/3% support tests-2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule A (Form 990 or 990-EZ) 2010

DLN: 93493193002212

OMB No 1545-0047

Open to Public Inspection

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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 V, 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
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(a)(2) arganizations that have NOT filed Form 5769 (election under section 501(b)). Complete Part II. P. Danet complete Part III.

	me of the organization stra University			Employerio	lentification number
1013	stra Offiversity			11-163090	06
ari	t I-A Complete if the or	ganization is exempt und	er section 501(c) or is a section 5	27 organization.
	Provide a description of the or	ganızatıon's dırect and ındırect po	olitical campaign act	ivities in Part IV	
	Political expenditures			▶	\$
	Volunteer hours				
art	Complete if the or	ganization is exempt und	er section 501(c)(3).	
	-	e tax incurred by the organization	_		\$
	Enter the amount of any excis	e tax incurred by organization ma	nagers under sectio	n 4955 🕨	\$
	If the organization incurred a s	ection 4955 tax, did it file Form	4720 for this year?		☐ Yes ☐ No
a	Was a correction made?				┌ Yes ┌ No
b	If "Yes," describe in Part IV				
ar	t I-C Complete if the or	ganization is exempt und	er section 501(c) except section 5	01(c)(3).
	Enter the amount directly expe	ended by the filing organization fo	r section 527 exem	pt function activities 🕨	\$
	Enter the amount of the filing of exempt funtion activities	rganızatıon's funds contributed to	o other organization	s for section 527	\$
	-			0.001.1.471	
	l otal exempt function expend	tures Add lines 1 and 2 Enter he	ere and on Form 112	:0-POL, line 1/b 🕨	¢
•	Did the filing organization file Enter the names, addresses a		r (EIN) of all sectior	527 political organization	
	Did the filing organization file in Enter the names, addresses a organization made payments amount of political contributions eparate segregated fund or a	Form 1120-POL for this year? Ind employer identification number For each organization listed, ente Ins received that were promptly ar Inspection political action committee (PAC)	r (EIN) of all sectior r the amount paid fro nd directly delivered If additional space	527 political organization the filing organization to a separate political of is needed, provide inform	ons to which the filing 's funds Also enter the rganization, such as a nation in Part IV
	Did the filing organization file Enter the names, addresses a organization made payments amount of political contributio	Form 1120-POL for this year? Ind employer identification number For each organization listed, ente Instead that were promptly ar	r (EIN) of all sectior r the amount paid fro nd directly delivered	527 political organization om the filing organization to a separate political o	ons to which the filing 's funds Also enter the rganization, such as a nation in Part IV (e) Amount of political contributions received and promptly and
	Did the filing organization file in Enter the names, addresses a organization made payments amount of political contributions eparate segregated fund or a	Form 1120-POL for this year? Ind employer identification number For each organization listed, ente Ins received that were promptly ar Inspection political action committee (PAC)	r (EIN) of all sectior r the amount paid fro nd directly delivered If additional space	i 527 political organization the filing organization to a separate political or is needed, provide inform (d) A mount paid from filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
	Did the filing organization file in Enter the names, addresses a organization made payments amount of political contributions eparate segregated fund or a	Form 1120-POL for this year? Ind employer identification number For each organization listed, ente Ins received that were promptly ar Inspection political action committee (PAC)	r (EIN) of all sectior r the amount paid fro nd directly delivered If additional space	i 527 political organization the filing organization to a separate political or is needed, provide inform (d) A mount paid from filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
	Did the filing organization file in Enter the names, addresses a organization made payments amount of political contributions eparate segregated fund or a	Form 1120-POL for this year? Ind employer identification number For each organization listed, ente Ins received that were promptly ar Inspection political action committee (PAC)	r (EIN) of all sectior r the amount paid fro nd directly delivered If additional space	i 527 political organization the filing organization to a separate political or is needed, provide inform (d) A mount paid from filing organization's	(e) A mount of politica contributions received and promptly and directly delivered to a separate political organization If none,
	Did the filing organization file in Enter the names, addresses a organization made payments amount of political contributions eparate segregated fund or a	Form 1120-POL for this year? Ind employer identification number For each organization listed, ente Ins received that were promptly ar Inspection political action committee (PAC)	r (EIN) of all sectior r the amount paid fro nd directly delivered If additional space	i 527 political organization the filing organization to a separate political or is needed, provide inform (d) A mount paid from filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
	Did the filing organization file in Enter the names, addresses a organization made payments amount of political contributions eparate segregated fund or a	Form 1120-POL for this year? Ind employer identification number For each organization listed, ente Ins received that were promptly ar Inspection political action committee (PAC)	r (EIN) of all sectior r the amount paid fro nd directly delivered If additional space	i 527 political organization the filing organization to a separate political or is needed, provide inform (d) A mount paid from filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
	Did the filing organization file in Enter the names, addresses a organization made payments amount of political contributions eparate segregated fund or a	Form 1120-POL for this year? Ind employer identification number For each organization listed, ente Ins received that were promptly ar Inspection political action committee (PAC)	r (EIN) of all sectior r the amount paid fro nd directly delivered If additional space	i 527 political organization the filing organization to a separate political or is needed, provide inform (d) A mount paid from filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
	Did the filing organization file in Enter the names, addresses a organization made payments amount of political contributions eparate segregated fund or a	Form 1120-POL for this year? Ind employer identification number For each organization listed, ente Ins received that were promptly ar Inspection political action committee (PAC)	r (EIN) of all sectior r the amount paid fro nd directly delivered If additional space	i 527 political organization the filing organization to a separate political or is needed, provide inform (d) A mount paid from filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
	Did the filing organization file in Enter the names, addresses a organization made payments amount of political contributions eparate segregated fund or a	Form 1120-POL for this year? Ind employer identification number For each organization listed, ente Ins received that were promptly ar Inspection political action committee (PAC)	r (EIN) of all sectior r the amount paid fro nd directly delivered If additional space	i 527 political organization the filing organization to a separate political or is needed, provide inform (d) A mount paid from filing organization's	(e) A mount of politica contributions received and promptly and directly delivered to a separate political organization If none,

Р	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3)	and filed Form 5768	(election
	Check If the filing organization belongs to a Check If the filing organization checked bo	n affiliated group x A and "limited control" provisions apply		
	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing O rganization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)		
C	Total lobbying expenditures (add lines 1a and 1	o)		
d	O ther exempt purpose expenditures			
е	Total exempt purpose expenditures (add lines 1	c and 1d)		
f	Lobbying nontaxable amount Enter the amount to columns	rom the following table in both		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	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		
	Over \$17,000,000	\$1,000,000		
	Grassroots nontaxable amount (enter 25% of lir	ne 1f)		
h	Subtract line 1g from line 1a If zero or less, ent	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 lii section 4911 tax for this year?	ne 1h or line 1i, did the organization file Form	4720 reporting	┌ Yes ┌ No

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(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								
e	Grassroots ceiling amount (150% of line 2d, column (e))								
f	Grassroots lobbying expenditures								

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

			a <i>)</i>	(D)
		Yes	No	Amount
L	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	
Ь	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
C	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?	Yes		
е	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?	Yes		53,557
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		4,492
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			58,049
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$?		No	
b	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			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
201	+ TII-A. Complete if the organization is exempt under section $E01(c)(A)$ section	F01/c	\/ E _0	r section

501(c)(6).

			Yes	No
1	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	1	
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	
b	Carryover from last year	2b	
C	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	
_	raxable amount or lobbying and political expenditures (see mistractions)	-	

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

Identifier	Return Reference	Explanation
Lobbying Activity Explanation	SCHEDULE C, PART II-B, Item 1f	The University paid membership dues to the Commission on Independent Colleges and Universities (CICU) CICU has estimated that 7 7% of its operating budget relates to lobbying activities. For the year, the portion of the dues related to lobbying activities was \$4,557. On occasion, at the recommendation of CICU, the University will mail individual letters to officials to lend its support on issues relating to private higher education. The University paid \$20,000 to two firms to assist in procuring federal appropriations and grants and in addressing other federal issues, and \$29,000 to a law firm to advise on NYS legislation and regulation and in addressing other state issues.
Direct Contact with Legislators	Schedule C, Part II-B, Item 1g	Represents salary allocations for Officers and direct lobbying expenses as reported to NY State for direct contact with NY State officials and their staff

1

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493193002212

OMB No 1545-0047

SCHEDULE D (Form 990)

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 Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number** Hofstra University 11-1630906 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 10 59,350 Aggregate contributions to (during year) 3 18,240 Aggregate grants from (during year) Aggregate value at end of year 852,618 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised **▽** Yes ┌ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose √ Yes conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year ▶_ Number of states where property subject to conservation easement is located -Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 **▶**\$_____ (ii) Assets included in Form 990, Part X 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

Assets included in Form 990, Part X

Par	t III Organizations Maintaining Co	llections of Art,	His	toric	al Tre	asures, or (Othe	r Similar As	sets (co	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	e follo	owing tha	at are a signific	ant u	ise of its collect	ion	
а	Public exhibition		d	Γ	Loan or	exchange prog	ırams	i		
b	Scholarly research		e	Γ	Other					
c	▼ Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how	v they	further t	the organizatio	n's e	kempt purpose ı	n	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								Yes	✓ No
Pa	rt IV Escrow and Custodial Arrang Part IV, line 9, or reported an an						ed "Y	es" to Form 9	90,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ıntermed	diary	forco	ntributio	ons or other as	sets		Yes	□ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the fo	ollow	ıng ta	ble					
								Am	nount	
C	Beginning balance						1 c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?					l	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV									
Pa	rt V Endowment Funds. Complete	f the organization	ans	were	<u>d "Yes"</u>			rt IV, line 10. (d)Three Years	1	
		(a)Current Year	(b	Prior \	/ear	(c)Two Years Ba	ck	Back	(e) Four \	/ears Back
1a	Beginning of year balance	237,406,746		206,	571,265	224,893,	981			
b	Contributions	7,987,754		22,	931,193	8,344,	093			
C	Investment earnings or losses	34,727,954		19,	722,698	-15,513,	460			
d	Grants or scholarships	3,439,431		3,	267,481	3,413,	_			
е	Other expenditures for facilities and programs	7,533,684			504,413	6,371,				
f	Administrative expenses	1,986,588			046,516	1,368,	_			
g	End of year balance	267,162,751		237,	406,746	206,571,	265			
2	Provide the estimated percentage of the yea	r end balance held as	S							
а	Board designated or quasi-endowment 🕨	47 470 %								
b	Permanent endowment 🕨 35 070 %									
c	Term endowment ► 17 460 %									
За	Are there endowment funds not in the posses	ssion of the organiza	tıon t	hat a	re held a	nd administer	ed for	the		
	organization by							3-(Yes	No
	(i) unrelated organizations			•				3a(No No
b	(ii) related organizations				ıle R?		•	3t(NO
4	Describe in Part XIV the intended uses of th	<u>-</u> '					-			<u> </u>
Pai	rt VI Investments—Land, Buildings	s, and Equipmen	ıt. S	ee Fo	orm 990), Part X, line	10.			
	Description of investment				Cost or oth (investme			(c) Accumulated depreciation	(d) Bo	ok value
1a	Land					13,30	7,751		1	3,307,751
b	Buildings					385,23	1,588	165,650,336	21	9,581,252
c	Leasehold improvements									
d	Equipment					94,25	6,195	75,376,842	2 1	.8,879,353
e	Other					28,83	6,981	18,073,355	1	0,763,626

262,531,982

(a) ENDOWMENT-FLOOT PROME FUND	Part VIII Investments—Other Securities. See F	orm 990, Part X, line 12	
(2) Financial demonatives (2) Closely - Held styry manages (3) Other (3) Financial Styry manages (3) Other (3) Financial Styry manages (4) ENDOWMENT-FINED INCOME PUND (5) ENDOWMENT-FINED INCOME PUND (6) ENDOWMENT-FINED INCOME PUND (6) ENDOWMENT-FINED STORY (7) ENDOWMENT-AREAL ESTATE (8) ENDOWMENT-AREAL ESTATE (8) ENDOWMENT-AREAL ESTATE (9) Description of investment type (10) ENDOWMENT-AREAL ESTATE (10) Description of investment type (11) Toward memory manages from the financial styry man		(b)Book value	
(2) Description (2) Description (3) Description (4) Description (5) Description (6) Description (7)			Cost of end-of-year market value
All REDOWERT - EQUITY FUND			
(C) ENDOWMENT - HEDGE FOS/PRIV EQTY 41,875,848 (S) ENDOW SPLIT 10T - CASHACASH EQUI 64,808 (E) OTHER CASHACASH EQUIV 16 (F) ENDOWMENT - REAL ESTATE 8,130,562 (G) ENDOWMENT - OTHER 4,056,937 Total, (Column (e) should equal form 590, fort x, col (s) line 12) Total, (Column (e) should equal form 590, fort x, col (s) line 12) (a) Description of investment type (b) Sack value Cost or end-of-year market value Total, (Column (f) should equal form 590, fort x, col (s) line 15. (a) Description (b) Book value (c) Method of valuation Cost or end-of-year market value (a) Description (b) Book value (c) Method of valuation (e) should equal form 590, fort x, col (s) line 15. (a) Description (b) Book value (c) Method of valuation (e) should equal form 590, fort x, col (s) line 15. (a) Description (b) Book value (c) Method equal form 590, fort x, col (s) line 15. (a) Description (b) Book value (c) Method of valuation (e) should equal form 590, fort x, col (s) line 15. (a) Description (b) Book value (c) Description (e) Should equal form 590, fort x, col (s) line 15. (a) Description (e) Should equal form 590, fort x, col (s) line 15. (b) Book value (c) Method of valuation (e) should equal form 590, fort x, col (s) line 15. (a) Description (e) Should equal form 590, fort x, col (s) line 15. (b) Book value (c) Method of valuation (e) should equal form 590, fort x, col (s) line 15. (b) Book value (c) Method of valuation (e) should equal form 590, fort x, col (s) line 15. (d) Description (e) Should equal form 590, fort x, col (s) line 15. (e) Book value (f) Method of valuation (e) should equal form 590, fort x, col (s) line 15. (b) Book value (c) Method of valuation (e) should equal form 590, fort x, col (s) line 15. (d) Description (e) should equal form 590, fort x, col (s) line 15. (e) Book value (f) Method of valuation (e) should equal form 590, fort x, col (s) line 15. (e) Book value (f) Method of valuation (e) should equal form 590, fort x, col (s) line 15. (e) Book value (f) Method of	(3)Other (A) ENDOWMENT-EQUITY FUND	75,929,615	
(a) Description of investment type Total, (Column (b) should equal form 900, Part X, col.(b) line 15.) Part XX Other Liabilities, See Form 990, Part X, line 15. (a) Description (b) should equal form 900, Part X, col.(b) line 15.) Part XX Other Liabilities, See Form 990, Part X, line 15. (a) Description (b) should equal form 900, Part X, col.(c) line 15.) Part XX Other Liabilities, See Form 990, Part X, line 15. (b) Book value (c) Description (c) should equal form 900, Part X, col.(d) line 15.) Total, (Column (b) should equal form 900, Part X, col.(d) line 15.) Part XX Other Liabilities, See Form 990, Part X, line 25. (a) Description (c) should equal form 900, Part X, col.(d) line 15.) Part XX Other Liabilities, See Form 900, Part X, line 25. (b) Book value (c) A mount form 15xes Total, (Column (b) should equal form 900, Part X, line 25. (c) Description (d) should equal form 900, Part X, line 25. (d) Description (d) should equal form 900, Part X, line 25. (e) Description (d) Should equal form 900, Part X, line 25. (g) Description (d) Should equal form 900, Part X, line 25. (h) Book value (h) Book	(B) ENDOWMENT-FIXED INCOME FUND	18,206,182	
(E) DTHER-CASHSCASH EQUIV 16 (I') ENDOWMENT - REAL ESTATE 8,150,562 (S) ENDOWMENT - OTHER 4,056,037 Total, (comes (b) seest equal from 990, fact X, cot(t) the 12) 148,283,968 2011 VIII Investments—Program Related, See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (a) Description of investment type (c) Book value Total, (colono (b) seest equal from 990, Part X, cot(t) the 11) 2 Dart IX Other Assets, See Form 990, Part X, line 15. (a) Description (b) Book value Total, (colono (c) should equal from 990, Part X, cot(t) the 15) 2 Part X Other Liabilities, See Form 990, Part X, line 25. 1 (a) Description of Liability (b) Amount Federal Income Taxes 0 THER LIABILITIES 11, 755,039 USG OV REARTS REPUNDABLE 2,925,115 LIABILITY FOR POSTRETTERMENT 65,092,003 ASSET RETIREMENT O BLIGATION 4,066,208	(C) ENDOWMENT-HEDGE FDS/PRIV EQTY	41,875,848	
(d) ENDOWMENT - REAL ESTATE	(D) ENDOW SPLIT INT-CASH&CASH EQUI	64,808	
Total (Column (b) should equal from 990, Part X, col (b) line 13.) Part IX Other Assets. See Form 990, Part X, line 15. Total (Column (b) should equal from 990, Part X, col (b) line 13.) Part IX Other Assets. See Form 990, Part X, line 15. Total (Column (b) should equal from 990, Part X, col (b) line 15. Other Assets. See Form 990, Part X, line 15. Other Liabilities, See Form 990, Part X, line 25. Other Part X	(E) OTHER-CASH&CASH EQUIV	16	
Total. (Column (b) should equal form 998, Part X, col (b) line (2) > 148,283,968 Part VIII Investments—Program Related. See Form 999, Part X, line 13. (a) Description of investment type (b) Book value Cost or end-of-year market value Total. (Column (b) should equal form 998, Part X, col (b) line (2) > Part X. (a) Description (b) Book value (c) Method of valuation Cost or end-of-year market value Total. (Column (b) should equal form 998, Part X, col (b) line (2) > Part X. (a) Description (b) Book value (c) Method of valuation Cost or end-of-year market value Cost	(F) ENDOWMENT - REAL ESTATE	8,150,562	
Total. (Column (b) should equal form 990, Part X, line 15. (a) Description of investment type (b) Book value Cost or end-of-year market value Total. (Column (b) should equal form 990, Part X, line 15. (a) Description (b) Book value Total. (Column (b) should equal form 990, Part X, line 15. (a) Description (b) Book value (c) Method of valuation Cost or end-of-year market value (b) Book value (c) Method of valuation Cost or end-of-year market value (b) Book value (c) Method of valuation Cost or end-of-year market value (b) Book value (c) Method of valuation Cost or end-of-year market value (b) Book value (c) Method of valuation Cost or end-of-year market value (b) Book value (c) Method of valuation Cost or end-of-year market value (b) Book value (c) Method of valuation Cost or end-of-year market value (b) Book value (c) Method of valuation Cost or end-of-year market value (b) Book value (c) Method of valuation Cost or end-of-year market value (b) Book value (c) Method of valuation Cost or end-of-year market value (b) Book value (c) Method of valuation Cost or end-of-year market value (b) Book value (c) Method of valuation Cost or end-of-year market value (b) Book value (c) Method of valuation Cost or end-of-year market value (b) Book value (c) Method of valuation Cost or end-of-year market value (d) Book value (e) Book value (b) Book value (c) Book value (d) Book value (e) Book value (f) Book value (h) Book value (o) Bo	(G) ENDOWMENT - OTHER	4,056,937	
(a) Description of investment type (b) Book value Cost or end-of-year market value Cost or end-of-year market value Total. (Column (a) should equal from 500, Part X, col (b) her 13) Part IX Other Assets, See Form 990, Part X, line 15. (a) Description (b) Book value (c) Method equal from 500, Part X, col (b) her 13) Part IX Other Assets, See Form 990, Part X, line 15. (a) Description (b) Book value (c) Method equal from 500, Part X, col (c) her 13) Part X Other Liabilities, See Form 990, Part X, line 25. 1 (a) Description of Liability (b) Amount Federal income Taxes 0 OTHER LIABILITIES 11,735,039 PUIDS HELD IN CUSTOPY 564,727 US GOYT GRANUS REPUNDABLE 2,923,115 US GOYT GRANUS REPUNDABLE 2,923,115 US GOYT GRANUS REPUNDABLE 1,935,039 SASSET RETIREMENT OBLIGATION 4,066,288			
Total. (Column (b) should equal Form 990, Part X, cal (b) line 137) Part X Other Assets. See Form 990, Part X, line 15. (a) Description (b) should equal Form 990, Part X, cal (b) line 15. (b) Book value Total. (Column (b) should equal Form 990, Part X, cal (b) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of Liability (b) Amount Federal Income Taxes 0 OTHER LIABILITIES 11,735,039 PURDS HELD IN CUSTODY 564,727 US GOYT GRANTS REFUNDABLE 2,225,115 LIABILITY FOR POSTRETIREMENT 65,059,203 ASSET RETIREMENT OBLIGATION 4,066,208	Part VIII Investments—Program Related. See	Form 990, Part X, line 1	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of Liability (b) Amount Federal Income Taxes Other Liabilities 11,735,039 FUNDS HELD IN CUSTODY 564,727 US GOVT GRANTS REFUNDABLE 2,925,115 LIABILITY FOR POSTRETIREMENT 65,059,203 ASSET RETIREMENT 65,059,203 ASSET RETIREMENT 66,0208 Other Liability Other Liabili	(a) Description of investment type	(b) Book value	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of Liability (b) Amount Federal Income Taxes Other Liabilities 11,735,039 FUNDS HELD IN CUSTODY 564,727 US GOVT GRANTS REFUNDABLE 2,925,115 LIABILITY FOR POSTRETIREMENT 65,059,203 ASSET RETIREMENT 65,059,203 ASSET RETIREMENT 66,0208 Other Liability Other Liabili			
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of Liability (b) Amount Federal Income Taxes Other Liabilities 11,735,039 FUNDS HELD IN CUSTODY 564,727 US GOVT GRANTS REFUNDABLE 2,925,115 LIABILITY FOR POSTRETIREMENT 65,059,203 ASSET RETIREMENT 65,059,203 ASSET RETIREMENT 66,0208 Other Liability Other Liabili			
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of Liability (b) Amount Federal Income Taxes Other Liabilities 11,735,039 FUNDS HELD IN CUSTODY 564,727 US GOVT GRANTS REFUNDABLE 2,925,115 LIABILITY FOR POSTRETIREMENT 65,059,203 ASSET RETIREMENT 65,059,203 ASSET RETIREMENT 66,0208 Other Liability Other Liabili			
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of Liability (b) Amount Federal Income Taxes Other Liabilities 11,735,039 FUNDS HELD IN CUSTODY 564,727 US GOVT GRANTS REFUNDABLE 2,925,115 LIABILITY FOR POSTRETIREMENT 65,059,203 ASSET RETIREMENT 65,059,203 ASSET RETIREMENT 66,0208 Other Liability Other Liabili			
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of Liability (b) Amount Federal Income Taxes Other Liabilities 11,735,039 FUNDS HELD IN CUSTODY 564,727 US GOVT GRANTS REFUNDABLE 2,925,115 LIABILITY FOR POSTRETIREMENT 65,059,203 ASSET RETIREMENT 65,059,203 ASSET RETIREMENT 66,0208 Other Liability Other Liabili			
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of Liability (b) Amount Federal Income Taxes 0 OTHER LIABILITIES 11,735,039 FUNDS HELD IN CUSTODY 564,727 US GOVT GRANTS REFUNDABLE 2,925,115 LIABILITY FOR POSTRETIREMENT 65,059,203 ASSET RETIREMENT OBLIGATION 4,066,208	Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of Liability (b) Amount Federal Income Taxes 0 OTHER LIABILITIES 11,735,039 FUNDS HELD IN CUSTODY 564,727 US GOVT GRANTS REFUNDABLE 2,925,115 LIABILITY FOR POSTRETIREMENT 65,059,203 ASSET RETIREMENT OBLIGATION 4,066,208			(h) Rook valua
Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of Liability (b) Amount Federal Income Taxes 0 OTHER LIABILITIES 11,735,039 FUNDS HELD IN CUSTODY 564,727 US GOVT GRANTS REFUNDABLE 2,925,115 LIABILITY FOR POSTRETIREMENT 65,059,203 ASSET RETIREMENT OBLIGATION 4,066,208	(a) Descrip	tion	(b) Book value
Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of Liability (b) Amount Federal Income Taxes 0 OTHER LIABILITIES 11,735,039 FUNDS HELD IN CUSTODY 564,727 US GOVT GRANTS REFUNDABLE 2,925,115 LIABILITY FOR POSTRETIREMENT 65,059,203 ASSET RETIREMENT OBLIGATION 4,066,208			
Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of Liability (b) Amount Federal Income Taxes 0 OTHER LIABILITIES 11,735,039 FUNDS HELD IN CUSTODY 564,727 US GOVT GRANTS REFUNDABLE 2,925,115 LIABILITY FOR POSTRETIREMENT 65,059,203 ASSET RETIREMENT OBLIGATION 4,066,208			
Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of Liability (b) Amount Federal Income Taxes 0 OTHER LIABILITIES 11,735,039 FUNDS HELD IN CUSTODY 564,727 US GOVT GRANTS REFUNDABLE 2,925,115 LIABILITY FOR POSTRETIREMENT 65,059,203 ASSET RETIREMENT OBLIGATION 4,066,208			
Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of Liability (b) Amount Federal Income Taxes 0 OTHER LIABILITIES 11,735,039 FUNDS HELD IN CUSTODY 564,727 US GOVT GRANTS REFUNDABLE 2,925,115 LIABILITY FOR POSTRETIREMENT 65,059,203 ASSET RETIREMENT OBLIGATION 4,066,208			
Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of Liability (b) Amount Federal Income Taxes 0 OTHER LIABILITIES 11,735,039 FUNDS HELD IN CUSTODY 564,727 US GOVT GRANTS REFUNDABLE 2,925,115 LIABILITY FOR POSTRETIREMENT 65,059,203 ASSET RETIREMENT OBLIGATION 4,066,208			
Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of Liability (b) Amount Federal Income Taxes 0 OTHER LIABILITIES 11,735,039 FUNDS HELD IN CUSTODY 564,727 US GOVT GRANTS REFUNDABLE 2,925,115 LIABILITY FOR POSTRETIREMENT 65,059,203 ASSET RETIREMENT OBLIGATION 4,066,208			
Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of Liability (b) Amount Federal Income Taxes 0 OTHER LIABILITIES 11,735,039 FUNDS HELD IN CUSTODY 564,727 US GOVT GRANTS REFUNDABLE 2,925,115 LIABILITY FOR POSTRETIREMENT 65,059,203 ASSET RETIREMENT OBLIGATION 4,066,208			
Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of Liability (b) Amount Federal Income Taxes 0 OTHER LIABILITIES 11,735,039 FUNDS HELD IN CUSTODY 564,727 US GOVT GRANTS REFUNDABLE 2,925,115 LIABILITY FOR POSTRETIREMENT 65,059,203 ASSET RETIREMENT OBLIGATION 4,066,208			
Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of Liability (b) Amount Federal Income Taxes 0 OTHER LIABILITIES 11,735,039 FUNDS HELD IN CUSTODY 564,727 US GOVT GRANTS REFUNDABLE 2,925,115 LIABILITY FOR POSTRETIREMENT 65,059,203 ASSET RETIREMENT OBLIGATION 4,066,208			
Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of Liability (b) Amount Federal Income Taxes 0 OTHER LIABILITIES 11,735,039 FUNDS HELD IN CUSTODY 564,727 US GOVT GRANTS REFUNDABLE 2,925,115 LIABILITY FOR POSTRETIREMENT 65,059,203 ASSET RETIREMENT OBLIGATION 4,066,208	Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:	5.)	
1 (a) Description of Liability (b) Amount Federal Income Taxes 0 OTHER LIABILITIES 11,735,039 FUNDS HELD IN CUSTODY 564,727 US GOVT GRANTS REFUNDABLE 2,925,115 LIABILITY FOR POSTRETIREMENT 65,059,203 ASSET RETIREMENT OBLIGATION 4,066,208			·
OTHER LIABILITIES FUNDS HELD IN CUSTODY S64,727 US GOVT GRANTS REFUNDABLE LIABILITY FOR POSTRETIREMENT ASSET RETIREMENT OBLIGATION 4,066,208	1 (a) Description of Liability	(b) A mount	
FUNDS HELD IN CUSTODY 564,727 US GOVT GRANTS REFUNDABLE 2,925,115 LIABILITY FOR POSTRETIREMENT 65,059,203 ASSET RETIREMENT OBLIGATION 4,066,208	Federal Income Taxes	0	
US GOVT GRANTS REFUNDABLE LIABILITY FOR POSTRETIREMENT ASSET RETIREMENT OBLIGATION 4,066,208	OTHER LIABILITIES		
ASSET RETIREMENT 0BLIGATION 4,066,208	FUNDS HELD IN CUSTODY		
ASSET RETIREMENT OBLIGATION 4,066,208	US GOVT GRANTS REFUNDABLE		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶ 84.350.292	ASSET RETTREMENT OBLIGATION	4,066,208	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶ 84.350.292			
	Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	84,350,292	

1	Total revenue (Form 990, Part	VIII, column (A), line 12)				1	450,572,367
2	Total expenses (Form 990, Par	rt IX, column (A), line 25)				2	415,354,862
3	Excess or (deficit) for the year	Subtract line 2 from line 1				3	35,217,505
4	Net unrealized gains (losses) o	n investments				4	15,211,713
5	Donated services and use of fa	cilities				5	
6	Investment expenses					6	
7	Prior period adjustments					7	
8	Other (Describe in Part XIV)					8	-416,728
9	Total adjustments (net) Add II	nes 4 - 8				9	14,794,985
10		per financial statements Combine line	es 3 and 9)		10	50,012,490
Part		evenue per Audited Financia			With Revenue p	er Re	eturn
1	Total revenue, gains, and othe	r support per audited financial statem	ents .			1	389,987,815
2	Amounts included on line 1 bu	it not on Form 990, Part VIII, line 12					
а	Net unrealized gains on invest	ments	2a	•	15,211,713		
b	Donated services and use of f	acılıtıes	. 21	b			
C	Recoveries of prior year grants	s	. 20	С			
d	Other (Describe in Part XIV)		20	t	655,652		
e	Add lines 2a through 2d .					2e	15,867,365
3	Subtract line ${f 2e}$ from line ${f 1}$.					3	374,120,450
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1					
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	. 4	3	2,012,111		
b	Other (Describe in Part XIV)		. 41	b	74,439,806		
C	Add lines 4a and 4b					4c	76,451,917
5		d 4c. (This should equal Form 990, Pa				5	450,572,367
Part 1	Reconciliation of E Total expenses and losses pe	xpenses per Audited Financia	ii Statei	ments	With Expenses	s per	Return 339,558,597
1	statements	· · · · · · · · ·				1	339,556,597
2	Amounts included on line 1 bu	t not on Form 990, Part IX, line 25					
а	Donated services and use of fa	acılıtıes	2	2a			
b	Prior year adjustments		[2	2b			
c	Otherlosses		. [3	2c			
d	Other (Describe in Part XIV)		[2	2d	655,652]	
e	Add lines 2a through 2d					2e	655,652
3	Subtract line ${f 2e}$ from line ${f 1}$.					3	338,902,945
4	Amounts included on Form 99	0, Part IX, line 25, but not on line 1:					
а	·	uded on Form 990, Part VIII, line 7b	4	4a	2,012,111	-1	
b	Other (Describe in Part XIV)		🗠	4b	74,439,806	1	
C	Add lines 4a and 4b					4c	76,451,917
5	•	nd 4c. (This should equal Form 990, Pa	art I, line	18).		5	415,354,862
Com Part		f ormation scriptions required for Part II, lines 3, , Part XII, lines 2d and 4b, and Part X					
	Identifier	Return Reference			Explanat	ion	
\	ollection Footnote	Part III, Line 1a	The Upp	ercity r	naintains an art col		which consists of
AILC	Shection Foothole	r dicili, Lille Id	works of	art, inc	uding prints, painti are held for the purp	ng, pho	tographs, and

Identifier	Return Reference	Explanation
Art Collection Footnote	Part III, Line 1a	The University maintains an art collection, which consists of works of art, including prints, painting, photographs, and sculptures that are held for the purpose of public exhibition, education, and research Each item is cataloged, preserved, and cared for, and activities verifying their existence and assessing their condition are performed by the Museum Director The art collection is not recognized as an asset on the statement of financial position
Art Collection - Tax Exempt Purpose	Part III, Line 4	The daily, annual and long-range operations of the Hofstra University Museum are consonant with the missions of the University and consistent with the governance of the University Just as the University holds a public trust and acts for the public good pursuant to its Charter by the Regents of the University of the State of New York, so does the Hofstra University Museum hold a public trust and acts in the public good as an agency of the University through its exhibitions, its permanent collection, its public and educational programming, as well as its interpretative, scholarly activities and publications
FIN 48 Footnote	Part X	Income generated that is unrelated to the University's exempt purpose is subject to tax. The University believes it did not have any material tax liability nor any significant uncertain tax positions for the years ended August 31, 2011 and 2010. Accordingly, no provision for income taxes has been reflected in the University's financial statements.
Other Changes to Net Assets	Part XI, Line 8	Other changes to Net Assets include the following Post Retirement Changes Other Than Net Periodic Benefit Costs (275,670) Reclassifications and other adjustments (141,058) - (416,728)
Reconciliation of Revenue - Other		Part XII, Line 2d represent amounts included on Line 1, but not on Form 990, Part VIII, Line 12 and is made up of the following Rental Expenses 152,172 Gaming Expenses 373 Fundraising Expenses 503,107 Total 655,652 Part XII, Line 4b represent amounts included on Form 990, Part VIII, Line 12, but not on Line 1 and is made up of the following Scholarships of \$74,439,806
Reconciliation of Expenses - Other	Part XIII, Line 2d and Line 4b	Part XIII, Line 2d represent amounts included on Line 1, but not on Form 990, Part IX, Line 25 and is made up of the following Rental Expenses 152,172 Gaming Expenses 373 Fundraising Expenses 503,107 Total 655,652 Part XIII, Line 4b represent amounts included on Form 990, Part IX, Line 25, but not on Line 1 and is made up of the following Scholarships of \$74,439,806
Donor Advised Funds or Other Similar Funds or Accounts	Part I	There are no instances in which a donor has the right to provide advice on the investment of endowment funds. There are no instances in which the donor has the right to select how and to whom the funds are distributed. In 10 cases, the spending and distribution is recommended by a committee in which the donor has the right to be a member, or the selection of the recipient is made in consultation with the donor. In all instances the University approves the scholarship recipient, and in no instance is there a relationship between the donor and the recipient. The aggregate value of the 10 funds is \$852,618, representing 0.32% of the total endowment value at August 31, 2011.
Endowment Funds	Schedule D. Part V	The University endowment funds are used to support student

Schedule D, Part V

Endowment Funds

The University endowment funds are used to support student scholarships and other programs

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493193002212

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Hofstra 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.

Employer identification number

11-1630906 Part I YES NO 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 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? Yes 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," please explain If you need more space use Part II Yes Does the organization maintain the following? a 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 c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? **4c** Yes 4d d Copies of all material used by the organization or on its behalf to solicit contributions? Yes If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? **5c** Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? Νo 5g h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes b Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II Yes

Part II Supplemental Information

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions)

ldentifier	Return Reference	Explanation
Racially Nondiscriminatory Policy	Schedule E, Part I, Line 3	The racially nondiscriminatory policy is publicized through newspaper media, student bulletins and website
Government Support	Schedule E, Part 1, Line 6	The University received government support from Federal, New York State and local sources

Schedule E (Form 990 or 990-EZ) 2010

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493193002212

OMB No 1545-0047

2010

Open to Public **Inspection**

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

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

Statement of Activities Outside the United States

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization Hofstra University

Employer identification number

					11-1630906	
Pa	"Yes" to Form 990, Pa			he United States. C	omplete if the organiz	ation answered
1	For grantmakers. Does the dassistance, the grantees' eligible the grants or assistance?	gibility for the	grants or assis	stance, and the select	ion criteria used to awa	
2	For grantmakers. Describe in Pa United States	rt V the organız	atıon's procedui	res for monitoring the us	e of grant funds outside th	ne
3	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	region (by type) (e g ,	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
	Europe (Including Iceland and Greenland)	0	0	Program Services	Study Abroad Program	834,384
	Central America and the Caribbean	0	0	Program Services	Study Abroad Program	30,538
	South America	0	0	Program Services	Study Abroad Program	37,087

			region)		
Europe (Including Iceland and Greenland)	0	0	Program Services	Study Abroad Program	834,384
Central America and the Caribbean	0	0	Program Services	Study Abroad Program	30,538
South America	0	0	Program Services	Study Abroad Program	37,087
East Asia and the Pacific	0	0	Program Services	Study Abroad Program	169,379
Sub-Saharan Africa	0	0	Program Services	Study Abroad Program	1,500
South Asia	0	0	Program Services	Study Abroad Program	204
Central America and the Caribbean	0	0	Investments		38,898,558
East Asia and the Pacific	0	0	Program Services	Recruitment	18,129
Middle East and North Africa	0	0	Program Services	Recruitment	1,000
South America	0	0	Program Services	Recruitment	11,416
South Asia	0	0	Program Services	Recruitment	16,711
Sub-total Total from continuation sheets to Part I	0	0			40,018,906
=	_				40.040.00

40,018,906

Part	Part IV, l	ine 15, for any					plete if the organiza received more thai		
	(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 nur tax-exempt by	mber of recipie the IRS, or fo	nt organizations lis or which the grante	ted above that are e or counsel has pro	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►	
3	Enter total nur	mber of other o	organizations or en	tities					(Form 990) 2010

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 Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
			I				
			1				
			i				
			1				
			 I		,		
					,		
,			·		,		
,			 I		1		
-			 I		,		
			ı		,		

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)</i>	<u> </u>	Yes	Γ	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	▽	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Г	Yes	굣	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	▽	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	া	Yes	Г	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	굣	No

Schedule F (Form 990) 2010

Additional Data

Software ID: Software Version:

EIN: 11-1630906

Name: Hofstra University

Schedule F (Form 990) 2010

Page **5**

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

DLN: 93493193002212

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization **Employer identification number** Hofstra University 11-1630906 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Solicitation of government grants Internet and e-mail solicitations Phone solicitations Special fundraising events In-person solicitations 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 services? 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 (i) Name and address of (ii) Activity (iii) Did (iv) Gross receipts (v) A mount paid to (vi) A mount paid to ındıvıdual fundraiser have from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in organization col (i) control of contributions? Yes 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

			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through
			2011 Gala Ball (event type)	Suburban Studie (event type)	(total number)	col (c))
en.	1	Gross receipts	1,035,631	194,181	287,722	1,517,534
Revenue	2	Less Charitable contributions	899,231	153,381	174,750	1,227,362
	3	Gross income (line 1 minus line 2)	136,400	40,800	112,972	290,172
	4	Cash prizes				
မွ	5	Non-cash prizes				
Expenses	6	Rent/facility costs	192,134		1,465	193,599
	7	Food and beverages	107,400	25,720	100,134	233,254
Direct	8	Entertainment	10,313	10,969	8,690	29,972
Δ	9	Other direct expenses .	30,112	450	6,552	37,114
	10	Direct expense summary Add lir	nes 4 through 9 ın column	(d)	🛌	493,939
	11	Net income summary Combine I	nes 3 and 10 ın column (d)	•	-203,767
Par	t III	Gaming. Complete if the o \$15,000 on Form 990-EZ, li		"Yes" to Form 990, Pa	irt IV, line 19, or repo	rted more than
٠.			(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming
evenue				bingo/progressive bingo	(0) 0 0	(Add col (a) through
Revenue	1	Gross revenue		• •	18,277	(Add col (a) through
		Gross revenue		• •		(Add col (a) through col (c))
	2			• •		(Add col (a) through col (c))
Expenses	2	Cash prizes		• •	18,277	(Add col (a) through col (c))
	2 3 4	Cash prizes		• •	18,277	(Add col (a) through col (c))
Expenses	2 3 4 5	Cash prizes Non-cash prizes Rent/facility costs	Г Yes	• •	18,277 37,053	(Add col (a) through col (c)) 18,277
Expenses	2 3 4 5	Cash prizes Non-cash prizes Rent/facility costs Other direct expenses	Г Yes	□ Yes	18,277 37,053 167 Yes	(Add col (a) through col (c)) 18,277
Expenses	2 3 4 5	Cash prizes Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add line		□ Yes% □ No	18,277 37,053 167 ☐ Yes%	(Add col (a) through col (c)) 18,277 37,053
Direct Expenses	2 3 4 5 6 7 8	Cash prizes Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add line	Yes%_ No s 2 through 5 in column (□ Yes	18,277 37,053 167 Yes	(Add col (a) through col (c)) 18,277 37,053
Expenses	2 3 4 5 6 7 8 Enter Is the	Cash prizes Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add line	Yes	Tyes% No d)	18,277 37,053 167 Yes% No	(Add col (a) through col (c)) 18,277 37,053 167
b c Direct Expenses	2 3 4 5 6 7 8 Enter Is the	Cash prizes Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add line Net gaming income summary Comer the state(s) in which the organization licensed to operate	Yes%_ No s 2 through 5 in column (abine lines 1 and 7 in column action operates gaming activities in each	Tyes% No d)	18,277 37,053 167 Yes	(Add col (a) through col (c)) 18,277 37,053 167 37,220 -18,943 - ▼ Yes

11	Does the org	janization operate g	aming activities with nonmemb	ers?		. ▼ Yes ™ No					
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entities.											
	formed to administer charitable gaming?										
13	Indicate the	percentage of gamı	ng activity operated in								
а	The organiza	tion's facility .			13a	100 000 %					
b	An outside fa	acility			<u>13b</u>						
14	Provide the r records	name and address o	of the person who prepares the o	rganızatıon's gamın	g/special events books and						
	Name 🟲	James Spero									
	Address 🏲	128 Hofstra Univ Hempstead, NY	ersity 11549								
15a	Does the org		entract with a third party from w								
	revenue? .					. ┌ _{Yes} ┌ No					
b	If "Yes," ent	er the amount of ga	ming revenue received by the o	rganızatıon 🟲 \$	and the						
	amount of ga	amount of gaming revenue retained by the third party ► \$									
c	If "Yes," ent	If "Yes," enter name and address									
	Name 🟲										
	Address 🟲										
16	Gaming man	ager information									
	Name 🟲	NONE									
	-										
	Gaming man	ager compensation	> \$								
	Description	of services provided	d ▶								
	☐ Director/	officer	┌ Employee	T Indepe	ndent contractor						
17	Mandatory d			. 11146961							
а	,	Is the organization required under state law to make charitable distributions from the gaming proceeds to									
	retain the sta	retain the state gaming license?									
b	Enter the am	Enter the amount of distributions required under state law distributed to other exempt organizations or spent									
	ın the organı	ın the organization's own exempt activities during the tax year ▶ \$									
Paı		plete this part to ictions.)	provide additional informat	on for responses	to question on Schedule G	(see					
	Ide	ntıfıer	ReturnReference		Explanation						
Raff	le Events		Schedule G, Part III		s included prizes donated to the						

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I

(Form 990)

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.

OMB No 1545-0047

DLN: 93493193002212

Department of the Treasury ► Attach to Form 990 **Inspection** Internal Revenue Service Name of the organization Employer identification number Hofstra University 11-1630906 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be 1 (a) Name and address of **(b)** EIN (c) IRC Code (d) Amount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash or government ıf applicable (book, FMV, assistance appraisal, other)

Part III 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
(1) Total Student Financial Aid (See breakdown below)	6514	74,439,806	0	NA	NA
(2) Athletic Student Financial Aid	264	4,764,322	0	NA	NA
(3) Undergraduate Student Financial Aid	4690	55,905,239	0	NA	NA
(4) Graduate Student Financial Aid	1601	13,770,245	0	NA	NA

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

Identifier	Return Reference	Explanation
Grant Monitoring		Externally Sponsored programs are assigned a specific number identifier code (Fund number) The use of a specific identifier code associated with the contract ensures that funds are not comingled. Contract specific budgets are established within this fund number and all transactions associated with the project require approvals prior to posting. Additionally, invoice billing (and receipt of revenue) is also processed according to agreement terms and conditions. Periodic reviews of the program status are also conducted, most often on a monthly basis but at minimum on an annual cycle.

Schedule I (Form 990) 2010

Compensation Information

DLN: 93493193002212

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Hof	stra University				
		11-1630906			
Pa	rt I Questions Regarding Compensation				
		_		Yes	Νo
1a	Check the appropriate box(es) if the organization provide 990, Part VII, Section A, line 1a Complete Part III to				
	First-class or charter travel	Housing allowance or residence for personal use			
	▼ Travel for companions	Payments for business use of personal residence			
	▼ Tax idemnification and gross-up payments	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 organ reimbursement orprovision of all the expenses describe		1b	Yes	
2	Did the organization require substantiation prior to reim officers, directors, trustees, and the CEO/Executive Dir		2	Yes	
3	Indicate which, if any, of the following the organization u organization's CEO/Executive Director Check all that a				
	▼ Compensation committee	Written employment contract			
	▼ Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part or a related organization	t VII, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control pay	yment from the organization or a related organization?	4a		No
b	Participate in, or receive payment from, a supplemental	l nonqualified retirement plan?	4b		Νo
С	Participate in, or receive payment from, an equity-base	ed compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide	de the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must o	complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line compensation contingent on the revenues of	e 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, line compensation contingent on the net earnings of	e 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, line payments not described in lines 5 and 6? If "Yes," described in lines 5 and 6.		7		No
8	Were any amounts reported in Form 990, Part VII, paid subject to the initial contract exception described in Re in Part III		8		No
9	If "Yes" to line 8, did the organization also follow the resection 53,4958-6(c)?	buttable presumption procedure described in Regulations	9		140

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

For each individual whose compensation must be reported 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)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
	(i) Base compensation	(ii) Bonus & (iii) Other reportable compensation compensation		other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
See Additional Data Table							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							

Schedule J (Form 990) 2010 Page 3

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

Identifier	Return Reference	Explanation
Officer Compensation	Part I, Line 1a	All items identified on Line 1a are included as compensation on both the employee's W2 and on Form 990, Schedule J
Payment or Reimbursement	Part I, Line 1b	Payment or reimbursement is pursuant to a written agreement
Compensation - Part II, Items C and D		In accordance with IRS regulations, items reported in columns C and D include University contributions to group retirement and nontaxable group benefits paid by the University These items include the University's contribution to a group pension plan, with rates varying based on length of service, as limited by IRS regulations, the University-paid portion of group health care benefits (cost vary by employee selected plan), and the University-paid costs of other nontaxable benefits including life and disability insurance. All group benefits apply equally to all employees

Schedule J (Form 990) 2010

Software ID: Software Version:

EIN: 11-1630906

Name: Hofstra University

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees									
(A) Name		(B) Breakdown of	fW-2 and/or 1099-MIS	C 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	
Stuart Rabinowitz	(I) (II)	681,733 0	0 0	245,900 0	37,762 0	22,304 0	987,699 0	0	
M Patricia Adamski	(I) (II)	363,773 0	0	49,505 0	37,762 0	22,304 0	473,344 0	0	
Herman A Berliner	(I) (II)		0	43,168 0	37,762 0	22,304 0	458,880 0	0	
Melissa Connolly	(I) (II)	214,088 0	0	9,977 0	24,927 0	15,711 0	264,703 0	0	
Dolores Fredrich	(I) (II)		0	37,064 0	28,489 0	15,715 0	444,492 0	0	
Richard V Guardino Jr	(I) (II)		0	13,288	26,264 0	1,000	267,939 0	0	
Catherine Hennessy	(I) (II)		0	36,374 0	28,489 0	21,754 0	487,803 0	0	
Sandra Johnson	(I) (II)		0	11,073 0	22,364 0	1,550 0	282,529 0	0	
Robert W Juckiewicz	(I) (II)		0	17,352 0	28,489 0	21,754 0	351,273 0	0	
Alan Kelly	(I) (II)		0	5,579 0	22,364 0	13,982	305,810 0	0	
Joseph Barkwill	(I) (II)		0	8,936 0	20,705 0	13,982	267,834 0	0	
Jessica Eads	(I) (II)		0	13,887 0	23,638 0	15,700 0	251,994 0	0	
Salvatore F Sodano	(I) (II)		0	21,636 0	19,239 0	980 0	284,440 0	0	
Lawrence Smith	(I) (II)		0	27,963 0	22,364 0	1,000	567,244 0	0	
Lawrence Kessler	(I) (II)		0	59,766 0	20,754 0	22,297 0	323,051	0	
Nora Demleitner	(I) (II)		0	173,616 0	28,489 0	10,495 0	427,277 0	0	
David Burghardt	(I) (II)		0	132,721	31,929 0	22,277 0	370,299 0	0	
Veronica Catanese	(I) (II)	303,064 0	25,000 0	7,176 0	22,36 4 0	20,456 0	378,060 0	0	

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 O (Form 990). ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

DLN: 93493193002212

Open to Public **Inspection**

Schedule K

(Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Hofstra University

Employer identification number

11-1630906

P	art I Bond Issues									<u> </u>						
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue P	rıce	(f)	Description	of Purpose	(g) Defeased Behal Issu		alfof		Pool incing		
										Yes	No	Yes	No	Yes	No	
A	Town of Hempstead IDA Series 2003	11-3237317	424674CD9	12-19-2003	41,462		Const Facili	truct and Rer ties	nov of		х		Х		X	
В	Town of Hempstead IDA Series 2007	11-3237317	424674DN6	05-17-2007	25,515	5,700		Construct and Renov of Facilities			Х		Х		х	
-																
Þ	art II Proceeds						<u> </u>									
_						١		E	3		С			D		
1	A mount of bonds retired						0		0							
2	- ·	A mount of bonds legally defeased					0		0							
3	Total proceeds of issue					43,972	2,744		26,134,282							
4	Gross proceeds in reserve fu	ınds					0		0							
5	Capitalized interest from pro-	Capitalized interest from proceeds				5,027	7,194		52,167							
6	Proceeds in refunding escrov	W				0 0		0								
7	Issuance costs from proceed	ds				814	4,001 613,767									
8	Credit enhancement from pro	oceeds					0 0									
9	Working capital expenditures	s from proceeds					0		0							
10	Capital expenditures from pro	oceeds				38,131	1,550		25,468,348							
11	Other spent proceeds						0		0							
12	Other unspent proceeds						0		0							
13	Year of substantial completion	on			20	06		2008								
					Yes	N	o	Yes	No	Yes		No	Yes	<u>; </u>	No	
14	Were the bonds issued as pa	ort of a current refund	ding issue?			Х	(Х							
15	Were the bonds issued as part of an advance refunding issue?				Х	(Х								
16	6 Has the final allocation of proceeds been made?			Х			Х									
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?			Х			Х									
Pa	rt IIII Private Business	Use									•			•		
					<u> </u>	1			3		С		1	D		
					Yes	N.	0	Yes	No	Yes		No	Yes	<u> </u>	No	

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

Χ

Χ

Χ

Part III Private Business Use (Continued)

	Tillate Business Ose (continued)								
		Į.	1	ı	В		С	I)
		Yes	No	Yes	No	Yes	No	Yes	No
За	Are there any management or service contracts that may result in private business use?	X			×				
b	Are there any research agreements that may result in private business use of bond-financed property?		Х		×				
С	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?		Х		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		0 100 %		0 %				
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		0 100 %		0 %				
5	Total of lines 4 and 5		0 200 %		0 %				
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

Pa	ITIV Arbitrage			1				T	
		A	١	В	3	С		D	
		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?		V						
			X		X				
2	Is the bond issue a variable rate issue?		Х		Х				
За	Has the organization or the governmental issuer entered								
	into a hedge with respect to the bond issue?								
			X		×				
ь	Name of provider								
С	Term of hedge								
d	Was the hedge superintegrated?								
е	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X		Х				
ь	Name of provider								
	Term of GIC								
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?		X		X				
6	Did the bond issue qualify for an exception to rebate?		<u> </u>						
			×		X				

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation
	Schedule K, Part I (a)	Total proceeds for 2003 and 2007 Bond Issues includes the issue price, a bond premium, and investment proceeds accumulated during the project period

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493193002212

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

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

NonCash Contributions

Name of the organization Hofstra University

Employer identification number

					11-1630906			
Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining of amounts		contribut	ion
1	Art—Works of art	Х	21		NA			
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications	Х			NA			
5	Clothing and household	Х						
3000					NA			
	Cars and other vehicles .							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded	X	21	407,713	FMV of stocks			
10	Securities—Closely held stock							
11	Securities—Partnership, LLC, or trust interests .							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic							
1.1	structures							
14	contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles	Х	3		NA			
19	Food inventory	Х	5		NA			
	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts .							
25	Other ► ()		See Add'l Data					
26	O ther ▶()							
27	Other ►()							
28	Other ► ()							
29	Number of Forms 8283 received by							
	for which the organization complete	ed Form 8	3283, Part IV, Donee Ackr	nowledgement	29			3
							Yes	No
30a	During the year, did the organization							
	must hold for at least three years f			on, and which is not require	d to be used			
	for exempt purposes for the entire	holdıng p	eriod?			30a		No
	If "Yes," describe the arrangement							
31	Does the organization have a gift a					31	Yes	
32a	Does the organization hire or use the contributions?	hırd partı • • •	es or related organizations	to solicit, process, or sell	non-cash	32a	Yes	
h	If "Yes," describe in Part II					JZa	162	
ں 33	If the organization did not report re	VADUOC 1	n column (c) for a type of n	roperty for which column (a) is chacked			
<i>_</i>	describe in Part II	venues I	n column (c) for a type of p	Toperty for which column (a	, is checked,			

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
Stock Sales	Schedule M, Part I, Line 32a	The University utilizes the services of a third party broker to process stock gift sales
Noncash Gifts	, ,	See statement for Schedule D, Part III, Line 1a with regards to works of art. Other non-cash contributions other than works of art are used by the University in the normal course of business or used in connection with Development activities.

Schedule M (Form 990) 2010

Additional Data

Software ID: Software Version:

EIN: 11-1630906

Name: Hofstra University

Form 990 Schedule M, Part I - Types of Property

Property Type	(a) Check ıf applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d) Method of determining oncash contribution amounts
Event Other ► (Supplies)	X	2	0	NA
Gıft Other ► (<u>Card/Cert</u> ıficate)	Х	117	0	NA
Other►(<u>Tickets</u>)	X	6	0	NA
Furniture and Other ► (<u>Fixtures</u>)	х	2	0	NA
Archival Other ▶ (<u>Records</u>)	X	9	0	NA
Other ► (<u>Equipment</u>)	Х	3	0	NA

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493193002212

OMB No 1545-0047

2010

Department of the Treasury
Internal Revenue Service

SCHEDULE 0

(Form 990 or 990-EZ)

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

▶ Attach to Form 990 or 990-EZ.

Supplemental Information to Form 990 or 990-EZ

Open to Public Inspection

	Employer identification number
Hofstra University	
	11-1630906

ldentifier	Return Explanation Reference									
Current Officer, Directors, Trustees, and Key Employees	VI, Section A,	No officer, director, trustee, key employees, highest compensated employees, or highest compensated professional or other independent contractors receiving any compensation from the organization is related to any other such entity through family or business relationships. Former Officer, Directors, Trustees, and Key Employees Form 990, Schedule J. The University contributes to retiree health benefits for former employees, including former officers.								

ldentifier	Return Reference	Explanation
Checklist of Required Schedules	Form 990, Part IV, Line 9	In the ordinary course of business, the University provides information to students and parents regarding eligibility for Title IV student assistance, including student and parent loans, University scholarship and loan programs, and internal and external payment plan arrangements which are available to finance tuition and fees at Hofstra. In addition, the University is engaged in the collection of tuition and fee balances from students for the current and prior terms, including entering into agreements for the collection and payment of amounts due and owing

ldentifier	Return Reference	Explanation
Review of Form 990	Form 990, Part VI, Line 11	Form 990 is prepared by the University, and reviewed by an outside tax consultant. The VP for Financial Affairs and Treasurer also reviews the return with the President, Senior VP for Planning and the VP for Legal Affairs and General Counsel. The final return is submitted to the Audit Committee of the Board of Trustees and the full Board of Trustees prior to signing and filing the return.

ldentifier	Return Reference	Explanation
Compensation Process	Form 990, Part VI, Line 15	The Hofstra University Board of Trustees Compensation Committee has oversight of all elements of executive compensation and reports to the entire Board on such matters. Specifically, the Committee reviews thoroughly the compensation of the President and officers and other key employees. The Committee assesses and approves the reasonableness of the compensation of the President, other officers are recommended by the President to the Board of Trustees. General Counsel is responsible for providing the necessary data to the Committee and the Board in order for the review to take place each year. Members of the Committee, as well as any third parties providing professional advice to the Committee, must be independent and have no conflicts of interest as to the compensation being reviewed, the officer who is being reviewed, or any products or services being considered. Such review includes a comparison of data as presented on the 990 tax return of comparable institutions, adjusted as appropriate for the New York metropolitan area and updated to the present year. Consideration is given to the breadth and complexity of programs, such as medical and law schools. The review also includes an assessment of the duties and responsibilities of each officer and the overall performance of each. From time to time, the University engages an outside consultant to review the comparables and to assist the Committee in its deliberations. The Committee reviews its recommendations with the Board of Trustees for final approval. The actions of the Committee and Board of Trustees are set forth in the minutes, including the information reviewed in determining comparability and the basis for determining that the compensation is reasonable.

ldentifier	Return Reference	Explanation
Conflict of Interest Policy	Form 990, Part VI, Line 12c	The University's bylaws set forth a conflict of interest policy for Trustees prohibiting certain transactions and requiring disclosure of any conflict that might arise. Annually, all Trustees must complete and sign a compliance and disclosure statement which is reviewed and maintained as a matter of record by the University's General Counsel. Any disclosure or matter in violation of the policy is brought to the attention of the Board of Trustees. In addition, there is a conflict of interest policy for all administrative employees prohibiting certain actions and requiring disclosure of any conflict that might arise. Annually, employees must complete and sign a compliance and disclosure statement which is reviewed and maintained as a matter of record by the Office of Human Resources. Any questionable activity is not permitted until the appropriate Vice President has determined that sufficient safeguards exist to fully protect the University's interests and the University's General Counsel has reviewed.

Identifier	Return Reference	Explanation
Reconciliation of Net Assets	Form 990, Part XI, Line 5	Other changes in net assets are made up of the following. Unrealized Gains on Investments \$15,211,713 Postretirement Changes other than net periodic benefit costs (275,670) Reclassifications and other adjustments (141,058)

Software ID: Software Version:

EIN: 11-1630906

Name: Hofstra 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		tion (that a		′)			(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			
Alan J Bernon Trustee		×						0	0	0
Tejinder Bindra Trustee		х						0	0	0
Mr Robert F Dall Trustee		х						0	0	0
Mrs Helene Fortunoff Trustee		Х						0	0	0
Martin B Greenberg Trustee		Х						0	0	0
Mr Joseph M Gregory Trustee		х						0	0	0
Dr Leo A Guthart Trustee		Х						0	0	0
Mr Peter S Kalıkow Trustee		Х						0	0	0
Ms Abby Kenigsberg Trustee		Х						0	0	0
Arthur J Kremer Esq Trustee		х						0	0	0
Mrs Karen L Lutz Trustee		Х						0	0	0
Mr David S Mack Trustee		Х						0	0	0
Janıs M Meyer Esq Trustee		Х						0	0	0
Mr John D Miller Trustee		Х						0	0	0
Marilyn B Monter Trustee		Х						0	0	0
Ms Martha S Pope Trustee		Х						0	0	0
James E Quinn Trustee		Х						0	0	0
Mr Edwin C Reed Trustee		Х						0	0	0
Robert Rosenthal Trustee		Х						0	0	0
Mr Frank G Zarb Trustee		Х						0	0	0
Donna M Mendes Trustee		Х						0	0	0
George W Bilicic Jr Trustee		Х						0	0	0
Debra A Sandler Trustee		Х						0	0	0
Thomas J Sanzone Trustee		Х						0	0	0
Joseph Sparacio Trustee		Х						0	0	0

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		tion (that a		/)			(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			
Peter G Schiff Trustee		x						0	0	0
Steven J Freiberg Trustee		Х						0	0	0
Colin Goddard Trustee		×						0	0	0
Stuart Rabinowitz President	600	Х		х				927,633	0	60,066
M Patrıcıa Adamskı Sr VP for Plan & Adm	600			х				413,278	0	60,066
Herman A Berliner Provost and Sr V P	600			Х				398,814	0	60,066
Melissa Connolly VP Univ Relations	60 0			х				224,065	0	40,638
Dolores Fredrich VP for Legal Affairs	60 0			х				400,288	0	44,204
Richard V Guardino Jr VP Business Devel	60 0			х				240,675	0	27,264
Catherine Hennessy VP Finance and Treas	60 0			х				437,560	0	50,243
Sandra Johnson VP for Student Aff	60 0			х				258,615	0	23,914
Robert W Juckiewicz VP for Info Tech	60 0			х				301,030	0	50,243
Alan Kelly VP for Development	60 0			х				269,464	0	36,346
Joseph Barkwill VP of Facilities	60 0			х				233,147	0	34,687
Jessica Eads VP for Enrollment Management	60 0			х				212,656	0	39,338
Lawrence Smith Dean School of Medicine						Х		543,880	0	23,364
Lawrence Kessler Professor						х		280,000	0	43,051
Nora Demleitner Dean School of Law						Х		388,293	0	38,984
David Burghardt Professor						Х		316,093	0	54,206
Veronica Catanese Professor						Х		335,240	0	42,820
Salvatore F Sodano Former Trustee							x	264,221	0	20,219