

### 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: 93493163002054

Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

Open to Public

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

A Fo	or the	2012 cal	endar year, or tax year beginning	09-01-2012 , 2012, and ending 08	-31-2013		
		applicable	C Name of organization ADELPHI UNIVERSITY	, ,		D Employe	r identification number
☐ Ad	dress c	change	Doing Business As			11-163	0741
∏ Na	me cha	ange	Dolling Business As				
∏ Inı	tıal retu	um		all is not delivered to street address) Room,	'suite	E Telephone	e number
Те	rmınate	ed	1 SOUTH AVENUE Suite LEV 201			(516)8	77-3184
An	nended	l return	City or town, state or country, and Z GARDEN CITY, NY 115300701	IP + 4		(010)0	
Ap	plicatio	on pending	GINDEN CITY III 113300701			<b>G</b> Gross reco	eipts \$ 290,961,073
			<b>F</b> Name and address of prin ROBERT A SCOTT	cıpal officer		this a group re	
			SOUTH AVENUE		affi	lliates?	Γ Yes <b>Γ</b> No
			GARDEN CITY, NY 11530		H(b) Are	e all affiliates	ıncluded?
——— т Та	ay-eyer	mpt status	<u> </u>	nsert no )	If'	'No," attach a	list (see instructions)
		•		insert (iii)   4947(a)(1) (ii   527	H(c) G	oup exemptio	n number ►
			W A DELPHI EDU				
			Corporation Trust Association	Other ►	<b>L</b> Year of	formation 1896	<b>M</b> State of legal domicile NY
Pa	rt I		ımary				
Governance		THE UN PROFES		ROVIDE QUALITY UNDERGRADUA TS, EDUCATION, BUSINESS, PSYC			
Goven	2	Check th	his box দ if the organization dis	continued its operations or dispose	d of more than	n 25% of its n	et assets
	,	Numbor	of voting members of the govern	ng body (Part VI, line 1a)		1	<b>3</b>   28
Activities &				of the governing body (Part VI, line 1		<u> </u>	4 27
<u>5</u>				alendar year 2012 (Part V, line 2a)		<u> </u>	<b>5</b> 4,455
ĕ				ecessary)			<b>6</b> 0
	7a	Total un	related business revenue from Pa	art VIII, column (C), line 12		[	<b>7a</b> 39,167
	Ь	Net unre	elated business taxable income fr	om Form 990-T, line 34	<u></u>	[	<b>7b</b> -5,392
					Р	rior Year	Current Year
Q)	8		butions and grants (Part VIII, lir		·	11,536,26	
Revenue	9		am service revenue (Part VIII, lii		•	215,337,96	<del></del>
Rey	10		tment income (Part VIII, column revenue (Part VIII, column (A),	6,519,07 844,71			
	12			(must equal Part VIII, column (A), l	ıne 一 —	044,71	1,021,477
	ļ	12) .	<u> </u>	<u> </u>		234,238,03	
	13			IX, column (A), lines 1-3)		40,192,86	
	14			X, column (A ), line 4) . . . . e benefits (Part IX, column (A ), line:			0 0
\$	15	5-10		<b>`</b>	123,323,99	5 127,815,788	
Expenses	16a	Profes	ssional fundraising fees (Part IX,	167,15	0 168,530		
五	Ь	Total fu	ındraısıng expenses (Part IX, column (D)				
	17			ines 11a-11d, 11f-24e)		53,527,40	
	18		•	t equal Part IX, column (A), line 25		217,211,41	
Not Assets or Fund Balances	19	<u>keven</u>	ue iess expelises. Subtract line .	18 from line 12		17,026,61 ing of Current Year	
See See	20	Total	assets (Part X, line 16)			392,437,73	3 408,304,627
A P	21	Total	liabilities (Part X, line 26)			136,811,15	1 138,968,054
	22			ine 21 from line 20		255,626,58	2 269,336,573
	rt II	_	ature Block				
my k	nowle arer h	edge and nas any k Signa	belief, it is true, correct, and comnowledge  ature of officer  OTHY P BURTON SENIOR VP/TREASURER	mined this return, including accomp plete Declaration of preparer (other			
			e or print name and title Print/Type preparer's name	Preparer's signature	Date (	, <u> </u>	TIN
Pai	Ч		ппу гуре ргерагег з папте	r reparer a signature	1 1	Check If P elf-employed	1 114
	u ·pare		Firm's name 🕨 GRANT THORNTON LLP		F	irm's EIN 🟲	
	on e		Firm's address ► 666 THIRD AVENUE		F	hone no (212) 5	542-9609

NEW YORK, NY 100174029

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

☐ Yes ☐ No

	1990 (2012)			Page
Par		m Service Accomplishments ns a response to any question in this Pa	art III	
1	Briefly describe the organization's	mission		
UP I GRA CLIN SPE KNO INDI ADE UND	N CLOSE RELATIONSHIP TO THE DUATE EDUCATION AND TO OFF NICAL PSYCHOLOGY, SOCIAL WOCTRUM OF GRADUATES AND UND WLEDGE, AN UNDERSTANDING AEPENDENT, LIFE LONG LEARNERS LPHI UNIVERSITY IS COMMITTE ERGRADUATES AND GRADUATES	LIBERAL ARTS COLLEGE AND A CLU NEEDS OF THE REGION OUR MISSI ER PROFESSIONAL PREPARATION OF RK, NURSING, AND OTHER HEALTH DERGRADUATES FOR A WIDE RANGE IND A QUESTIONING OF CULTURAL AS, AND CONTRIBUTORS TO KNOWLES IND TO PROVIDE A HIGH-QUALITY ED AS, FOR THOSE COMING DIRECTLY FR LEGES, FOR THOSE STUDYING LIBER	ION IS TO PROVIDE QUALITY UNDER THE FIRST RANK IN ARTS, EDUSCIENCES THE UNIVERSITY PROFILE FOSTE WHILE FOSTE VALUES, AND A VIEW OF THEMSDEE AND SERVICE IN AN EVER-COUCATION FOR ALL OF ITS STUD	NDERGRADUATE AND JCATION, BUSINESS, EPARES A BROAD ERING A PASSION FOR ELVES AS CHANGING WORLD ENTS FOR
2	Did the organization undertake any the prior Form 990 or 990-EZ?	significant program services during th	e year which were not listed on	
	If "Yes," describe these new service	es on Schedule O		
3	Did the organization cease conductions services?	ting, or make significant changes in how	wit conducts, any program	
	If "Yes," describe these changes o	n Schedule O		
4	expenses Section 501(c)(3) and	m service accomplishments for each of 501(c)(4) organizations are required to f any, for each program service reported	report the amount of grants and all	
4a	(Code ) (Expense	es \$ 180,067,840 including grants o	of \$ 46,692,599 ) (Revenue \$	201,709,220 )
	The average annualized student enrollme graduate/Postbaccalaureate full-time equ nationally and internationally as well. The Psychological Services, the Honors Collec	and student services - The University provides a ent for fiscal 2012-13 was 6,750 full-time equiva- uivalent students Students come from diverse b e University's colleges and schools include the Co ge, the School of Business, Ruth S Ammon Scho to student counseling, career counseling, financi	alent students, comprised of 4,584 undergra backgrounds and are not only from the New college of Arts and Sciences, the Gordon F ool of Education, School of Nursing, School	duate and 2,166 York area, but are recruited Derner Institute of Advanced of Social Work and University
4b	(Code ) (Expense	es \$ 14,191,362 including grants o	of \$ ) (Revenue \$	14,657,055 )
		nses - The University offers student housing in so this In 2012-13 there were 1,245 students residi		ew York campus, offering a
	(Code ) (Expense	es \$ 6,200,830 including grants o	of \$ ) (Revenue \$	2,194,316 )
	Public Service - The University has exten Disorders, the Center for Psychological S	nsive community health and human services out ervices, the Adelphi New York Statewide Breast te in these programs that are offered to the can	reach programs including the Hy Weinberg ( Cancer Support Hotline as well as other cor	Center for Communication nmunity service programs The
	Other program services (Describ	e ın Schedule O )		
	(Expenses \$	including grants of \$	) (Revenue \$	)
 4е	Total program service expenses	200,460,032		

art TV	Check	list 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 instructions)? $^{f colored}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, 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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? 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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
LO	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10	Yes	
1	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, line 10?  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		No
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		No
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	
l2a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
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 and XII is optional	12b	Yes	
L3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 🥵	13	Yes	
.4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
<b>.</b> 5	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 United States? If "Yes," complete Schedule F, Parts II and IV	15		No
L <b>6</b>	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 United States? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
L <b>7</b>	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
L <b>8</b>	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	
L <b>9</b>	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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 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 through 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		Νo
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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)			
a	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	Yes	
c	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 M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 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? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		
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	37		No
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🔞	٠,		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	(2012)

Par	Statements Regarding Other 1R5 Fillings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	•	 Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   413		103	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
•	gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	165	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	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)?	<b>4</b> a		No
b	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			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
62	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	эс 6а		No
Ja	organization solicit any contributions that were not tax deductible as charitable contributions?	Ju		140
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7-		N. o
А	file Form 8282?	7c		Νo
u	Ti res, indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7</b> f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
8	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		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
.0	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 facilities			
1	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 )			
٦-		12-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	4.0		
	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 in 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		Νo
h	If "Yes," has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule 0	14h		

50	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax  1a			
	year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee			
	or similar committee, explain in Schedule O			
b	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		4		 No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		 No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ie Cod	
	The section by equeete information about policies from equition by the incomment	0.70,70	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			
		10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10a 10b		No
11a			Yes	No
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	10b	Yes	No
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	No
b 12a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990	10b		No
b 12a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a	Yes	No
b 12a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10b 11a 12a 12b	Yes	No
b 12a b c	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10b 11a 12a 12b	Yes Yes	No
b 12a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?	10b 11a 12a 12b 12c 13	Yes Yes Yes	No
b 12a b c 13 14	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13	Yes Yes Yes	No
b 12a b c 13 14 15	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?	10b  11a  12a  12b  12c  13  14	Yes Yes Yes Yes	No
b 12a b c 13 14 15	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No
b 12a b c 13 14 15 a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No
b 12a b c 13 14 15 a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10b  11a  12a  12b  12c  13  14  15a  15b	Yes Yes Yes Yes Yes Yes	
b 12a b c 13 14 15 a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	10b  11a  12a  12b  12c  13  14  15a  15b	Yes Yes Yes Yes Yes Yes	
b 12a b c 13 14 15 a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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? The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	10b  11a  12a  12b  12c  13  14  15a  15b	Yes Yes Yes Yes Yes Yes	

- 17 List the States with which a copy of this Form 990 is required to be filed
- 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 made these available. Check all that apply
  - Own website Another's website Vpon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►ROBERT DECARLO 1 SOUTH AVENUE GARDEN CITY, NY (516) 877-3184

Form	990	(2012)	
------	-----	--------	--

### 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 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

	1	1		(C)						
(A) Name and Title	(A) ame and Title A verage hours per week (list any hours for related						1	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2,2033 11200,	MISC)	organization and related organizations
See Additional Data Table										
	•	•	•							Form <b>990</b> (2012)

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

	(A) Name and Title	(B) A verage hours per week (list any hours	verage Position (do not check urs per more than one box, unless ek (list person is both an officer and a director/trustee) Position (do not check Reportable compensation compensation from the organization (Worganizations (		Reportable compensation from related organizations (W-	С	(F) Estima nount o ompens from t	ted fother ation he					
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)		ganızatı relate organıza	ed
1b c	Sub-Total	 s to Part VII. S	 ection A	٠.	•		_	-					
d	Total (add lines 1b and 1c) .				٠.	٠.	•	•	4,515,065	0			876,442
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) w	ho received more th	an	•		
_												Yes	No
3	Did the organization list any <b>fc</b> on line 1a? <i>If</i> "Yes," complete S					key •	emplo	yee, •	or highest compen	sated employee	3	Yes	
4	For any individual listed on line organization and related organ individual										4	Yes	
5	Did any person listed on line 1 services rendered to the organ									or individual for	5	. 53	No
	ection B. Independent Co	ntractors											
1	Complete this table for your fiv	e highest comp										3V V22=	
	compensation from the organiz	acion Keport Co	mpens	ation	ior	ine c	arenda	ır ye	ar enuing with or Wi	unn the organizatio	11 S T	ax year	

(A)	(B)	(C)
Name and business address	Description of services	Compensation
COMPASS LCSLLCDBA LACKMANN CULINA , SERVICES 303 CROSSWAYS PARK DRIVE WOODBURY NY 11797	Food Service	5,473,212
CHALLENGE GRAPHICS SERVICES INC , DBA-CORPORATE COLOR 22 CONNOR LAN DEER PARK NY 11729	PRINT SERVICES	504,147
INTELLI-TEC SECURITY SERVICES , 400 WEST DIVISION STREET SYRACUSE NY 13204	Contractor	458,939
KELLY ROOFING AND SIDING CO INC , 311 JERICHO TURNPIKE FLORAL PARK NY 11001	CONTRACTOR	338,099
DD DEVELOPMENT GROUP INC , 991 MAIN STREET HOLBROOK NY 11741	CONTRACTOR	297,950
The large bound of the description of the large bound of the large bou	V do	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►23

Part V	117.71	Statement o	<b>f Revenue</b> ule O contains a respon	ise to any dijection	in this Part \/TTT			_
				se to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
s s	1a	Federated cam	paigns 1a					
ant un	ь	Membership du	es <b>1b</b>					
Gr. mo	С	Fundraising eve	ents 1c	111,061				
fts, rA	d	Pelated organia	zations 1d					
Gii iila				2.009.124				
ns, Sim	е	Government grants		3,908,124				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contribution similar amounts no	ons, gifts, grants, and <b>1f</b> ot included above	4,245,083				
ibi H	g		ons included in lines	1,480,682		i		
ontri id (	_	1a-1f \$			0.264.260			
CC	h	lotal. Add lines	s 1 a - 1 f		8,264,268			
e j				Business Code				
ven	2a	TUITION AND FEES		900099	201,709,220	201,709,220		
<del>2</del> 8	Ь	SALES&SERVICES-I	EDUCATIONAL DEPTS	611710	2,194,316	2,194,316		
ИСе	С	STUDENT SUPPOR	Т	721310	14,657,055	14,651,280	5,775	
Program Serwde Revenue	d							
E	е							
uBo	f	All other progra	am service revenue					
屳	g	Total. Add lines	s 2a – 2f	🕨	218,560,591			
	3		ome (including dividend		4,217,868			4,217,868
	4		ar amounts) stment of tax-exempt bond ;	-	28			28
	5				15,451			15,451
		,	(ı) Real	(II) Personal				
	6a	Gross rents	529,037					
	ь	Less rental expenses	106,747					
	С	Rental income	422,290	0				
	d	or (loss) Net rental inco	LI me or (loss)		422,290			422,290
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	58,437,182	135,600				
	b	Less cost or other basis and	53,155,332					
		sales expenses Gain or (loss)	5,281,850	135,600				
	c d	Net gain or (los			5,417,450			5,417,450
Other Revenue	8a	Gross income f events (not inc s	rom fundraising luding ,061 s reported on line 1c)	·				
- -			a	462,349				
¥	b		penses b	217,312	245,037			245,037
,	c 9a		(loss) from fundraising of from gaming activities let 19	events 🏴	243,037			243,037
	ь	Less direct ex	a penses b					
	С	Net income or (	ا loss) from gamıng actı) -	/ities	0			
	10a	Gross sales of returns and allo						
	b	Less cost of a	oods sold <b>b</b>					
	С		loss) from sales of inve	entory 🛌	0			
		Miscellaneous	s Revenue	Business Code				
	11a	FACILITY FEE	S	713940	33,392		33,392	
	b	OTHER REVEN	IUE		305,307			305,307
	С							
	d	All other reven	L					
	e	Total. Add lines	s 11a-11d	▶	338,699			
	12	Total revenue.	See Instructions	· · · · •	237,481,682	218,554,816	39,167	10,623,431

Form 990 (2012) Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response to any question in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fund raising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 46,556,975 46,556,975 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 135,624 135,624 Benefits paid to or for members 0 Compensation of current officers, directors, trustees, and 3,743,493 1,591,038 1,841,853 310,602 key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons 122,447 118,744 3,703 described in section 4958(c)(3)(B) . . . . Other salaries and wages 96,278,833 85,134,951 9,968,339 1,175,543 Pension plan accruals and contributions (include section 401(k) 6,628,588 5,804,783 747,300 76,505 and 403(b) employer contributions) . . . . 13,902,564 11,593,875 2,102,495 Other employee benefits . . . . 206,194 10 7,139,863 6,132,695 904,176 102,992 11 Fees for services (non-employees) O Management . . . . 449,326 424,926 Legal . . . . . . . . 23,400 1,000 Accounting . . . . . . . . . . . . 371,474 250 371,224 83,872 83,872 Lobbying . . . . . . . . . . . . Professional fundraising services See Part IV, line 17 168,530 168,530 Investment management fees . . . . . 434,232 434,232 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 2,366,875 1,685,984 671,951 8,940 Schedule O) . . . . . . . Advertising and promotion . . 2,784,744 748,881 2,035,863 12 13 Office expenses . . . 10,774,870 8,806,578 1,674,806 293,486 1,905,148 1,464,148 441,000 14 Information technology . . 15 0 Royalties . 8,834,308 446,668 15,573 16 Occupancy . . . . . . 8,372,067 **17** 2,091,255 1,775,936 263,598 51,721 Travel . . . . 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . . 0 19 Conferences, conventions, and meetings . 1,518,937 1,131,966 290,980 95,991 20 Interest . . . . . . . . . . . . 4,056,994 3,847,871 209,123 Payments to affiliates . . . . 21 O 22 Depreciation, depletion, and amortization . 8,132,939 7,533,890 599,049 60,307 23 1,159,803 1,097,678 1,818 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a ASSISTANTSHIP/TUIT REMISSION 5,703,982 5,745,541 37,654 3,905 PROVISION-DOUBTUL ACCOUNTS 1,334,743 1,334,743 **COLLECTION COSTS** 182,762 254 182,508 d OTHER 1,756,952 1,198,462 557,581 909 e All other expenses Total functional expenses. Add lines 1 through 24e 25 228.661.692 200,460,032 25.687.951 2,513,709 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► [ if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Par	t X	Balance Sheet Check if Schedule O contains a response to any question in this Part X			
		, ,	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	2,550	1	1,500
	2	Savings and temporary cash investments	11,808,551	2	17,710,548
	3	Pledges and grants receivable, net	6,280,079	3	5,245,084
	4	Accounts receivable, net	1,730,104	4	1,650,914
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
\$	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		J	
Assets	_		0	6	0
As	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	4,426,992	9	4,365,292
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  10a 312,541,383	1		
	b	Less accumulated depreciation		10c	192,137,064
	11	Investments—publicly traded securities	156,274,414	11	166,425,099
	12	Investments—other securities See Part IV, line 11	8,211,913	12	11,187,938
	13	Investments—program-related See Part IV, line 11	5,831,510	13	6,046,005
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	2,309,328	15	3,535,183
	16	Total assets. Add lines 1 through 15 (must equal line 34)	392,437,733	16	408,304,627
	17	Accounts payable and accrued expenses	16,302,467	17	16,787,907
	18	Grants payable	5,114,452	18	5,390,543
	19	Deferred revenue	25,248,015	19	30,580,497
	20	Tax-exempt bond liabilities	90,146,217	20	86,209,107
Ø.	21	Escrow or custodial account liability $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	0	21	0
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<u> </u>		persons Complete Part II of Schedule L	0	22	0
<b>□</b>	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule	0	2-	0
		D	136,811,151	25	130,000,054
$\longrightarrow$	26	Total liabilities. Add lines 17 through 25	136,811,151	26	138,968,054
Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here ▶ ▽ and complete lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets	215,715,802	27	226,266,917
ည်	28	Temporarily restricted net assets	15,977,841	28	18,050,220
됩	29	Permanently restricted net assets	23,932,939	29	25,019,436
or Fu		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.			
ا بې	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 funds		32	
	22	Total net assets or fund balances	255,626,582	33	269,336,573
Net	33	Total fiet assets of fully balances	255,020,502	JJ	

Pai	t XI Reconcilliation of Net Assets			<u> </u>	-9
	Check if Schedule O contains a response to any question in this Part XI				<u>୮</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		237,4	81,682
2	Total expenses (must equal Part IX, column (A), line 25)	2		228,6	61,692
3	Revenue less expenses Subtract line 2 from line 1	3		8,8	319,990
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		255,6	526,582
5	Net unrealized gains (losses) on investments	5		4,8	390,001
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		269,3	36,573
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. $\sqsubset$
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			_
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			_
	☐ Separate basis ☐ Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain it Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

Software ID: **Software Version:** 

**EIN:** 11-1630741

Name: ADELPHI UNIVERSITY

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
<b>(A)</b> Name and Title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				th	_	(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
	hours for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations
Z PAUL AKIAN Trustee	3 0	x						0	0	0
FRANK ANGELLO Trustee	3 0	х						0	0	0
LOIS PHIFER BETTS Trustee	3 0	х						0	0	0
JEFFREY BOLTON Trustee	3 0	×						0	0	0
MICHAEL CAMPBELL Trustee	3 0	×						0	0	0
PHILIP DISANTO TRUSTEE	3 0	х						0	0	0
JOAN GIRGUS Trustee	3 0	X						0	0	0
JEFFREY GREENE Trustee	3 0	×						0	0	0
JOHN GUTLEBER Trustee	3 0	×						0	0	0
CHANTAL HAMLIN Trustee	3 0	x						0	0	0
NOREEN HARRINGTON TRUSTEE	3 0	x						0	0	0
OSBERT HOOD Trustee	3 0	×						0	0	0
N GERRY HOUSE Trustee	3 0	×						0	0	0
ANGELA JAGGAR Trustee	3 0	х						0	0	0
LAURENCE KESSLER Trustee	3 0	Х						0	0	0
LINDSEY KUPFERMAN Trustee	3 0	х						0	0	0
RONALD LEE Trustee	3 0	Х						0	0	0
GERALD MAHONEY Trustee	3 0	X						0	0	0
THOMAS MOTAMED Trustee	3 0	х						0	0	0
SUSAN MURPHY Trustee	3 0	Х						0	0	0
GRACE PILCER TRUSTEE	3 0	X						0	0	0
LEON POLLACK TRUSTEE	3 0	Х						0	0	0
GARY ROSENBERG TRUSTEE	3 0	Х						0	0	0
PAUL SALERNO TRUSTEE	3 0	х						0	0	0
LOIS C SCHLISSEL TRUSTEE	3 0	х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (B) (C) (D) (E) (F) Name and Title Position (do not check Reportable Reportable Estimated amount Average hours more than one box, compensation compensation of other unless person is both from the from related compensation per organization (Wan officer and a organizations (Wfrom the week (list director/trustee) 2/1099-MISC) 2/1099-MISC) organization and related any Former Highest compensated employee hours Institutional organizations idiwduol 1 r diisetor Ē for employee related organızatıons trustee below l Trustee dotted line) 3 0 PATRICK SMALLEY Χ 0 0 0 TRUSTEE 3 0 HELENE SULLIVAN 0 Х 0 TRUSTEE 3 0 WILLIAM TENET 0 0 0 Х TRUSTEE 3 0 ADAEZE UDOJI Х 0 0 0 TRUSTEE 3 0 MARJORIE WEINBERG-BERMAN 0 0 Х TRUSTEE 6 0 ROBERT WILLUMSTAD 0 0 0 Х TRUSTEE 65 0 ROBERT A SCOTT Χ 535,632 0 115,361 Х **PRESIDENT** 50 0 TIMOTHY P BURTON Х 342,196 49,749 SENIOR VP & TREASURER 50 0 ANGELO B PROTO Х 297,886 0 28,763 VP FOR ADMINISTRATION 50 0 GAYLE D INSLER Х 305,789 0 32,263 PROVOST AND SENIOR VP 50 0 CHRISTIAN VAUPEL Χ 254,832 0 46,055 VP FOR UNIVERSITY ADVANCEMENT 50 0 LORI A DUGGAN GOLD Х 195,055 0 54,130 VP FOR COMMUNCATIONS 50 0 RAKESH GUPTA 0 55,693 Х 245,389 DEAN, SCHOOL OF BUSINESS 50 0 PATRICK R COONAN Х 243,002 0 48,467 DEAN, SCHOOL OF NURSING 50 0 ANDREW W SAFYER 224,615 0 49,757 DEAN, SOCIAL WORK 50.0 SAM L GROGG 221,510 0 Х 50.526 DEAN, ARTS AND SCIENCES 50 0 ROBERT DECARLO 0 Χ 193,683 38,505 ASSOCIATE VP AND CO-TREASURER 50 0 JANE ASHDOWN Χ 186,093 0 38,876 DEAN, SCHOOL OF EDUCATION 40 0 BENJAMIN S WEEKS Χ 217,628 0 63,267 **PROFESSOR** 40 0 ROBERT D JONES 0 Х 196,572 11,963 ASSOCIATE PROFESSOR 50 0 RICHARD K GARNER Х 193,231 0 32,255 DEAN, HONORS COLLEGE 50 0 1ACOUES BARBER Х 192,720 0 56,001 DEAN, IAPS DERNER INSTITUTE 40 0 JACK P CHEN 191,335 0 Х 51,388 CHIEF INFORMATION OFFICER 40 0 RONALD S FEINGOLD Х 155,269 0 26,455 PROFESSOR(SEE NOTE, SCHEDULE J) 40 0 STEVEN J RUBIN 122,628 0 26,968 PROFESSOR(SEE NOTE, SCHEDULE J)

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493163002054

**Employer identification number** 

OMB No 1545-0047

**SCHEDULE A** (Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

ADELPHI UNIVERSITY

## **Public Charity Status and Public Support**

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

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

Open to Public Inspection

									11-1630				
Pai				blic Charity Sta						instruction	ıs.		
The c	rganı			te foundation becaus			= -						
1		A chur	ch, convent	ion of churches, or a	ssociation o	f churches o	described in <b>s</b>	section 170(	b)(1)(A)(i).				
2		A scho	ol described	d in <b>section 170(b)(</b> 1	L)(A)(ii). (A	ttach Sched	lule E )						
3	$\sqcap$	A hosp	ital or a cod	perative hospital se	rvice organi:	zatıon desci	rıbed ın <b>secti</b> o	on 170(b)(1	)(A)(iii).				
4	$\sqcap$	A medi	cal researc	h organization opera	ted ın conjur	nction with a	hospital des	cribed in <b>se</b>	ction 170(b)	(1)(A)(iii).	Enter the		
_	_			ity, and state							<del></del>		
5	ı	_	•	erated for the benefi	_	e or univers	ity owned or o	operated by	a governmer	ntal unit des	scribed in		
	_			( <b>A)(iv).</b> (Complete P	•								
6	<u> </u>			local government o									
7	Г			at normally receives			support from	n a governm	ental unit or	from the ge	neral public		
8	$\vdash$			on 170(b)(1)(A)(vi). : described in <b>sectio</b> i			mplata Dart I	τ \					
9	<u>'</u>			at normally receives			•	-	hutions man	nharchin fa	oc and groce		
9	'												
				rities related to its e									
				oss investment inco						. tax) II o III i	Jusiliesses		
10	_	acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)											
	<u>'</u>	An organization organized and operated exclusively to test for public safety. See <b>section 509(a)(4).</b> An organization organized and operated exclusively for the banefit of the perform the functions of or to carry out the purposes of											
11	1	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purp one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See <b>section 509(a)(3)</b>											
		the box that describes the type of supporting organization and complete lines 11e through 11h											
			Type I							Ion-function	nally integrated		
e	Γ			ox, I certify that the									
				ion managers and ot	her than one	or more pu	blicly support	ted organıza	tions descri	bed in secti	on 509(a)(1) or		
f			1509(a)(2)	received a written d	otormination	from the I	OS that it is a	Typo I Tyr	o II or Typ	a III cuppoi	rting organization		
•			this box	received a written d	etermination	i iioiii tile Ir	(3 that it is a	Type I, Typ	e II, or Type	e III Suppoi			
g				2006, has the organ	ızatıon acce	pted any gıf	t or contribut	ion from any	of the		,		
			ng persons?										
				irectly or indirectly o				persons de	scribed in (ii		Yes No		
				governing body of th		_	n?				lg(i)		
		(ii) A f	amıly memb	er of a person descr	ıbed ın (ı) ab	ove?				<u> </u>	g(ii)		
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı)	above?			11	g(iii)		
h		Provide	e the followi	ng information about	the support	ed organiza	tion(s)						
			1	Т	Т		1		T		1		
_	) Nan		(ii) EIN	(iii) Type of	(iv) Is		(v) Did yo	•	( <b>vi)</b> Is		(vii) A mount of		
	uppoi			organization (described on	organızat col <b>(i)</b> lıs		the organi		organiza col (i) or		monetary support		
organization		acion	lines 1- 9 above		your gove		suppo	'	in the l		Зарроге		
		or IRC section		docume									
				(see									
				instructions))	Yes	No	Yes	No	Yes	No			
							1						
Total													

Sch	edule A (Form 990 or 990-EZ) 2012							Page <b>2</b>
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	iplete Pa	rt III.)	
	ection A. Public Support endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2	312	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not include 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	<b>Total.</b> 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							
6	(f) <b>Public support.</b> Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 20	)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	business activities, whether or not							
	the business is regularly carried							
	on							
10	Other income Do not include gain or loss from the sale of capital							
	assets (Explain in Part IV )							
11	Total support (Add lines 7 through							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	<b>First five years.</b> If the Form 990 is this box and <b>stop here</b>							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and <b>stop here.</b> The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	<b>►</b> □
b	<b>33</b> 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and <b>stop here.</b> The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,rF3	<b>▶</b> □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							<b>▶</b> ┌

Schedule A (Form 990 or 990-EZ) 2012 Page 3 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) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 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						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
	Amounts included on lines 1, 2,						
/a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
_	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6 )						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	( <b>d)</b> 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					<u> </u>
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. 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

Schedule A (Form 990 or 990-EZ) 2012

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

DLN: 93493163002054

## OMB No 1545-0047

## **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Political Campaign and Lobbying Activities**

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.

Inspection

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

- 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(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** ADELPHI UNIVERSITY 11-1630741 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 ☐ Yes Was a correction made? 4a □ No If "Yes," describe in Part IV

### Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b 3 Did the filing organization file Form 1120-POL for this year? Yes 4

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

**f** Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2012					Page 2	
Pa	art II-A Complete if the organization	is exempt under	section 501(	c)(3) and fil	ed Form 5768	(election	
_	under section 501(h)). Check ► if the filing organization belongs to a	an affiliated group (and	lict in Part IV os	ach affiliated are	un mambar's nam	o addross EIN	
	expenses, and share of excess lobb	ying expenditures)		_	up member s nam	e, address, LTN	
<u>B</u>	Check Frifthe filing organization checked box	x A and "limited contro	ıl" provisions apı	oly			
	Limits on Lobbying E (The term "expenditures" means an		l <b>.</b> )		(a) Filing organization's totals	<b>(b)</b> Affiliated group totals	
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lob	bying)				
b	Total lobbying expenditures to influence a legisla	ative body (direct lobb	yıng)				
c	Total lobbying expenditures (add lines 1a and 1b	o)					
d	O ther exempt purpose expenditures						
e	Total exempt purpose expenditures (add lines 1c	c and 1d)					
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both				
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:				
	Not over \$500,000	20% of the amount on li	ne 1e				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	0,000			
	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 lin	e 1f)					
_	Subtract line 1g from line 1a If zero or less, ente	•		-			
i	Subtract line 1f from line 1c If zero or less, ente			-			
_	If there is an amount other than zero on either lin		organization file	Form 4720 rep	norting		
-	section 4911 tax for this year?					┌ Yes ┌ No	
_	4-Voor Av	veraging Period U	Inder Section	F01/b)			
	(Some organizations that made a scolumns below. See the	section 501(h) el	ection do not	have to cor		ne five	
	Lobbying Expe	enditures During	4-Year Avera	ging Period		1	
	Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	( <b>d)</b> 2012	<b>(e)</b> Total	
2a	Lobbying nontaxable amount						
b	Lobbying ceiling amount (150% of line 2a, column(e))						
c	Total lobbying expenditures						
d	Grassroots nontavable amount						

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

For o	and "Voc" recognize to lines 15 through 1, below, provide in Part IV a detailed description of the lebbung	(a	1)	(b)	
activ	ach "Yes" response to lines 1a through 11 below, provide in Part IV a detailed description of the lobbying ty.	Yes	No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?		Νo		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo		
C	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?		Νo		
е	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?		Νo		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		83,872	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo		
i	O ther activities?		No		
j	Total Add lines 1c through 1i			83,872	
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?		Ī		
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)	)(5), o	r section	

			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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

-	Dues, assessments and similar amounts nom members	_	
2	Section 162(e) nondeductible 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	

### 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, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information

Identifier	Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1G	LOBBYING	ADELPHI UNIVERSITY HAS ENGAGED THE FIRM, DAVIDOFF, HUTCHER AND CITRON TO ASSIST WITH ITS STRATEGIC PLANNING GOAL AND TO FORMULATE A PLAN IN THIS REGARD THE IMPLEMENTATION OF THIS PLAN INCLUDES THE FINAL PREPARATION OF SUPPORTING DOCUMENTATION, THE PREPARATION OF TESTIMONY BEFORE RELEVANT COMMITTEES OF THE NEW YORK STATE LEGISLATURE, THE DEVELOPMENT OF LEGISLATIVE STRATEGIES CONCERNING THE INITIATIVE AND THE DEVELOPMENT OF MEETINGS WITH MEMBERS OF THE NEW YORK STATE LEGISLATURE IN ADDITION, THE FIRM PROVIDES STRATEGIC COUNSELING AND SERVES AS LIAISON TO APPROPRIATE GOVERNMENT AGENCIES AS NECESSARY, REPORTING ON GOVERNMENT PROGRAMS RELEVANT TO THE INITIATIVES AND OTHER POSSIBLE AREAS OF INTEREST TO ADELPHI UNIVERSITY DURING FISCAL YEAR 2012-13, THE UNIVERSITY PAID \$81,535 TO THE FIRM, DAVIDOFF, HUTCHER AND CITRON IN ADDITION, THE UNIVERSITY PAID \$39,671 TO THE COMMISSION ON INDEPENDENT COLLEGES AND UNIVERSITIES OF WHICH \$2,337 IS ATTRIBUTABLE TO LOBBYING

DLN: 93493163002054

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

	me of the organization	•	Emp	ployer identification number
ADE	LPHI UNIVERSITY		11-	1630741
Pa	rt I Organizations Maintaining Donor Ad			
	organization answered "Yes" to Form 990	(a) Donor advised funds		(b) Funds and other accounts
L	Total number at end of year	(a) Donor advised failes		(b) I unus unu other accounts
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
1	Aggregate value at end of year			
5	Did the organization inform all donors and donor advis funds are the organization's property, subject to the or		nor adv	ısed <b>Yes No</b>
5	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the bene conferring impermissible private benefit?	onor advisors in writing that grant funds		
Pai	t II Conservation Easements. Complete if	the organization answered "Yes" t	to Forr	n 990, Part IV, line 7.
l 2	Purpose(s) of conservation easements held by the org Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	or education)  Preservation of ar Preservation of a	certifie	d historic structure
	easement on the last day of the tax year	·		
				Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified histo	, ,	2c	
d	Number of conservation easements included in (c) acc historic structure listed in the National Register	quired after 8/17/06, and not on a	2d	
;	Number of conservation easements modified, transfer	red, released, extinguished, or terminat	ed by th	he organization during
	the tax year 🛌			
ŀ	Number of states where property subject to conservat	ion easement is located ►		
;	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, han	idling of	f violations, and Yes No
5	Staff and volunteer hours devoted to monitoring, inspe	ecting, and enforcing conservation ease	ments (	during the year
7	Amount of expenses incurred in monitoring, inspecting	g, and enforcing conservation easement	s durın	g the year
3	Does each conservation easement reported on line 2( and section 170(h)(4)(B)(ii)?	d) above satisfy the requirements of sec	ction 1	70(h)(4)(B)(ı) <b>Yes No</b>
)	In Part XIII, describe how the organization reports co balance sheet, and include, if applicable, the text of th the organization's accounting for conservation easeme	e footnote to the organization's financia		nse statement, and
ar	Organizations Maintaining Collection Complete if the organization answered "Y		or Ot	her Similar Assets.
la	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide, in Part XIII, the text of the footnote	L16 (ASC 958), not to report in its reve ets held for public exhibition, education,	or rese	earch in furtherance of public
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide the following amounts relating to these	l 16 (ASC 958), to report in its revenue ets held for public exhibition, education,	statem	nent and balance sheet
	(i) Revenues included in Form 990, Part VIII, line 1			<b>▶</b> \$
	(ii) Assets included in Form 990, Part X			<b>►</b> \$
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS			
a	Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$
ь				· <del>-</del>
a b	Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X			► \$ ► \$

b Contributions	
b   Scholarly research   e   Other   c   Preservation for future generations 4   Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII   5   During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?   Yes   Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 90, or reported an amount on Form 990, Part X, line 21.  1a   Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?   Yes	
Preservation for future generations  Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII  During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  If "Yes," explain the arrangement in Part XIII and complete the following table  Beginning balance  Additions during the year  Ending balance  Did the organization include an amount on Form 990, Part X, line 21?  Part V Endowment Funds. Complete if the organization has been provided in Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  (a) Current year (b) Prior year back (d) Three years back (e) Four years back (d) Three years back (d) Three years back (d) Three years back (e) Four years b	
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII  During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part X, line 21.  Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  If "Yes," explain the arrangement in Part XIII and complete the following table  Beginning balance  Additions during the year  Did the organization include an amount on Form 990, Part X, line 21?  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part XIII  Beginning of year balance  (a)Current year  (b)Pinor year  Beginning of year balance  (a)Current year  (b)Pinor year  (b) C)Two years back (d)Three years back (e)Four year balance (a)Current year  (b) Contributions  (a)Current year  (b) Contributions  (b) Contributions  (c) Net investment earnings, gains, and losses  (d) Grants or scholarships  (e) Cother expenditures for facilities and programs  (a) Cother expenditures for facilities and programs  (b) Cother expenditures for facilities and programs  (a) Cother expenditures for facilities and programs  (b) Cother expenditures for facilities and programs  (b) Cother expenditures for facilities and programs  (c) Cother expenditures for facilities and programs  (d) Co	
Part XIII  5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?    Ves	
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  Ia   Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?    Ves	
Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.    Ia   Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?   If "Yes," explain the arrangement in Part XIII and complete the following table    C   Beginning balance   Ic   Id	_
Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  Ia Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table  c Beginning balance  d Additions during the year  e Distributions during the year  f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21?  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  (a)Current year (b)Prior year b (c)Two years back (d)Three years back (e)Four years back of the current year of the part	√ No
Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table    Amount   1c	
Amount	┌ No
C	
Additions during the year  Distributions during the year  Ending balance  Did the organization include an amount on Form 990, Part X, line 21?  Tyes	
Ending balance  Did the organization include an amount on Form 990, Part X, line 21?  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  Beginning of year balance (a)Current year (b)Prior year (b)C)Two years back (d)Three years back (e)Four year (b)C)Two year back (e)Four yea	
Ending balance  Did the organization include an amount on Form 990, Part X, line 21?  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  (a) Current year (b) Prior year (b) (c) Two years back (d) Three years back (e) Four years back (	
Did the organization include an amount on Form 990, Part X, line 21?  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  (a)Current year (b)Prior year b (c)Two years back (d)Three years back (e)Four year b (c)Two years back (d)Three years back (e)Four year b (c)Two years back (d)Three years back (e)Four year b (c)Four year b (c)Fo	
If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII	
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  (a)Current year (b)Prior year b (c)Two years back (d)Three years back (e)Four years back (d)Three years back (d)Three years back (e)Four years back (d)Three years back (e)Four years back (d)Three years back (d)Three years back (e)Four years back (d)Three years back (d)Three years back (e)Four years back (d)Three years back (e)Four years back (d)Three years back (e)Four years back (d)Three years back (d)Three years back (d)Three years back (e)Four years back (d)Three years back (e)Four years back (d)Three years back (d)Three years back (e)Four years back (d)Three years back (d)Three years back (d)Three years back (d)Three years back (e)Four years back (d)Three years back (d)Three years back (e)Four years back (d)Three years back (e)Four years back (d)Three years ba	┌ No
(a) Current year         (b) Prior year         b (c) Two years back         (d) Three years back         (e) Four years           1a         Beginning of year balance         136,116,979         121,107,043         105,999,399         96,823,763         10           b         Contributions         1,122,030         5,113,468         3,584,357         4,196,535           c         Net investment earnings, gains, and losses         13,247,927         10,751,785         12,202,854         5,604,280         -1           d         Grants or scholarships         754,376         547,322         456,198         312,208           e         Other expenditures for facilities and programs         420,239         307,995         223,369         312,971           f         Administrative expenses         149,312,321         136,116,979         121,107,043         105,999,399         9           2         Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as	Γ
1a       Beginning of year balance	
b Contributions	ars back 4,837,450
c       Net investment earnings, gains, and losses       13,247,927       10,751,785       12,202,854       5,604,280       -1         d       Grants or scholarships        754,376       547,322       456,198       312,208         e       Other expenditures for facilities and programs        420,239       307,995       223,369       312,971         f       Administrative expenses        149,312,321       136,116,979       121,107,043       105,999,399       9         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as	3,846,233
d Grants or scholarships	<del></del>
e Other expenditures for facilities and programs	0,889,920
and programs	615,599
g End of year balance	354,401
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as	
	6,823,763
a Board designated or quasi-endowment ► 76 480 %	
<b>b</b> Permanent endowment ► 16 690 %	
c Temporarily restricted endowment ► 6 830 %	
The percentages in lines 2a, 2b, and 2c should equal 100%	
Are there endowment funds not in the possession of the organization that are held and administered for the organization by  Yes	N-
organization by  (i) unrelated organizations	No No
(ii) related organizations	No
<b>b</b> If "Yes" to 3a(II), are the related organizations listed as required on Schedule R?	
4 Describe in Part XIII the intended uses of the organization's endowment funds	
Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.	
Description of property  (a) Cost or other basis (investment)  (b) Cost or other depreciation  (c) Accumulated depreciation	k value
<b>1a</b> Land	2,158,865
<b>b</b> Buildings	3,260,005
<b>c</b> Leasehold improvements	507,992
<b>d</b> Equipment	,077,591
	2,132,611
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)	2,137,064

	e Form 990, Part X, line 12.	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives (2)Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<b>F</b>	
Part VIII Investments—Program Related. S	ee Form 990, Part X, line 13	3.
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>F</b>	
Part IX Other Assets. See Form 990, Part X, (a) Desc		(b) Book value
(a) Desc	Прстоп	(b) Book value
Total (Column (h) must equal Form 900, Part V, col (P) line	15.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part		
Part X Other Liabilities. See Form 990, Part	: X, line 25.	
Part X Other Liabilities. See Form 990, Part  (a) Description of liability	X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part	: X, line 25.	
Part X Other Liabilities. See Form 990, Part  (a) Description of liability	X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part  (a) Description of liability	X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part  (a) Description of liability	X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part  (a) Description of liability	X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part  (a) Description of liability	X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part  (a) Description of liability	X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part  (a) Description of liability	X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part  (a) Description of liability	X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part  (a) Description of liability	X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part  (a) Description of liability	X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part  (a) Description of liability	X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part  (a) Description of liability	X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability  Federal income taxes	X, line 25. (b) Book value	

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retu	ırn
1 Total revenue, gains, and other support per audited financial statements	195,356,324
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a Net unrealized gains on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
<b>d</b> Other (Describe in Part XIII )	
e Add lines 2a through 2d	4,996,748
3 Subtract line <b>2e</b> from line <b>1</b>	190,359,576
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a Investment expenses not included on Form 990, Part VIII, line 7b . 4a 325,681	
<b>b</b> Other (Describe in Part XIII )	
c Add lines 4a and 4b	47,122,106
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	237,481,682
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Re	turn
1 Total expenses and losses per audited financial statements	181,646,333
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	
a Donated services and use of facilities	
<b>b</b> Prior year adjustments	
c Other losses	
d Other (Describe in Part XIII )	
e Add lines <b>2a</b> through <b>2d</b>	106,747
3 Subtract line <b>2e</b> from line <b>1</b>	181,539,586
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a 325,681	
<b>b</b> Other (Describe in Part XIII )	
c Add lines <b>4a</b> and <b>4b</b>	47,122,106
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	228,661,692
Part XIII Supplemental Information	

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

Identifier	Return Reference	Explanation
Schedule D, Part III, Line 1a and 4	Collections of Art	The University maintains an inventory of works of art. The works of art are primarily comprised of paintings and sculptures and are displayed throughout the campus. Under the provisions of SFAS 116, the University is not required to and does not report these items in its financial statements.
Schedule D, Part X, Line 2	Uncertain Tax Provisions Under "FIN 48" (ACS 740)	"The University follows ASC 740-10 which clarifies the accounting for uncertainty in tax positions taken or expected to be taken in a return, including issues relating to financial statement recognition and measurement. This section provides that the tax effects from an uncertain tax position can be recognized in the financial statement only if the position is "more likely than not" to be sustained if the position were challenged by a taxing authority. The assessment of the tax position is based solely on the technical merits of the position, without regard to the likelihood that the tax position may be challenged. The University is exempt from federal income taxation by virtue of being an organization described in Section 501(c)(3) of the Internal Revenue Code. Nevertheless, the University may be subject to tax on income unrelated to its exempt purpose, unless that income is otherwise excluded by the Code. The tax years ended August 31, 2010, 2011, 2012 and 2013 are still open to audit for both federal and state purposes. Management has determined that there are no material uncertain tax positions within its consolidated financial statements."
Schedule D, Part XI & Part XII, Lines 2d	Reconciliation of Revenue & Expenses Per 990 to Financial Statements	RENT EXPENSE TOTALING \$106,747 IS INCLUDED ON THE 990, PART VIII, LINE 6B RENT EXPENSE IS INCLUDED WITH EXPENDITURES IN THE FINANCIAL STATEMENTS AND IS SHOWN NET WITH REVENUE ON THE 990
SCHEDULE D, PARTS XI AND XII, LINES 4B	Reconciliation of Revenue & Expenses per 990 to Financial Statements	LINES 4B IN PARTS XI AND XII ON SCHEDULE B SHOW \$46,796,425 AS "OTHER" THIS AMOUNT REPRESENTS PROFESSIONAL FUNDRAISING FEES (SHOWN NET ON FINANCIAL STATEMENTS) TOTALING \$103,826 AND SCHOLARSHIPS (SHOWN NET ON FINANCIAL STATEMENTS) TOTALING \$46,692,599
SCHEDULE D, PART V, LINE 4	PURPOSE OF ENDOWMENT FUNDS	THE UNIVERSITY'S ENDOWMENT IS AN AGGREGATION OF GIFTS PROVIDED BY DONORS WITH THE REQUIREMENT THEY BE HELD IN PERPETUITY TO GENERATE EARNINGS NOW AND IN FUTURE YEARS TO SUPPORT THE UNIVERSITY'S PROGRAMS OF INSTRUCTION, RESEARCH AND PUBLIC SERVICE, AND FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENT EARNINGS FROM ENDOWMENT INVESTMENTS SUPPORT SCHOLARSHIPS, CHAIRS, PROFESSORSHIPS, FELLOWSHIPS, BASIC RESEARCH AS WELL AS ACADEMIC AND PUBLIC SERVICE PROGRAMS

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493163002054

### OMB No 1545-0047

### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

ADELPHI UNIVERSITY

Name of the organization

## **Schools**

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

► Attach to Form 990 or Form 990-EZ.

**Employer identification number** 

11-1630741 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? 2 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 3 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 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 Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 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? Νo 5a **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo 5h Νo h Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a 6a Does the organization receive any financial aid or assistance from a governmental agency? Yes b Has the organization's right to such aid ever been revoked or suspended? 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)

Identifier	Return Reference	Explanation
SCHEDULE E, PART I, LINE 3	PUBLICIZED RACIALLY NONDISCRIMINATORY POLICY	THIS POLICY IS PUBLICIZED IN PRINTED MEDIA WITH NEWSPAPER ADVERTISEMENTS AS WELL AS IN THE COURSE REGISTRATION GUIDES
SCHEDULE E, PART I, LINE 6A	UNIVERSITY'S RECEIPT OF FUNDS FROM GOVERNMENT AGENCIES	THE UNIVERSITY RECEIVES FUNDS FROM VARIOUS FEDERAL, STATE AND LOCAL GOVERNMENT AGENCIES FOR STUDENT FINANCIAL ASSISTANCE, HEALTH AND HUMAN SERVICES AND RESEARCH AND DEVELOPMENT GRANTS

Schedule E (Form 990 or 990-EZ) 2012

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493163002054

OMB No 1545-0047

No

2012

Open to Public Inspection

**Employer identification number** 

11-1630741

SCHEDULE F (Form 990)

### **Statement of Activities Outside the United States**

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

Department of the Treasury Internal Revenue Service

Part I

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization ADELPHI UNIVERSITY

	11 1000/11
General Information on Activities Outside the United States. Complete	ıf the organization answered
"Yes" to Form 990, Part IV, line 14b.	

- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
	See Add'l Data					
За	Sub-total					37,503,448
	Total from continuation sheets to Part I					206,359
c	Totals (add lines 3a and 3b)					37,709,807

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	<b>(f)</b> 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				ted above that are r e or counsel has pro					
3	Enter total nur	mber of other or	ganizations or en	tities					

Schedule F (Form 990) 2012

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.

Part III can be	duplicated if additio	nal space is n	eeded.				
(a) Type of grant or assistance	( <b>b)</b> Region	(c) Number of recipients	( <b>d)</b> A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	( <b>h)</b> Method of valuation (book, FMV, appraisal, other)
SCHOLARSHIPS - STUDY ABROAD	Europe (Including Iceland and Greenland)	23		Credit Acct			
Scholarships - Study Abroad	Mıddle East and North Afrıca	1	12,000	CREDIT ACCT			
Scholarships - Study Abroad	East Asia and the Pacific	1	5,875	CREDIT ACCT			

### Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	굣	Yes	Γ	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Γ	Yes	<u>~</u>	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Г	Yes	[~	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	<u> </u>	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)	Г	Yes	<b>▽</b>	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	[~	Νo

Schedule F (Form 990) 2012

### Part V Supplemental Information

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

as applicable. Also co	mplete this part to provide any ad	ditional information (see instructions).
Identifier	ReturnReference	Explanation
SCHEDULE F, PART I, LINE 3	ACTIVITIES PER REGION - INVESTMENTS	INVESTMENTS OUTSIDE THE UNITED STATES, LISTED ON SCHEDULE F, PART I, LINE 3 RELATE TO THE UNIVERSITY'S INVESTMENTS IN FOREIGN AND GLOBAL EQUITIES FUNDS
SCHEDULE F, PART 1, LINE 3	STUDY ABROAD	EXPENDITURES LISTED ON SCHEDULE F, PART I, LINE 3 FOR EMPLOYEE TRAVEL RELATE TO FOREIGN TRAVEL OF THE UNIVERSITY'S PROFESSORS AND ADMINISTRATORS FOR THE PURPOSE OF STUDENT RECRUITMENT, FACULTY TRAVEL AND STUDENT STUDY ABROAD EXPENDITURES LISTED ON SCHEDULER F, PART I LINE 3 FOR STUDENT STUDY ABROAD ARE PAYMENTS TO FOREIGN ORGANIZATIONS THAT HOST THE STUDY ABROAD PROGRAM FOR STUDENTS THAT ARE ENROLLED AT ADELPHI WHO ARE PARTICIPATING IN THE PROGRAM
SCHEDULE F, PART 1, LINE 2 AND PART III	GRANTS TO INDIVIDUALS	SCHOLARSHIPS LISTED ON SCHEDULE F, PART III WERE
PART III	OUTSIDE THE US	AWARDED TO STUDENTS, ENROLLED AT ADELPHI UNIVERSITY, WHO ARE PARTICIPATING IN A STUDY ABROAD PROGRAM SCHOLARSHIPS ARE AWARDED BASED UPON A REVIEW AND DETERMINATION BY THE UNIVERSITY'S OFFICE OF STUDENT FINANCIAL SERVICES AND ARE GRANTED BASED UPON THE STUDENT'S ELIGIBILITY FOR THE AWARDS SCHOLARSHIPS ARE CREDITED AGAINST TUITION CHARGES ON EACH STUDENT'S ACCOUNT
-		Schodulo E (Form 990) 2012

### **Additional Data**

Software ID: Software Version:

**EIN:** 11-1630741

Name: ADELPHI UNIVERSITY

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(d) is a program service, describe specific type of service	(f) Total expenditures for region
Central America and the Caribbean			INVESTMENTS		645,000
East Asia and the Pacific			Investments		6,938,000
Europe (Including Iceland and Greenland)			Investments		22,958,000

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Middle East and North Africa			Investments		27,000
North America			Investments		1,541,000
Russia and the Newly Independent States			Investments		288,000

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
South America			Investments		2,157,000
South Asia			Investments		2,143,000
Sub-Saharan Africa			Investments		597,000

Form 990 Schedule F	<u>Part I - Activit</u>	<u>ies Outside Tl</u>	he United States	_	
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)			Program Services	Travel & Recruiting	96,936
East Asia and the Pacific			Program Services	Travel & Recruiting	69,770
South Asia			Program Services	Travel & Recruiting	15,091

Form 990 Schedule F P	<u> Part I - Activit</u>	ies Outside Tl	he United States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Russia and the Newly Independent States			Program Services	Travel & Recruiting	8,035
North America			Program Services	Travel & Recruiting	6,460
Middle East and North Africa			Program Services	Travel & Recruiting	5,420

Form 990 Schedule F	<u> Part I - Activit</u>	<u>ties Outside T</u>	he United States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
South America			Program Services	Travel & Recruiting	4,657
Sub-Saharan Africa			Program Services	Travel & Recruiting	3,079
East Asia and the Pacific			Program Services	STUDENT STUDY ABROAD	16,050

<u>  Form 990 Schedule F F</u>	Form 990 Schedule F Part I - Activities Outside The United States						
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region		
Europe (Including Iceland and Greenland)				STUDENT STUDY ABROAD	190,309		

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

DLN: 93493163002054

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service

Name of the organization

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. Form 990-EZ filers are not required to complete this part.

**Supplemental Information Regarding** 

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

**Employer identification number** 

ADELPHI UNIVERSITY						11-1630741	
Part I Fundraising A	<b>ctivities.</b> Complete	e if the or	ganızatı	on answered	"Yes" to	Form 990, Part IV,	line 17.
<ul> <li>Indicate whether the organizations</li> <li>✓ Mail solicitations</li> <li>✓ Internet and email solicitations</li> <li>✓ Phone solicitations</li> <li>✓ In-person solicitation</li> <li>Did the organization have or key employees listed in the properties of the properties of the properties of the compensated at least terms.</li> </ul>	olicitations ns e a written or oral agre in Form 990, Part VII) est paid individuals or	ement with or entity entities (f	e f g n any indi	Solicitatio Solicitatio Special fu  vidual (includin	n of non- n of gove ndraising g officers ssional fu	government grants rnment grants events , directors, trustees ndraising services?	<b>▽ Yes  ̄ N</b> draiser is
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outions?	(iv) Gross re from activ		(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No				
RUFFALO CODY- SEE PART IV	PHONATHON		No	1	10,470	103,826	6,644
BENTZ WHALEY FLESSNER	CONSULTING		No			55,197	
			_				
Total		tered or lie	<b>▶</b> censed to		10,470 r has bee	159,023 n notified it is exempt	6,6 from registration or

Sche	edule	G (Form 990 or 990-EZ) 2012				Page 2
Pa	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts of	aising event contributi			
		evente mai grees receipte g	(a) Event #1  GALA  (event type)	(b) Event #2  GOLF CLASSIC (event type)	(c) O ther events  2 (total number)	(d) Total events (add col (a) through col (c))
Ме	1	Gross receipts	405,900	113,755	53,755	573,410
Revenue	2	Less Contributions	74,586	24,645	11,830	111,061
	3	Gross income (line 1 minus line 2)	331,314	89,110	41,925	462,349
	4	Cash prizes		425	3,623	4,048
မွာ	5	Noncash prizes				
Expenses	6	Rent/facility costs		24,806	3	24,806
ă	7	Food and beverages .	76,910	20,306	20,798	118,014
Direct	8	Entertainment	7,950			7,950
Δ	9	Other direct expenses .	44,438	8,194	9,862	62,494
	10	Direct expense summary Add lin	nes 4 through 9 ın column	(d)	•	(217,312)
	11	Net income summary Combine I	ine 3, column (d), and line	10		245,037
Par	t III	<b>Gaming.</b> Complete if the o \$15,000 on Form 990-EZ, li		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than
Revenue		, ,	(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1	Gross revenue				
န္တမွ	2	Cash prizes				
sesued	3	Non-cash prizes				
Direct B	4	Rent/facility costs				
짇	5	Other direct expenses				
	6	Volunteer labor	☐ Yes ☐ No	┌ Yes_	┌ Yes No	_
		Direct expense summary Add line				
	8	Net gaming income summary Con	nbine lines 1 and 7 in colu	ımn (d)	<u> </u>	
9 a b	Ist	er the state(s) in which the organiz the organization licensed to operate No," explain	gaming activities in each	n of these states?		. 「Yes 「No
10a b	Wer	re any of the organization's gaming Yes," explain	licenses revoked, susper	ided or terminated during	the tax year?	

Does	the organization operate gaming activities with nonmembers?
L2	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
.3	Indicate the percentage of gaming activity operated in
а	The organization's facility
b	An outside facility
4	Enter the name and address of the person who prepares the organization's gaming/special events books and records
	Name 🟲
	Address F
.5a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization 🟲 \$ and the
	amount of gaming revenue retained by the third party • \$
c	If "Yes," enter name and address of the third party
	Name ▶
	Address ►
6	Gaming manager information
	Name ▶
	Gaming manager compensation ► \$
	Description of services provided 🕨
	☐ Director/officer ☐ Employee ☐ Independent contractor
7	Mandatory distributions
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent
	in the organization's own exempt activities during the tax year ▶ \$

part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
SCHEDULE G, PART I, LINE 2B	FUNDRAISING CONSULTANT	RUFFALO CODY IS A PROFESSIONAL FUNDRAISING FIRM IN ADDITION TO CALLING THE UNIVERSITY'S ALUMNI AND SOLICITING FINANCIAL SUPPORT FOR THE PHONATHON, RUFFALO CODY VERIFIES AND UPDATES IMPORTANT BIOGRAGPHICAL INFORMATION THIS INFORMATION IS USED TO UPDATE THE UNIVERSITY'S ALUMNI RECORDS AND THIS PROVIDES A VALUABLE VEHICLE TO MESSAGE NEWS AND UPDATES ABOUT THE UNIVERSITY TO ITS ALUMNI THESE FUNCTIONS PROVIDE ADDITIONAL VALUE TO ALL FUNDRAISING AND ALUMNI ENGAGEMENT EFFORTS BENTZ WHALEY FLESSNER IS A PROFESSIONAL FUNDRAISING CONSULTING FIRM

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

Schedule I

(Form 990)

Department of the Treasury

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

OMB No 1545-0047

DLN: 93493163002054

Open to Public

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

Internal Revenue Service			Attach to Form 990				Inspection
Name of the organization ADELPHI UNIVERSITY						Employer identification	on number
						11-1630741	
Part I General Informat	ion on Grants and	Assistance					
1 Does the organization maintain							ΓYes ΓN
the selection criteria used to  Describe in Part IV the organ							)* 1 <b>es</b>   1
	<u>_</u>		rganizations in the		nplete if the orga	 nızatıon answered "Y	es" to
			more than \$5,000. Pa				
(a) Name and address of organization	<b>(b)</b> EIN	(c) IRC Code section	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash	<b>(f)</b> Method of valuation	(g) Description of non-cash assistance	(h) Purpose of grar
or government		ıf applıcable	grant	assistance	(book, FMV,	non cush ussistance	or assistance
					appraisal,		
					other)		
	1	1		l I		1	1
			+				
			+				
2 Enter total number of section	501(c)(3) and governn	nent organizations lis	ted in the line 1 table .			•	
3 Enter total number of other or	ganızatıons lısted ın th	e line 1 table	<u> </u>	<u></u>	<u></u>	. <u></u> . ►	
For Paperwork Reduction Act Notice, s				Cat No 50055P			le I (Form 990) 2012

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
	Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	<b>(d)</b> A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS TO STUDENTS	4361	46,556,975			

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

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

DLN: 93493163002054

OMB No 1545-0047

#### **Schedule J** (Form 990)

Department of the Treasury Internal Revenue Service

# **Compensation Information**

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

Name of the organization ADELPHI UNIVERSITY

**Employer identification number** 

11-1630741

Par	rt I Questions Regarding Compensation				
				Yes	No
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 or provision of all of the expenses descr		1b	Yes	
2	Did the organization require substantiation prior to reim directors, trustees, and the CEO/Executive Director, re		2	Yes	
3	Indicate which, if any, of the following the filing organiza organization's CEO/Executive Director Check all that a used by a related organization to establish compensation				
	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	ment?	4a		Νo
b	Participate in, or receive payment from, a supplemental	nonqualified retirement plan?	4b		Νο
c	Participate in, or receive payment from, an equity-based	d 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		Νο
	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		Νο
	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," desc		7		No
8	Were any amounts reported in Form 990, Part VII, paid				
	subject to the initial contract exception described in Re	gulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın 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		

#### 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)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(ii) Bonus & (iii) Other		(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation	
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2012

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Also complete this part for any addition	nar miormation	
Identifier	Return Reference	Explanation
Schedule J, Part I, Line 1a	COMPENSATION	AS A CONDITION OF EMPLOYMENT AND FOR THE CONVENIENCE OF THE UNIVERSTIY, THE PRESIDENT IS REQUIRED TO LIVE IN A UNIVERSITY RESIDENCE IN ADDITION, HOUSEKEEPING SERVICES ARE REQUIRED FOR THE RESIDENCE ANY PERSONAL USAGE IS TREATED AS TAXABLE INCOME AMOUNTS ARE INCLUDED ON THE 990, PART VII AND SCHEDULE J, PART II
, ,	COMPENSATION	OTHER REPORTABLE COMPENSATION LISTED IN COLUMN B(III) FOR THE UNIVERSITY'S PROFESSORS REPORTED ON LINES 13 AND 14 INCLUDES COMPENSATION FOR COURSES TAUGHT AND ADDITIONAL RESPONSIBILITIES BEYOND THE REQUIRED FULL-TIME FACULTY COURSE LOAD IN ADDITION, EMPLOYEE CONTRIBUTIONS INTO A 457(B) PLAN ARE INCLUDED IN COLUMN B (III)
	EMPLOYEES	RONALD S FEINGOLD AND STEVEN J RUBIN WERE LISTED ON PREVIOUS FORMS 990 AS KEY EMPLOYEES WITH COMPENSATION REPORTABLE FROM THEIR ROLES AS SUCH CURRENTLY, NEITHER ARE TRUSTEES, OFFICERS OR KEY EMPLOYEES, BUT ARE LISTED DUE TO THEIR FORMER LISTING AS KEY EMPLOYEES AND BECAUSE BOTH WERE PAID AS PROFESSORS DURING THE 2012 CALENDAR YEAR

Schedule J (Form 990) 2012

Software ID: Software Version:

**EIN:** 11-1630741

Name: ADELPHI UNIVERSITY

Form 990, Schedule J, Pa (A) Name	irt J							<b>(F)</b> Compensation
(A) Name		(i) Base Compensation	W-2 and/or 1099-MIS (ii) Bonus & Incentive compensation	(iii) O ther compensation	<b>(C)</b> Deferred compensation	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(I)-(D)	reported in prior Form 990 or Form 990-EZ
ROBERT A SCOTT	(I) (II)		0 0	28,535 0	28,750 0	86,611 0	650,993 0	0
TIMOTHY P BURTON	(I) (II)		25,000 0	17,000 0	23,750 0	25,999 0	391,945 0	0 0
ANGELO B PROTO	(I) (II)		0 0	8,008 0	28,750 0	13 0	326,649 0	0
GAYLE D INSLER	(I) (II)		0	17,000 0	28,750 0	3,513 0	338,052 0	0
CHRISTIAN VAUPEL	(1) (11)		25,000 0	0	22,570 0	23,485	300,887 0	0
LORI A DUGGAN GOLD	(ı) (ıı)		0	0	19,800	34,330 0	249,185 0	0
RAKESH GUPTA	(ı) (ıı)		0	0	28,750 0	26,943 0	301,082 0	0
PATRICK R COONAN	(1) (11)		0	16,350 0	21,014	27,453 0	291,469 0	0
ANDREW W SAFYER	(I) (II)		0	27,040 0	19,921	29,836 0	274,372 0	0
SAM L GROGG	(ı) (ıı)		0	0	22,064	28,462	272,036 0	0
ROBERT DECARLO	(I) (II)		0	0	23,183	15,322 0	232,188 0	0
JANE ASHDOWN	(ı) (ıı)		0	0	16,391 0	22,485 0	224,969	0
BENJAMIN S WEEKS	(I) (II)		0	102,900	11,599 0	51,668 0	280,895 0	0
ROBERT D JONES	(1) (11)		0	92,656	11,950 0	13	208,535	0
RICHARD K GARNER	(1) (11)		0	16,900 0	22,485	9,770 0	225,486 0	0
JACQUES BARBER	(1) (11)	182,320 0	0	10,400	28,226 0	27,775 0	248,721 0	0
JACK P CHEN	(I) (II)	173,379 0	0	17,956 0	19,133	32,255	242,723 0	0
RONALD S FEINGOLD	(I) (II)	141,417 0	0	13,852	16,527 0	9,928	181,724 0	0
STEVEN J RUBIN	(I) (II)	122,628 0	0	0	14,387	12,581 0	149,596 0	0

DLN: 93493163002054

Open to Public

Inspection

OMB No 1545-0047

**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 Part VI.

► Attach to Form 990.

► See separate instructions.

Internal Revenue Service Name of the organization

Department of the Treasury

(Form 990)

Employer identification number

ΑD	ELPHI UNIVERSITY								11-	163074	1			
P	art I Bond Issues								I					
	(a) Issuer name	(b) Issuer EIN	<b>(c)</b> CUSIP #	(d) Date issued	<b>(e)</b> Issue pr	ıce	<b>(f)</b> Description	on of purpose	( <b>g</b> ) De	efeased	beh	On alf of suer		Pool ncing
									Yes	No	Yes	No	Yes	No
A	TOWN OF HEMPSTEAD INDUSTRIAL DEVELOPMENT AGENCY	11-6001929	424674CX5	10-27-2005	42,436,	465 CONS		-SPORTS/AR	TS	x		x		X
В	TOWN OF HEMPSTEAD LOCAL DEVELOPMENT CORPORATION	11-2798949	424682AW2	09-30-2009	31,807,	584 CON: REFU	STRUCT DOF NDING	RMITORY/AD	V	х		х		х
С	TOWN OF HEMPSTEAD LOCAL DEVELOPMENT CORPORATION	11-2798949	424682CF7	06-15-2011	25,318,	662 CON	TRUCT MITORY/ADV	REFUNDING	G	x		х		х
P	art II Proceeds								·					
	A					1	+	В	1	С			D	
1	A mount of bonds retired  A mount of bonds legally defea	cod			_		0	0			0			
2	Total proceeds of issue	seu					-	0		25.24.2	0			
3	Gross proceeds in reserve fun	de				44,176,49	+	31,814,560		25,318	,662			
4	Capitalized interest from proce						0	0			0			
5 6	Proceeds in refunding escrows						0	0		11600	707			
7	Issuance costs from proceeds						0	6,399,878		14,603	<del>- +</del>			
<b>/</b>	Credit enhancement from proc					428,00	+	492,134		406	,940			
9	Working capital expenditures f						0	0			0			
10	Capital expenditures from proc	<u> </u>					<del>* </del>			10,182	015			
$\frac{10}{11}$	O ther spent proceeds					43,353,03 395,45		24,768,768 153,780		126				
12	O ther unspent proceeds						n l	133,700		120	,000			
13	Year of substantial completion	 1			20		<del>"</del>	010	2.0	11	$\dashv$			
	· · · · · · · · · · · · · · · · · · ·				Yes	No No	Yes	No	Yes	No	,	Yes	- 1	No
14	Were the bonds issued as part	t of a current refund	ling issue?			Х		Х		Х				
 15	Were the bonds issued as part	t of an advance refu	ındıng ıssue?			Х	X		Х		$\neg \uparrow$		$\top$	
16	Has the final allocation of proc	ceeds been made?			X		T x		X		$\overline{}$		$\top$	
17	Does the organization maintai	n adequate books a	and records to sup	port the final	Х		Х		Х					
Pa	rt IIII Private Business U	lse						•					•	
						<b>A</b>		В		c	[		D	

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-

No

Χ

Yes

Yes

No

Χ

Χ

No

Χ

Χ

Yes

Χ

Yes

No

Part Private Business Use (Continued) D В C Α Yes No Yes No Yes No Yes No Are there any management or service contracts that may result in private business use За Х Х Х of bond-financed property? If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business use of bond-Χ Χ Х financed property? If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside d counsel to review any research agreements relating to the financed property? Enter the percentage of financed property used in a private business use by entities 4 0% 0% 0% other than a section 501(c)(3) organization or a state or local government 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 0% % (c)(3) organization, or a state or local government Total of lines 4 and 5 0% 0% 0% % Does the bond issue meet the private security or payment test? 7 Х Χ Χ Has there been a sale or disposition of any of the bond financed property to a 8a nongovernmental person other than a 501(c)(3) organization since the bonds were Χ Х Х issued? If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of h % 0/∩ % % If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections Χ Х Χ 1 141-12 and 1 145-2? Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Χ Χ Χ Regulations sections 1 141-12 and 1 145-2? Part IV Arbitrage В С D Α Yes No Yes No No Yes Yes No Has the issuer filed Form 8038-T? 1 Χ Χ Χ If "No" to line 1, did the following apply? 2 Rebate not due vet? а Exception to rebate? b No rebate due? Х c Х Χ If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed Is the bond issue a variable rate issue? 3 Χ Χ Χ Has the organization or the governmental issuer entered 4a Χ Χ Χ into a qualified hedge with respect to the bond issue? Name of provider Term of hedge C Was the hedge superintegrated? d Was a hedge terminated?

		Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	×			X		×		
b	Name of provider	FSA CAPITAI MGMTLLC	-	0		0			
С	Term of GIC		2 1						
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	х							
6	Were any gross proceeds invested beyond an available temporary period?		×		X		x		
7	Has the organization established written procedures to monitor the requirements of section 148?		X		X		x		

#### Part V Procedures To Undertake Corrective Action

1	Has the organization established written procedures to ensure
	that violations of federal tax requirements are timely identified
	and corrected through the voluntary closing agreement program if
	self-remediation is not available under applicable regulations?

A		В		С		D	
Yes	No	Yes	No	Yes	No	Yes	No
	Х		X		X		
	,						
			Yes No Yes	Yes No Yes No	Yes No Yes No Yes	Yes No Yes No Yes No	Yes No Yes No Yes No Yes

Part VI Supplemental Inf	ormation. Complete this part to	provide additional information for responses to questions on Schedule K (see instructions).
Identifier	Return Reference	Explanation
SCHEDULE K, PART II, LINE 3, COLUMNS A AND B		TOTAL PROCEEDS OF THE BOND ISSUE FOR THE BONDS LISTED IN PART II, LINE 3, COLUMN A AND B DIFFER FROM THE ISSUE PRICES LISTED IN PART I, LINES A AND B, COLUMN E AS A RESULT OF INVESTMENT EARNINGS ON THE BOND PROCEEDS
SCHEDULE K, PART III, LINE 9 AND PART V		THE UNIVERSITY COMPLIES WITH THE REGULATIONS OF INTERNAL REVENUE CODE SECTIONS 1 141-12, 1 145-2 AND 148 AS WELL AS THE REQUIREMENTS WHICH ARE DOCUMENTED IN THE TAX COMPLIANCE AGREEMENT OF THE BOND DOCUMENTS FOR EACH BOND ISSUE ON AN ON-GOING BASIS, MANAGEMENT MONITORS ANY PRIVATE BUSINESS ACTIVITY WHICH MAY BE CONDUCTED IN FACILITIES THAT HAVE BEEN CONSTRUCTED USING TAX EXEMPT BOND FINANCING IN ADDITION, THE UNIVERSITY'S TAX ACCOUNTING FIRM DETERMINES ANY ARBITRAGE REBATE AND YIELD REDUCTION LIABILITES UNDER THE LAWS CONTAINED IN SECTION 148 OF THE INTERNAL REVENUE CODE FOR EACH OF THE UNIVERITY'S TAX EXEMPT BOND ISSUES
SCHEDULE K, PART IV, LINE 2C		ARBITRAGE - REBATE COMPUTATION FOR EACH OUTSTANDING BOND ISSUE, THE UNIVERSITY'S TAX ACCOUNTING FIRM DETERMINED THAT THERE WAS NO ARBITRAGE REBATE LIABLITIY THE DATES THAT THE REBATE COMPUTATION WAS PERFORMED FOR EACH BOND ISSUE ARE AS FOLLOWS TOWN OF HEMPSTEAD IDA, SERIES 2005 - JANUARY 13, 2009 TOWN OF HEMPSTEAD LDC, SERIES 2009 - AUGUST 10, 2011 TOWN OF HEMPSTEAD LDC, SERIES 2011 - JUNE 18, 2012

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493163002054

DLN: 93493163002054

#### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

#### **Transactions with Interested Persons**

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

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

2012

Open to Public Inspection

Name of the organ ADELPHI UNIVERSITY	nızatıon								<b>1ploye</b> -1630	r ident if	ication	number	•
							501(c)(4) or	ganıza	tions	only).			
Complet <b>1</b> (a) Name of					n Form 990, F p between dis		25a or 25b, or <b>(c)</b> Descri					<u>0b</u> <b>d)</b> Corre	ected?
	<u>'</u>	•			nd organızatı			'				es	No
2 Enter the ame	ount of tax	incurre	d by organiza	ition mai	nagers or dis	qualified per	sons during the	yearı	ınder s	section <b>F</b> \$ -			
3 Enter the am	ount of tax	, ıf any,	on line 2, abo	ove, rein	nbursed by th	e organızatı	on		•	<b>F</b> \$			
Comp	lete if the	organiza	ation answere	ed "Yes"	on Form 990			rm 99	0, Par	t IV, lın	e 26, o	r ıf the	
(a) Name of interested person	(b) Relat	ıonshıp		(d) Lo or fron	an to n the	(e)Origin principa	al <b>(f)</b> Balance I due	1		A ppro	ved rd or	(i)Wri agreen	
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or organization reported an amount on Form 990, Part X, line 5, 6, or 22  (a) Name of (b) Relationship (c) Purpose (d) Loan to (e) Original (f) Balance (g) In (h) interested with organization of loan or from the principal due default? Approved	Yes	No											
												_	
												_	
												_	
												_	
Total				<u> </u>	 t							٦	
Part IIII Gran	ts or As	sistan	ce Benefit	ting In	terested I	Persons.	art IV, line 27						
(a) Name of inte		(b) Rel	ationship bet ted person ar organization	ween	(c) Amount o				tance	(e)	Purpose	e of assi	stance
							_						

Part IV Business Transactions Involving Interested Persons
--

Complete if the organization	n answered "Yes" on I	Form 990, Part IV, lin	e 28a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	of organiz	f zatıon's
		Relationship een interested reganization  (c) Amount of transaction  (d) Description of transaction  (e) Sharing of organization revenues?  Yes No  E 94,834 EMPLOYMENT AT THE UNIVERSITY	No		
(1) ANDREW SAFYER DEAN OF SOCIAL WORK	SPOUSE	l '			No
(2) TIMOTHY BURTONSENIOR VPTREASURER	DAUGHTER	l '			No
(3) SEE NOTES SCHEDULE L PART V					
between interested person and the organization  (1) ANDREW SAFYER DEAN OF SOCIAL SPOUSE  WORK (2) TIMOTHY BURTONSENIOR DAUGHTER  VPTREASURER					

#### Part V Supplemental Information

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

Identifier	Return Reference	Explanation
SCHEDULE L, PART IV	INVOLVING INTERESTED PERSONS	THE SPOUSE OF A KEY EMPLOYEE AND THE DAUGHTER OF AN OFFICER OF THE UNIVERSITY ARE EMPLOYED AT THE UNIVERSITY THE EMPLOYMENT OF BOTH EMPLOYEES IS AT ARMS LENGTH THEIR EMPLOYMENT AT THE UNIVERSITY IS NOT RELATED IN ANY WAY TO THE RESPECTIVE POSITIONS OF THE OFFICER OR THE KEY EMPLOYEE

Schedule L (Form 990 or 990-EZ) 2012

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

DLN: 93493163002054

OMB No 1545-0047

Open to Public Inspection

**SCHEDULE M** (Form 990)

Department of the Treasury

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

**Noncash Contributions** 

Internal Revenue Service Name of the organization ADELPHI UNIVERSITY **Employer identification number** 

					11-1630741			
Pa	rt I Types of Property							
	Art—Works of art	(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d Method of d noncash contrib	- etermı	_	ts
	Art—Historical treasures .							
3								
4	Books and publications							
5	Clothing and household							
6	goods							
	·							
	Intellectual property		1.5	761 205	MARKET OHOTATI	. O N		
9	Securities—Publicly traded .	X	15	/61,205	MARKET QUOTAT	ON		
	Securities—Closely held stock .							
	Securities—Partnership, LLC, or trust interests							
	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	PLEDGES AND							
25	Other►( <u>BEQUESTS</u> )	Х	21	719,477	DISCOUNTED VAL	.UE		
26	O ther ►()							
27	O ther ►()							
28	O ther ► ()							
29	Number of Forms 8283 received				20			
	for which the organization comple	eted Form 8	283, Part IV, Donee Ackno	owledgement [	29		· ·	
							Yes	No
30a	During the year, did the organiza							
	must hold for at least three year			·	d to be used			
	for exempt purposes for the enti					30a		No
	If "Yes," describe the arrangement							
31	Does the organization have a gif	t acceptand	ce policy that requires the i	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?				noncash • • •	32a		No
b	If "Yes," describe in Part II							
	If the organization did not report describe in Part II	an amount	ın column (c) for a type of	property for which column (	a) ıs checked,			

Page 2

Schedule M	(Form 990) (201:
Part II	Supplem

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) (2012)

As Filed Data -

DLN: 93493163002054

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization ADELPHI UNIVERSITY

Employer identification number

11-1630741

ldentifier	Return Reference	Explanation
990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST POLICY	
990, PART VI, SECTION B, LINE 15B	PROCESS OF DETERMINING COMPENSATION	AN INDEPENDENT COMPENSATION CONSULTANT HAS BEEN HIRED BY THE UNIVERSITY TO REVIEW THE COMPENSATION OF THE UNIVERSITY'S OFFICERS THE CONSULTING FIRM REVIEWS COMPENSATION OF THE UNIVERSITY'S OFFICERS IN COMPARISON TO THOSE OFFICERS OF OTHER COLLEGES AND UNIVERSITIES WITH IN OUR SUPPORTED PEER GROUP OF OTHER UNIVERSITIES THEIR RECOMMENDATIONS AND REPORT ARE PRESENTED TO THE UNIVERSITY'S BOARD OF TRUSTEES FOR APPROVAL THE DATE OF THE LAST REPORT OF THE INDEPENDENT CONSULTANTS WAS DECEMBER 2012 THE COMPENSATION OF THE UNIVERSITY'S KEY E  MPLOYEES IS REVIEWED ANNUALLY COMPARISONS ARE MADE TO SALARIES REPORTED BY THE COLLEGE AN  D UNIVERSITY PERSONNEL ASSOCIATION AS WELL AS THE COMPENSATION REPORTED IN OTHER UNIVERSIT  Y'S FORM 990 COMPENSATION OF KEY EMPLOYEES IS PRESENTED TO THE UNIVERSITY'S BOARD OF TRUS  TEES ANNUALLY FOR APPROVAL DETERMINATIONS OF COMPENSATION BY THE BOARD ARE CONTEMPORANIEOU  SLY DOCUMENTED IN THE MINUTES TO THOSE MEETINGS
990, PART VI, SECTION C, LINE 19	DOCUMENTS AVAILABLE FOR PUBLIC INSPECTION	THE UNIVERSITY'S GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST
990, PART VI, SECTION B, LINE 11B	REVIEW OF 990 BY UNIVERSITY'S BOARD OF TRUSTEES	FORM 990 AND ALL SCHEDULES AND FORM 990T ARE PREPARED ANNUALLY BY MANAGEMENT, REVIEWED BY AN EXTERNAL AUDITING FIRM, REVIEWED BY THE BOARD OF TRUSTEES AUDIT COMMITTEE AND PROVIDED TO THE FULL BOARD OF TRUSTEES PRIOR TO FILING THE FORMS WITH THE IRS
990, PART V, LINE 2A	NUMBER OF EMPLOYEES REPORTED ON FORM W-3	THE UNIVERSITY REPORTED 4,455 EMPLOYEES ON FORM W-3, TRANSMITTAL OF WAGE AND TAX STATEMENT FOR 2012 THIS INCLUDES 1,950 STUDENT EMPLOYEES AND GRADUATE ASSISTANTS WHO WORKED AT THE UNIVERSITY DURING 2012

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

DLN: 93493163002054

2012

OMB No 1545-0047

Open to Public Inspection

**Employer identification number** 

# **Related Organizations and Unrelated Partnerships**

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

Department of the Treasury Internal Revenue Service

ADELPHI UNIVERSITY

Name of the organization

(Form 990)

**SCHEDULE R** 

Z/O ADELPHII UNIVERSITY SOUTH AVENU GARDEN CITY, NY 11530 11-2109172	Part IV, line 34 because it ha	<b>(g)</b> ection 512(l
Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part or more related tax-exempt organizations during the tax year.)  Name, address, and Elin of related organization  (a)  Pinamy activity  Legal domicile (state   Exempt Code section   Public charity state   Public charity stat	Part IV, line 34 because it ha	
or more related tax-exempt organizations during the tax year.)  (a) (b) (c) (d) (e) Primary activity Legal domicile (state Exempt Code section Public charity state)	r status	<b>(g)</b> ection 512(l
or more related tax-exempt organizations during the tax year.)  (a) (b) (c) (d) (e) Primary activity Legal domicile (state Exempt Code section Public charity state)	r status	<b>(g)</b> ection 512(
or more related tax-exempt organizations during the tax year.)  (a) (b) (c) (d) (e) Primary activity Legal domicile (state Exempt Code section Public charity state)	r status	<b>(g)</b> ection 512(
or more related tax-exempt organizations during the tax year.)  (a) (b) (c) (d) (e) Name, address, and EIN of related organization  Primary activity Legal domicile (state   Exempt Code section   Public charity state)	r status	<b>(g)</b> ection 512(
Name, address, and EIN of related organization Primary activity Legal domicile (state   Exempt Code section   Public charity sta	status Direct controlling S	ection 512(
		entity? Yes No

(a) Name, address, and EIN o related organization	f	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512-	(f) Share of total income	(g) Share of end-of-yea assets	(h Disprop r allocat	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	ral or	(k) Percentae ownersh
					514)			Yes	No		Yes	No	
V Identification of Related Or line 34 because it had one or r	ganizations Taxa nore related organi	ble as a Corpo zations treated a	ration s a cor	or Trust (poration or	Complete if t	the organi the tax ye	zatıon ar ar.)	swere	ed "Ye	s" to Form	990,	Part	IV,
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domıcıle (state or foreign country)		( <b>d)</b> Direct controlli entity	(e) Type of entro (C corp, S corp, or trust)		otal Share e of	(g) e of end- year ssets		<b>(h)</b> ercentage wnership	Section (b) conti	(13)	
		,,			,						Yes		No

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No				
<b>1</b> D	uring the tax year, did the orgranization engage in any of the following transactions with one or more re	elated organızatıons lı	sted in Parts II-IV?								
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a						
b	Gift, grant, or capital contribution to related organization(s)				1b						
C	Gift, grant, or capital contribution from related organization(s)				1c						
d	Loans or loan guarantees to or for related organization(s)				1d						
e	Loans or loan guarantees by related organization(s)				1e						
f	Dividends from related organization(s)				1f						
g	Sale of assets to related organization(s)				1g 1h						
h Purchase of assets from related organization(s)											
i	i Exchange of assets with related organization(s)										
j Lease of facilities, equipment, or other assets to related organization(s)											
k	Lease of facilities, equipment, or other assets from related organization(s)				1k						
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11						
m	m Performance of services or membership or fundraising solicitations by related organization(s)  n Sharing of faculties, equipment, mailing lists, or other assets with related organization(s)										
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)										
0	o Sharing of paid employees with related organization(s)										
р	Reimbursement paid to related organization(s) for expenses				1p						
q	Reimbursement paid by related organization(s) for expenses				1q						
r	O ther transfer of cash or property to related organization(s)				1r						
s	Other transfer of cash or property from related organization(s)				1s						
_	Test to the second seco										
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete  (a)	(b)	(c)	(d)							
	Name of other organization	Transaction type (a-s)	Amount involved	Method of determining amo	unt in	volved					

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross)

revenue) that was not a related organization See instructions re	garding exclu	sion for ce		nent	partnerships				`	,		_	
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

**Additional Data Return to Form** 

Software ID:

**Software Version:** 

**EIN:** 11-1630741

Name: ADELPHI UNIVERSITY

Schedule R (Form 990) 2012

Page **5** 

### Part VII Supplemental Information

Identifier Return Reference Explanation	Complete this part to pr	<u>ovide additional information for response</u>	es to questions on Schedule R (see instructions)	
			Explanation	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493163002054 OMB No 1545-0172 **Depreciation and Amortization** (Including Information on Listed Property) Department of the Treasury Internal Revenue Service (99) See separate instructions. ► Attach to your tax return. Sequence No 179 Business or activity to which this form relates **Identifying number** FORM 990-T, PAGE 1 Name(s) shown on return ADELPHI UNIVERSITY 11-1630741 **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 1 Total cost of section 179 property placed in service (see instructions) • • • • • • 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) \$ 2,000,000 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- · · · · · · Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married 5 (b) Cost (business use 6 (a) Description of property (c) Elected cost only) 6 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 Tentative deduction Enter the smaller of line 5 or line 8 · · · · · · · · 9 Carryover of disallowed deduction from line 13 of your 2011 Form 4562 . . . . . 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see 11 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2013 Add lines 9 and 10, less line 12 . | 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions ) Special depreciation allowance for qualified property (other than listed property) placed in service during . . . . . . . . . . . . . . the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 1,310 MACRS Depreciation (Do not include listed property.) (See instructions.) MACRS deductions for assets placed in service in tax years beginning before 2012 · · · · · · If you are electing to group any assets placed in service during the tax year into one or more general Section B—Assets Placed in Service During 2012 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method deduction period property service only—see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property S/L g 25-year property 25 yrs 27 5 yrs MM S/L h Residential rental property 27 5 yrs ММ S/L ΜМ i Nonresidential real 39 yrs property ΜМ Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L **c** 40-year ΜМ S/L 40 yrs **Summary** (see instructions) Part IV 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions • • 22 1,310 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs Form **4562** (2012) For Paperwork Reduction Act Notice, see separate instructions. Cat No 12906N

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

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

Section A—Depre	ciation ar	nd Other I	nforma	tion (C	Caution	: See t	he ir	istruct	ions for	limits	for pa	asseng	<u>ier au</u>	tomob	<u>iles</u>
<b>24a</b> Do y ou hav e ev ider	nce to support t	the business/in	vestment ι	ıse claıme	d? <b>┌</b> Yes	Гио		24	<b>b</b> If "Yes,"	' is the e	v idence	written?	,	s L N	)
<b>(a)</b> Type of property (list vehicles first)	<b>(b)</b> Date placed in service	(c) Business/ investment use percentage	Cost o	<b>i)</b> r other sıs	(busines	(e) r deprecia ss/investm se only)		<b>(f)</b> Recovery period	<b>(g)</b> Method Convent		Depre	n) ciation/ ction		(i) Electe section : cost	179
<b>.5</b> Special depreciation allo 50% in a qualified busi	· · · · · · · · · · · · · · · · · · ·		erty placed	in service	during the	tax year	and us	sed more		:5					
6 Property used more			business	use											
		%											$\Box$		
		% %											+		
<b>7</b> Property used 50%	orless in a		SINASS IIS	<u> </u>											
r roperty ascaso A	011033 111 0	%	3111033 43						S/L -						
		%							S/L -				$\Box$		
	- l (l. ) . l	%	27	t I					S/L -				—		—
28 Add amounts in co						ne 21, p	age :	ı L	28						—
29 Add amounts in co	olumn (ı), lıne					· .	•		• •			29			
omplete this section	forvehicles		ction B							or relat	ed ne	con			
you provided vehicles to													se vehic	les	
<b>30</b> Total business/inv	vestment mil	les driven du	rına the		a)	(b	-		(c)	1 .	d)	1 .	e)		f)
year ( <b>do not</b> inclu				Vehi	icle 1	Vehic	le 2	Ve	hicle 3	Veh	ıcle 4	Vehi	cle 5	Vehi	cle
						1				+		-		-	
<b>31</b> Total commuting i						1				+		-		-	
<b>32</b> Total other persor	•					-				_					
<b>33</b> Total miles driven through 32 .	during the y	ear Add line	es 30												
<b>34</b> Was the vehicle a	· · · · · · · · · · · · · · · · · · ·	ersonal use		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	T No
during off-duty ho		ersonar asc		163	110	163	140	163	140	163	140	163	+	163	H
35 Was the vehicle u		· · · · / by a more t	• • han 5%							+			$\vdash$		†
owner or related p										_		-	ــــــ		
<b>36</b> Is another vehicle															
Sectionswer these questionswer these questions or related	ns to determ		et an exc											<b>not</b> mo	re th
37 Do you maintain a employees?	written polic	y statement	that prof	nibits all	personal	use of	vehic	les, inc	luding co	mmutıı	ng, by	your	Y	'es	No
38 Do you maintain a employees? See t															
<b>9</b> Do you treat all us	se of vehicles	s by employe	es as pe	rsonal us	e?										
<b>10</b> Do you provide movehicles, and reta				oyees, o	btaın ınfo	ormation	from	n your e	mployee	s about	the u	se of			
11 Do you meet the r				 automobi	le demoi	netratio	n 1156	2 (500	instructi	ons )	•		$\vdash$		
Note: If your answ	•	_	•					•		•					
	rtization	, 39, 40, 01 -	+1 15 TE	5, 40 110	Comple	te Secti	OII B	ioi tile	covered	venicie	5				
Part VI Amo	TUZALIOII	(b)	1						Τ ,	(e)					
(a) Description of c	osts	Date amortizatio begins	n	A mort a mo	ızable		С	( <b>d)</b> ode ction	A mor	tization iod or entage	<b>(f)</b> A mortization for this year				
<b>42</b> A mortization of co	sts that hen		ur 2012	tax vear	(see ins	truction	s)		1,22.0		1				
	T T	during ye	1 2012	tax year	(300 1113	1. 400.011	- <u>,</u>		T						—
									-		1				—
<b>13</b> A mortization of co	ete that had	an hefore ve	ur 2012 (	av vear		I				43					
43 Amortization of co	_	•		-	oro to ==	nort.	•			43					—
🕶 intai Ann amhlin'	is in collimn	III SEE TRE I	HSTEHCTIO	บรากาฬก	iere to re	DOLL	_	_		1 44	i				