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DLN: 93493176008025

Form **990**

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 private foundations)

► Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2013

Open to Public Inspection

| A Fo | r the | 2013 ca | lendar year, or tax year beginning | 09-01-2013 , 2013, and ending 08- | -31-2014 | | |
|--------------------------------|-------------|----------------|--|--|-------------|------------------------------|------------------------------|
| B Ch | eck if a | applicable | C Name of organization ADELPHI UNIVERSITY | | | D Employe | ridentification number |
| ☐ Add | ress c | change | | | | 11-1630 | 0741 |
| Г№ | me cha | ange | Doing Business As | | | | |
| Init | ıal reti | urn | Number and street (or P O box if ma | ail is not delivered to street address) Room/ | suite | E Telephone | numher |
| Г Теі | mınate | ed | 1 SOUTH AVENUE Suite LEV 201 | | | | |
| ┌ Am | ended | l return | City or town, state or province, coun | try, and ZIP or foreign postal code | | (516)87 | //-3184 |
| Г Арі | olicatio | on pending | GARDEN CITY, NY 115300701 | | | G Gross rece | upts \$ 318,012,946 |
| | | | F Name and address of prin | cıpal officer | H(a) I | this a group re | turn for |
| | | | ROBERT A SCOTT | | | ubordinates? | Γ Yes Γ No |
| | | | SOUTH AVENUE GARDEN CITY, NY 11530 | | H(b) A | re all subordina | tes |
| | | | | | | re all Subordina icluded? | tes Yes No |
| I Ta | x-exer | mpt statu | 501(c)(3) | nsert no) 4947(a)(1) or 527 | Ιf | "No," attach a | list (see instructions) |
| J W | ebsit | : e:► W | WW ADELPHI EDU | | H(c) G | Group exemption | n number ► |
| K For | n of o | rganizatio | n Corporation Trust Association | Other ► | L Year | of formation 1896 | M State of legal domicile NY |
| | rt I | | nmary | | | | , |
| | | | describe the organization's missio | n or most significant activities | | | |
| | | TO PRO | OVIDE QUALITY UNDERGRADUA | ATE AND GRADUATE EDUCATION | | | • |
| w | | EDUCA | TION, BUSINESS, PSYCHOLOG | Y, SOCIAL WORK, NURSING AND C | THER HEA | LTH SCIENCE | S |
| ည | | | | | | | |
| 8 | | | | | | | |
| Governance | 2 | Check | this box 🛏 if the organization dis | continued its operations or disposed | of more tha | an 25% of its ne | et assets |
| ទី | | | | | | | |
| Activities & | 3 | Numbe | r of voting members of the governi | ng body (Part VI, line 1a) | | L | 3 29 |
| ĕ | 4 | Numbe | r of independent voting members o | of the governing body (Part VI, line 1 | b) | [| 4 28 |
| 3 | 5 | Total n | umber of individuals employed in c | alendar year 2013 (Part V, line 2a) | | [| 5 4,666 |
| a a | 6 | Total n | umber of volunteers (estimate if no | ecessary) | | [| 6 |
| | 7a | Total u | nrelated business revenue from Pa | art VIII, column (C), line 12 | | 📑 | 7a 41,760 |
| | Ь | Net unr | elated business taxable income fr | om Form 990-T, line 34 | | 📑 | 7b -2,048 |
| | | | | | | Prior Year | Current Year |
| | 8 | Cont | ributions and grants (Part VIII, lir | ne 1h) | | 8,264,26 | 8 8,958,063 |
| ≣ | 9 | Progi | am service revenue (Part VIII, lir | ne 2g) | | 218,560,59 | 1 224,074,833 |
| Ravenue | 10 | Inve | stment income (Part VIII, column | | 9,635,34 | 6 12,142,278 | |
| ά | 11 | Othe | r revenue (Part VIII, column (A), | lines 5, 6d, 8c, 9c, 10c, and 11e) | | 1,021,47 | 7 1,123,140 |
| | 12 | | | (must equal Part VIII, column (A), lı | ne | 227 404 60 | 246 200 214 |
| | 4.0 | | | | | 237,481,68 | |
| | 13 | | | IX, column (A), lines 1-3) | | 46,692,59 | |
| | 14 | | | X, column (A), line 4) | | - | 0 0 |
| 88 | 15 | Salar 5-10 | | e benefits (Part IX, column (A), lines | | 127,815,78 | 8 131,416,536 |
| Expenses | 16a | | • | column (A), line 11e) | | 168,53 | |
| ₹ | ь | | fundraising expenses (Part IX, column (D) | | | • | |
| Ξ | 17 | | | ines 11a-11d, 11f-24e) | | 53,984,77 | 5 56,258,980 |
| | 18 | | | t equal Part IX, column (A), line 25) | | 228,661,69 | |
| | 19 | | nue less expenses Subtract line : | | | 8,819,99 | |
| <u>~~</u> | | | p. elle e e e e e e e e e e e e e e e e e | | Begin | ning of Current | |
| Not Assets or Fund Balances | | | | | | Year | End of Year |
| 5.55 B.25. | 20 | Tota | assets (Part X, line 16) | | | 408,304,62 | |
| r B | 21 | Tota | liabilities (Part X, line 26) | | | 138,968,05 | |
| | 22 | | ssets or fund balances Subtract l | ine 21 from line 20 | | 269,336,57 | 3 292,747,257 |
| Pai | rt II | Sig | nature Block | | | | |
| my k | nowle | edge and | | mined this return, including accompa plete Declaration of preparer (other | |) is based on all | |
| c: | | Siai | nature of officer | | | 2015-06-25 Date | |
| Sigr Her | | 1. | | | | · - | |
| | - | | OTHY P BURTON SENIOR VP/TREASURER e or print name and title | | | | |
| | | 17 1 | Print/Type preparer's name | Preparer's signature | Date | Check I if P | ΓΙΝ |
| Paid | 4 | ļ | | | | self-employed | |
| Pre | | er | Firm's name ► GRANT THORNTON LLP | | | Fırm's EIN ► | |
| Use | • | | Fırm's address ► 757 THIRD AVENUE | | | Phone no | |

NEW YORK, NY 10017

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

┌Yes ┌No

Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|---|-----|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏 | 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^{\bullet} | 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 1 | 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? <i>If "Yes," complete Schedule D, Part V</i> | 10 | Yes | |
| l1 | 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 | | | No |
| d | its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | 11c | Yes | |
| _ | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | 165 | |
| е | 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 | |
| 12a | 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 | |
| L4a | 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 | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | Yes | |
| L7 | 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 | |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | Yes | |
| L9 | 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 or other assistance to any domestic organization or government 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 or 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? <i>If "Yes," complete Schedule J.</i> | 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 25a | 24a | Yes | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | No |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | No |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | No |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | No |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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 | Yes | |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | 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 | |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule 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? <i>If "Yes," complete Schedule R, Part I</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 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |

| | Chack if Schodule O contains a response or note to any line in this Bart V | | | _ |
|----|--|----------|-----|----------|
| | Check if Schedule O contains a response or note to any line in this Part V | | Yes | .) No |
| .a | Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 476 | | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0 | | | |
| Ξ | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable | | | |
| | gaming (gambling) winnings to prize winners? | 1c | Yes | |
| а | 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 | | | |
|) | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | Yes | |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | Yes | |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | Yes | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority | <u> </u> | | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | N |
| | 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 | | | |
| | W | | | N. |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | N |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | N |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | 6a | | N |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | | | |
| 1 | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | 6b | | |
| | were not tax deductible? | OD | | |
| | 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 | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | Yes | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to | | | |
| | file Form 8282? | 7c | | N |
| | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit | | | |
| | contract? | 7e | | N |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | N |
| | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | | |
| | 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 | | |
| | 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 | | | |
| | 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) | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | | | |
| | Note. See the instructions for additional information the organization must report on Schedule O | 13a | | <u> </u> |
| | 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 | | N |
| | If "Yes" has it filed a Form 7.20 to report these payments? If "No" provide an explanation in Schedule O | 14h | | i |

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

| Check if Schedule O contains a response or note to any line in this Part | VΙ | | | | | | | | | | | | | | |
|--|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|--|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

| Se | ection A. Governing Body and Management | | | |
|------------|--|-------|--------|-----|
| | | | Yes | No |
| 1 a | Enter the number of voting members of the governing body at the end of the tax year | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?. | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | No |
| 6 | Did the organization have members or stockholders? | 6 | | No |
| 7a | 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 | | No |
| 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 | evenu | ıe Cod | e.) |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | Νo |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | Yes | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Yes | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Yes | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Yes | |
| b | Other officers or key employees of the organization | 15b | Yes | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | No |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | |
| Se | ction C. Disclosure | | | |
| 17 | List the States with which a copy of this Form 990 is required to be filed. | | | |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply | | | |

- | Own website | Another's website | ✓ Upon request | Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year $\frac{1}{2}$
- 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 115300701 (516)877-3184

| Form 990 | (2013 | |
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|----------|-------|--|

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

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

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

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

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter - 0 - in columns (D), (E), and (F) if no compensation was paid

◆ List all of the organization's current key employees, if any See instructions for definition of "key employee"

List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

List all of the organization's former officers, key employees, 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

| (A) Name and Title | (B) A verage hours per week (list any hours for related organizations below dotted line) | more t | han o | one l both | box, an o | heck sofficer (stee) Highest compensated | Former | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--------------------|--|--------|-------|---------------|--------------|--|--------|--|--|--|
| | | | | | | | | | | |
| | | | | | | | | | | |

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 for related | more t perso and a | tion (han c in is l | ne l both ctor | oox, an c | officer stee) | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | С | (F) Estima nount of ompens from t | ted fother ation he |
|------------|--|---|-----------------------------------|----------------------------|----------------------|--------------|------------------------------|----------|--|---|--------|---|------------------------------|
| | | organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officei | Ke) emplojee | Highest compensated employee | Former | 2/1099-MISC) | 2/1099-M13C) | | ganızatı relate rganıza | ed |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 1b c | Sub-Total | s to Part VII. S | ection A | ٠. | | | - | + | | | | | |
| d | Total (add lines 1b and 1c) . | | | | | | • | | 4,463,328 | C | | | 887,897 |
| 2 | Total number of individuals (ine \$100,000 of reportable compe | _ | | | | | d abov | e) w | ho received more th | an | | | |
| | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any fc on line 1a? <i>If "Yes," complete S</i> | | | | | | | | or highest compen | sated employee | 3 | Yes | |
| 4 | For any individual listed on line organization and related organization and related organizations. | | | | | | | | | | 4 | Yes | |
| 5 | Did any person listed on line 1 services rendered to the organ | | | | | | | | | or individual for | 5 | . 23 | No |
| S A | ection B. Independent Co | ntractors | | | | | | | | | | | |
| 1 | Complete this table for your fiv | e highest comp | | | | | | | | | | | |
| | compensation from the organiz | ration Report co | mpens | ation | fort | he c | alenda | irye | ar ending with or wi | thin the organizatio | n's ta | ax year (C | |

| (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 | 5,581,635 |
| THE BALLINGER COMPANY, 833 CHESTNUT STREET PHILADELPHIA PA 19107 | ARCHITECTS | 2,782,483 |
| DAMON G DOUGLAS CO, 26 WORLDS FAIR DRIVE SUITE A SOMERSET NJ 08873 | Contractor | 1,639,919 |
| CHALLENGE GRAPHICS SERVICES INC, DBA-CORPORATE COLOR 22 CONNOR LAN DEER PARK NY 11729 | PRINTING SERVICES | 521,238 |
| INTELLI-TEC SECURITY SERVICES, 150 EILEEN WAY UNIT 2 SYOSSET NY 11791 | CONTRACTOR | 317,092 |
| Total number of independent contractors (including but not limited to those lighted should | who received more than | - |

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►25

| art VI | • • • | Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII | | | | | | | | | | | |
|---|---------|--|--|-------------------------|-------------------|--|---|--|--|--|--|--|--|
| | | Check if Sched | ule O Contains a respoi | ise of flore to any fir | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | | | | | |
| , so | 1a | Federated cam | paigns 1a | | | | | | | | | | |
| ## ## ## | b | Membership du | ıes 1b | | | | | | | | | | |
| 10 L | c | Fundraising ev | ents 1c | 135,352 | | | | | | | | | |
| 2 ₹ | _ | | | | | | | | | | | | |
| ilar I | d | Related organiz | | | | | | | | | | | |
| Program Service Revenue and Other Similar Amounts | е | Government grant | is (contributions) 1e | 4,257,119 | | | | | | | | | |
| <u> </u> | f | All other contributi | ons, gifts, grants, and 1f | 4,565,592 | İ | į | | | | | | | |
| ≣ # | | | ions included in lines | | | - | | | | | | | |
| 틀잎ㅣ | g | 1a-1f \$ | | 1,578,172 | | | | | | | | | |
| 5 E | h | Total. Add line | s 1 a - 1 f | · · · . | 8,958,063 | | | | | | | | |
| as I | | | | Business Code | | | | | | | | | |
| Ĭ. | 2a | TUITION AND FEES | S | 900099 | 206,853,486 | 206,853,486 | | | | | | | |
| 34. 14. | b | SALES&SERVICES- | EDUCATIONAL DEPTS | 611710 | 2,880,141 | 2,880,141 | | | | | | | |
| <u>.</u> | С | STUDENT SUPPOR | T | 721310 | 14,341,206 | 14,341,206 | | | | | | | |
| ž | d | | | | | | | | | | | | |
| જૂ | e | | | | | | | | | | | | |
| <u>e</u> | f | All other progra | am service revenue | | | | | | | | | | |
| ှို့ | · | | | | | | | | | | | | |
| - | g | | s 2a-2f | | 224,074,833 | | | | | | | | |
| | 3 | | come (including dividender ar amounts) | | 3,570,569 | | | 3,570,569 | | | | | |
| | 4 | | stment of tax-exempt bond | | 77,838 | | | 77,838 | | | | | |
| | 5 | Royalties . | | 🕨 | 31,272 | | | 31,27 | | | | | |
| | | | (ı) Real | (II) Personal | | | | | | | | | |
| | 6a | Gross rents | 988,262 | | | | | | | | | | |
| | b | Less rental | 498,088 | | | | | | | | | | |
| | С | expenses Rental income | 490,174 | 0 | | | | | | | | | |
| | d | or (loss) | me or (loss) | | 490,174 | | 4,725 | 485,449 | | | | | |
| | u | Wet remaining | (ı) Securities | (II) O ther | , | | ., | , | | | | | |
| | 7a | Gross amount from sales of assets other | 79,414,641 | 49,498 | | | | | | | | | |
| | b | than inventory Less cost or other basis and sales expenses | 70,970,268 | | | | | | | | | | |
| | С | Gain or (loss) | 8,444,373 | 49,498 | | | | | | | | | |
| | d | Net gain or (los | ss) | | 8,493,871 | | | 8,493,87 | | | | | |
| omer nevenue | 8a | events (not inc \$135 | 5,352 s reported on line 1c) | | | | | | | | | | |
| <u>.</u> | | | а | 516,170 | | | | | | | | | |
| . | b | | penses b | 246,276 | 262.001 | | | 269,89 | | | | | |
| ' | c 9a | Gross income f | (loss) from fundraising from gaming activities ne 19 | events 🛌 | 269,894 | | | 269,89 | | | | | |
| | | | а | | | | | | | | | | |
| | b | | penses b | <u> </u> | | | | | | | | | |
| | | | (loss) from gaming acti | vities | 0 | | | | | | | | |
| | 1Ua | Gross sales of returns and allo | | | | | | | | | | | |
| | b | Less cost of g | oods sold b | | | | | | | | | | |
| L | С | | (loss) from sales of inve | entory 🛌 | 0 | | | | | | | | |
| | | Mıscellaneou | s Revenue | Business Code | | | | | | | | | |
| | 11a | FACILITY FEE | S | 713940 | 37,035 | | 37,035 | | | | | | |
| | b | OTHER REVEN | NUE | | 294,765 | | | 294,76 | | | | | |
| | c | | | | | | | | | | | | |
| | d | All other reven | ue | | | | | | | | | | |
| | e | Total. Add line | s 11a-11d | 🕨 | 331,800 | | | | | | | | |
| | 12 | Total revenue. | See Instructions | 🗚 | | | | | | | | | |
| ı | | | | ~ | 246 298 314 | 224 074 833 | 41 760 | 13 223 65 | | | | | |

| Part IX Statement of Functional Expenses | | | | | | |
|---|-----------------------|---|---|---|--|--|
| Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) | | | | | | |
| Check if Schedule O contains a response or note to any line in this Part IX | | | | | | |
| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | , | (C) Management and general expenses | (D) Fundraising expenses | | |

Part X Balance Sheet

| ΓG | T X | Check if Schedule O contains a response or note to any line in this Part X | | | |
|--------------|-----|---|--------------------------|------------|---------------------------|
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash-non-interest-bearing | 1,500 | 1 | 1,500 |
| | 2 | Savings and temporary cash investments | 17,710,548 | 2 | 13,117,464 |
| | 3 | Pledges and grants receivable, net | 5,245,084 | 3 | 6,115,638 |
| | 4 | Accounts receivable, net | 1,650,914 | 4 | 1,847,799 |
| | 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 |
| ţs | 6 | Loans and other receivables from other disqualified persons (as defined under sectio 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 | 1 | | 0 |
| Assets | 7 | Notes and leans reservable not | 0 | <u> </u> | |
| Ą | 8 | Notes and loans receivable, net | 0 | | |
| | 9 | | 4,365,292 | _ - | 5,490,912 |
| | 10a | Prepaid expenses and deferred charges | | 9 | 3,430,312 |
| | | Complete Part VI of Schedule D | 4 | 10- | 200 770 929 |
| | b | | 166,425,099 | \vdash | 208,779,828 |
| | 11 | Investments—publicly traded securities | <u> </u> | | 190,116,954 |
| | 12 | Investments—other securities See Part IV, line 11 | 11,187,938 | \vdash | 16,065,981 |
| | 13 | Investments—program-related See Part IV, line 11 | 6,046,005 | | 6,444,097 |
| | 14 | Intangible assets | 0 | | 0 |
| | 15 | Other assets See Part IV, line 11 | 3,535,183 | | 27,542,682 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 408,304,627 | 16 | 475,522,855 |
| | 17 | Accounts payable and accrued expenses | 16,787,907 | 17 | 19,875,916 |
| | 18 | Grants payable | 5,390,543 | | 5,666,162 |
| | 19 | Deferred revenue | 30,580,497 | 19 | 29,086,693 |
| | 20 | Tax-exempt bond liabilities | 86,209,107 | 20 | 128,146,827 |
| <u> </u> | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | 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 |
| | 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 | | | |
| | | D | 0 | | 0 |
| | 26 | Total liabilities. Add lines 17 through 25 | 138,968,054 | 26 | 182,775,598 |
| Ce S | | Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and complete lines 27 through 29, and lines 33 and 34. | | | |
| <u>an</u> | 27 | Unrestricted net assets | 226,266,917 | 27 | 243,168,940 |
| ස ස | 28 | Temporarily restricted net assets | 18,050,220 | 28 | 21,755,466 |
| 돧 | 29 | Permanently restricted net assets | 25,019,436 | 29 | 27,822,851 |
| Fund Balance | | Organizations that do not follow SFAS 117 (ASC 958), check here ► □ and | | | |
| ō | 20 | complete lines 30 through 34. | | _ | |
| \$ | 30 | Capital stock or trust principal, or current funds | | 30 | |
| Assets | 31 | Paid-in or capital surplus, or land, building or equipment fund | | 31 | |
| τ. Α | 32 | Retained earnings, endowment, accumulated income, or other funds | 200 200 555 | 32 | 000 717 055 |
| Ř | 33 | Total net assets or fund balances | 269,336,573 | 33 | 292,747,257 |
| | 34 | Total liabilities and net assets/fund balances | 408,304,627 | 34 | 475,522,855 |

| Par | Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI | | | | |
|-----|---|----------|-------------|-------|--------------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 246 | 000 214 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | | | | 298,314 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 2 | | | 547,280 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 3 | | | 551,034 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | 336,573 276,691 |
| 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 | | 4 | 182,959 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | | 292,7 | 47,257 |
| Par | t XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | . Г |
| | | | | 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 revie a separate basis, consolidated basis, or both | wed or | 1 | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| ь | 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 Consolidated 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? | nt of th | e 2c | Yes | |
| | If the organization changed either its oversight process or selection process during the tax year, explain it Schedule O | n | | | |
| За | 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 | 3a | Yes | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | 3b | Yes | |

Software ID: Software Version:

EIN: 11-1630741

Name: ADELPHI UNIVERSITY

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

| Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | |
|---|---|------------------------------------|---|---------|--------------|------------------------------|--------|--|---|--|
| (A) Name and Title | (B) A verage hours per week (list any hours for related | Posit more th perso and a | Position (do not comore than one box, person is both an comordant a director/trus | | | | | (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 |
| | organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officei | Ke) emplojee | Highest compensated employee | Former | | -,, | related organizations |
| Z PAUL AKIAN | 3 0 | х | | | | | | 0 | 0 | 0 |
| Trustee FRANK ANGELLO | 3 0 | Х | | | | | | 0 | 0 | 0 |
| Trustee LOIS PHIFER BETTS | 3 0 | | | | | | | 0 | 0 | |
| Trustee (through June 2014) | 3 0 | Х | | | | | | 0 | 0 | 0 |
| JEFFREY BOLTON Trustee | 3 0 | × | | | | | | 0 | 0 | 0 |
| LORETTA CANGIALOSI | 3 0 | × | | | | | | 0 | 0 | 0 |
| Trustee PHILIP DISANTO | 3 0 | | | | | | | | | |
| TRUSTEE JOAN GIRGUS | 3.0 | × | | | | | | 0 | 0 | 0 |
| Trustee | 3 0 | × | | | | | | 0 | 0 | 0 |
| JEFFREY GREENE Trustee | 3 0 | х | | | | | | 0 | 0 | 0 |
| JOHN GUTLEBER | 3 0 | × | | | | | | 0 | 0 | 0 |
| Trustee CHANTAL HAMLIN | 3 0 | | | | | | | | | |
| Trustee NOREEN HARRINGTON | 2.0 | × | | | | | | 0 | 0 | 0 |
| TRUSTEE | 3 0 | х | | | | | | 0 | 0 | 0 |
| OSBERT HOOD Trustee | 3 0 | х | | | | | | 0 | 0 | 0 |
| N GERRY HOUSE | 3 0 | × | | | | | | 0 | 0 | 0 |
| Trustee ANGELA JAGGAR | 3 0 | | | | | | | | | |
| Trustee LAURENCE KESSLER | 2.0 | × | | | | | | 0 | 0 | 0 |
| Trustee | 3 0 | × | | | | | | o | 0 | О |
| LINDSEY KUPFERMAN | 3 0 | х | | | | | | 0 | 0 | 0 |
| Trustee RONALD LEE | 3 0 | × | | | | | | 0 | 0 | 0 |
| Trustee THOMAS MOTAMED | 3 0 | | | | | | | | | |
| Trustee | | × | | | | | | 0 | 0 | 0 |
| SUSAN MURPHY Trustee | 3 0 | × | | | | | | 0 | 0 | О |
| GRACE PILCER | 3 0 | х | | | | | | 0 | 0 | 0 |
| PETER PRINCIPATO | 3 0 | x | | | | | | 0 | 0 | 0 |
| TRUSTEE GARY ROSENBERG | 3 0 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0 | 0 | 0 |
| PAUL SALERNO TRUSTEE | 3 0 | x | | | | | | 0 | 0 | 0 |
| LOIS C SCHLISSEL | 3 0 | х | | | | | | 0 | 0 | 0 |
| TRUSTEE PATRICK SMALLEY | 3 0 | X | | | | | | 0 | 0 | 0 |
| TRUSTEE | | <u> </u> | | | | | | | | |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Independent Contractors (A) (B) (C) (D) (F) Name and Title Position (do not check Average Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation organization (Wany hours and a director/trustee) organizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Former Highest compensated employee Individual trustee or director organizations Institutional Trustee related below organizations employee dotted line) HELENE SULLIVAN 3 0 Χ 0 0 TRUSTEE WILLIAM TENET 3 0 Χ 0 0 TRUSTEE ADAEZE UDOJI 0 0 O Χ **TRUSTEE** ROBERT WILLUMSTAD 6 0 Χ 0 0 **TRUSTEE** ROBERT A SCOTT 65 0 Χ Χ 546,725 0 117,976 **PRESIDENT** TIMOTHY P BURTON 50 0 Х 324,238 0 57,227 SENIOR VP & TREASURER GAYLE D INSLER 50 0 Х 314,275 0 31.833 PROVOST AND SENIOR VP CHRISTIAN VAUPEL 50 0 Χ 237,740 0 48,200 VP FOR UNIVERSITY ADVANCEMENT LORI A DUGGAN GOLD 50 0 Х 201,725 0 49,094 VP FOR COMMUNICATIONS LAUREN MOUNTY 50 0 Χ 158,956 44,313 VP FOR ENROLLMENT MANAGEMENT ANTHONY LIBERTELLA 50 0 Χ 271,150 0 52,144 DEAN, SCHOOL OF BUSINESS PATRICK R COONAN 50 0 Χ 250,160 0 35,906 DEAN, SCHOOL OF NURSING ANDREW W SAFYER 50 0 Χ 231,264 0 47,419 DEAN, SOCIAL WORK SAM L GROGG 50 0 225,549 Х 0 53,479 DEAN, ARTS AND SCIENCES ROBERT DECARLO 50 0 Χ 200,489 0 37,243 ASSOCIATE VP AND CO-TREASURER JANE ASHDOWN 50 0 189,222 Х 0 41,624 DEAN, SCHOOL OF EDUCATION RAKESH GUPTA 40 0 Х 218,399 0 49,791 **PROFESSOR** RICHARD K GARNER 50 0 Х 198,179 0 33,745 DEAN, HONORS COLLEGE JACQUES BARBER 50 0 Χ 195,836 0 51,290 DEAN, IAPS DERNER INSTITUTE JACK P CHEN 50 0 Х 194,022 0 48,729 CHIEF INFORMATION OFFICER ROBERT F BORNSTEIN 40 0 Χ 190,143 0 42,850 **PROFESSOR** ANGELO B PROTO 50 0 176,167 0 20,214 FORMER OFFICER-SEE NOTE SCH J RONALD S FEINGOLD 40 0 Χ 139,089 0 24,820 FORMER DEAN, SEE NOTE SCH J

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493176008025

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public **Inspection**

Name of the organization ADELPHI UNIVERSITY

Employer identification number

| | | | | | | | | | 11-16307 | | |
|--------|-----------------|--|-------------------------|--|-------------------------|---------------------|--|----------------------|----------------------|---------------------|---------------------------|
| | rt I | | | blic Charity Sta | | | | | | nstructions | |
| he c | rganı | zatıon ıs | not a privat | te foundation becaus | eitis (Forl | ınes 1 throu | igh 11, check | only one b | ox) | | |
| 1 | Γ | A chur | ch, convent | ion of churches, or a | ssociation of | fchurches d | escribed in s e | ection 170(l | o)(1)(A)(i). | | |
| 2 | <u> </u> | A scho | ol described | d in section 170(b)(1 | L)(A)(ii). (At | tach Schedu | ıle E) | | | | |
| 3 | Γ | A hosp | ital or a coo | perative hospital se | rvice organiz | zatıon descri | bed in sectio | n 170(b)(1) | (A)(iii). | | |
| 4 | Γ | | | h organization operat | ted ın conjun | ction with a | hospital desc | cribed in sec | tion 170(b)(| 1)(A)(iii). E | nter the |
| _ | _ | | | ity, and state | + - - | | h., a.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | |
| 5 | 1 | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) | | | | | | | | | |
| _ | _ | | | | | tal unit daga | whad in eeeti | an 170/h)/1 | 1)(4)() | | |
| 6 7 | <u>'</u> | A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public | | | | | | aral nublic | | | |
| , | ' | _ | | on 170(b)(1)(A)(vi). | | • | support nom | a governine | entar unit or i | ioni the gene | erai public |
| 8 | Γ | | | described in section | • | • | nplete Part II |) | | | |
| 9 | Γ | An orga | anızatıon th | at normally receives | (1) more th | an 331/3% o | f its support | from contrib | outions, mem | bership fees | , and gross |
| | | receipt | s from activ | rities related to its ex | xempt function | ons—subjec | t to certain e | xceptions, a | ınd (2) no mo | re than 331/ | /3% of |
| | | ıts sup | port from gr | oss investment inco | me and unrel | lated busine | ss taxable ın | come (less | section 511 | tax) from bu | isinesses |
| | | acquire | ed by the org | ganızatıon after June | 30,1975 S | ee section 5 | 509(a)(2). (C | omplete Pai | rt III) | | |
| 10 | \sqcap | An orga | anızatıon or | ganized and operated | d exclusively | to test for p | oublic safety | See sectio | 1 509(a)(4). | | |
| 11 | | _ | | ganized and operated | | | | | , | • | |
| | | | • | ly supported organiz | | | | | | ee section 5 | 09(a)(3). Check |
| | | _ | | ibes the type of supp b Type II c | | | • | | - | nn-functiona | lly integrated |
| e | \vdash | | | ox, I certify that the | | | | | | | · - |
| _ | , | | | on managers and otl | | | | | | | |
| | | | n 509(a)(2) | | | | | | | | |
| f | | | rganızatıon thıs box | received a written de | etermination | from the IR | S that it is a | Type I, Typ | e II, or Type | III supporti | ng organization, |
| g | | | | 2006, has the organi | ızatıon accer | oted any gift | or contribution | on from anv | of the | | ' |
| • | | | ng persons? | | | , . | | , | | | |
| | | (i) A p | erson who d | irectly or indirectly o | controls, eith | er alone or t | ogether with | persons de | scribed in (ii) | | Yes No |
| | | and (III |) below, the | governing body of th | ne supported | organization | 1? | | | 11g | `` |
| | | ` ' | • | er of a person descr | ` , | | | | | 11g | |
| | | | | lled entity of a perso | | | | | | 11g(| (iii) |
| h | | Provide | e the followi | ng information about | the supporte | ed organizat | ion(s) | | | | |
| | · | | / = | (m) = - | | | 1,,,,, | | | | 1 |
| • |) Nam suppor | | (ii) EIN | (iii) Type of organization | (iv) Is t organızatı | | (v) Did you the organiz | • | (vi) Is organizat | | (vii) A mount of monetary |
| | ganiza | | | (described on | col (i) list | | in col (i) o | | col (i) org | | support |
| | _ | | | lines 1 - 9 above | yourgove | _ | suppor | t? | in the U | S? | |
| | | | | or IRC section | docume | nt? | | | | | |
| | | | | (see instructions)) | | 1 | | г | | Т | _ |
| | | | | matructions)) | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | i | | 1 | 1 | I . | 1 | 1 | 1 | 1 | 1 | 1 |

Page 2

Part II

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)

Gifts, grants, contributions, and

| S | ection A. Public Support | | | | | | | |
|------------|---|--|---|--|--|---------------------|---|----------------------|
| Cale | endar year (or fiscal year beginning in) ► | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2 | 013 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | 8,083,348 | 7,118,265 | 11,536,269 | 8,264,268 | 8 | 3,958,063 | 43,960,213 |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | | 0 |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | | 0 |
| 4 | Total. Add lines 1 through 3 | 8,083,348 | 7,118,265 | 11,536,269 | 8,264,268 | 3 | 3,958,063 | 43,960,213 |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly | -,,- | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 2,22 ,,222 | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ,, |
| | supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | | 2,272,915 |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | | 41,687,298 |
| -54 | ection B. Total Support | · | <u> </u> | | I | | | |
| | endar year (or fiscal year | | | | | | | |
| Care | beginning in) 🟲 | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2 | 013 | (f) Total |
| 7 | A mounts from line 4 | 8,083,348 | 7,118,265 | 11,536,269 | 8,264,268 | 8 | 3,958,063 | 43,960,213 |
| 8 | Gross income from interest, | | | | | | | |
| | dividends, payments received on | | | | | | | |
| | securities loans, rents, royalties | 5,556,148 | 10,093,843 | 7,009,163 | 10,073,087 | 12 | 2,658,999 | 45,391,240 |
| | and income from similar | | | | | | | |
| _ | sources | | | | | | - | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | 37,890 | 46,917 | 37,080 | 39,167 | | 41,760 | 202,814 |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | | 0 |
| 11 | Total support (Add lines 7 through 10) | | | | | | | 89,554,267 |
| 12 | Gross receipts from related activit | ies, etc (see inst | ructions) | | | 12 | 1 | 1,058,565,239 |
| 13 | First five years. If the Form 990 is | | | | | | | |
| | this box and stop here | | | | | | <u></u> | . |
| _ <u>S</u> | ection C. Computation of Pu | | | | | | | |
| 14 | Public support percentage for 201 | 3 (line 6, column i | (f) dıvıded by lıne | 11, column (f)) | | 14 | | 46 550 % |
| 15 | Public support percentage for 201 | 2 Schedule A, Par | rt II, line 14 | | | 15 | | 56 230 % |
| 16a | 33 1/3% support test—2013. If the and stop here. The organization qu | • | | • | ne 14 is 33 1/3% o | r more, | check th | ıs box ► ✓ |
| b | 33 1/3% support test—2012. If the | organization did i | not check a box o | on line 13 or 16a, | and line 15 is 33 : | 1/3 % or 1 | more, che | |
| | box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization me organization meorganization. | —2013. If the organization meets the "facts-and | anization did not acts-and-circum d-circumstances | check a box on lin stances" test, che " test The organiz | ck this box and st cation qualifies as | op here a public | Explain ly suppo | rted ► |
| D | 10%-facts-and-circumstances test 15 is 10% or more, and if the organization in Part IV how the organization | nızatıon meets the | e "facts-and-cırc | umstances" test, | check this box an | d stop h | iere. | V. |
| 18 | Explain in Part IV how the organization supported organization Private foundation. If the organization | | | | | | | y ▶⊏ |
| | instructions | | | | | | | - -1 |

Schedule A (Form 990 or 990-EZ) 2013 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support

| Cale | ndar year (or fiscal year beginning in) 🟲 | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|--|--|--|--|---|---------------------|------------------------------|---|
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received (Do not | | | | | | |
| 2 | 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 | | | | | | |
| 4 | business under section 513 Tax revenues levied for the | | | | | | |
| • | organization's benefit and either | | | | | | |
| | paid to or expended on its | | | | | | |
| _ | behalf The value of services or facilities | | | | | | <u> </u> |
| 5 | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | A mounts included on lines 1, 2, | | | | | | |
| | and 3 received from disqualified persons | | | | | | |
| ь | Amounts included on lines 2 and 3 | | | | | | |
| | received from other than | | | | | | |
| | disqualified persons that exceed the greater of \$5,000 or 1% of the | | | | | | |
| | amount on line 13 for the year | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| 8 | Public support (Subtract line 7c | | | | | | |
| | from line 6) ction B. Total Support | | | | | | |
| | ndar year (or fiscal year beginning | () 2000 | (1) 2010 | () 2011 | (1) 2012 | () 2012 | (C) T |
| | | | | (A) 2011 I | (d) 2012 | (e) 2013 | (f) Total |
| | in) ► | (a) 2009 | (b) 2010 | (c) 2011 | (4) 2012 | (-, | (-, |
| 9 | in) ► A mounts from line 6 | (a) 2009 | (B) 2010 | (6) 2011 | (4) 2012 | (5, 2222 | (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | in) ► A mounts from line 6 Gross income from interest, | (a) 2009 | (B) 2010 | (6) 2011 | (4) 2012 | (0, 2000 | (7,7,5,5,1) |
| 9 | in) ► A mounts from line 6 | (a) 2009 | (b) 2010 | (6) 2011 | (4) 2012 | (5,232 | |
| 9 | in) A mounts from line 6 Gross income from interest, dividends, payments received on | (a) 2009 | (b) 2010 | (6) 2011 | (4) 2322 | | |
| 9 10a | in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | (a) 2009 | (b) 2010 | (6) 2011 | (4) 2322 | | |
| 9 | in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable | (a) 2009 | (b) 2010 | (6) 2011 | (4) 2012 | | |
| 9 10a | in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | (a) 2009 | (b) 2010 | (6) 2011 | (4) 2322 | | |
| 9 10a | in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | (a) 2009 | (b) 2010 | (6) 2011 | (4) 2322 | | |
| 9 10a b | in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b | (a) 2009 | (b) 2010 | (6) 2011 | (4) 2012 | | |
| 9 10a b | in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated | (a) 2009 | (b) 2010 | (6) 2011 | (4) 2012 | | |
| 9 10a b | in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b | (a) 2009 | (b) 2010 | (6) 2011 | (4) 2322 | | |
| 9 10a b c 11 | in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | (a) 2009 | (b) 2010 | (6) 2011 | (4) 2322 | | |
| 9 10a b | A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include | (a) 2009 | (b) 2010 | (6) 2011 | | | |
| 9 10a b c 11 | in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of | (a) 2009 | (b) 2010 | (c) 2011 | | | |
| 9 10a b c 11 | In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | (a) 2009 | (b) 2010 | (6) 2011 | | | |
| 9 10a b c 11 | A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, | (a) 2009 | (b) 2010 | (c) 2011 | | | |
| 9 10a b c 11 | In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 9 10a b c 11 12 | A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here | or the organizati | on's first, second | | | | |
| 9 10a b c 11 12 13 14 | in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here | or the organizati | on's first, second | , thırd, fourth, or | | a 501(c)(3) orga | nization, |
| 9 10a b c 11 12 13 14 Se 15 | A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage for 2013 | or the organizati ic Support Pe (line 8, column (| on's first, second ercentage f) divided by line | , thırd, fourth, or | | a 501(c)(3) orga | nization, |
| 9 10a b c 11 12 13 14 Se 15 16 | A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 | or the organization of the | on's first, second ercentage f) divided by line art III, line 15 | , third, fourth, or | | a 501(c)(3) orga | nization, |
| 9 10a b c 11 12 13 14 Se 15 16 Se | A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve | or the organization of the | on's first, second ercentage f) divided by line art III, line 15 me Percenta | , third, fourth, or 13, column (f)) | fifth tax year as a | a 501(c)(3) orga 15 16 | nization, |
| 9 10a b c 11 12 13 14 Se 15 16 Se 17 | A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve | or the organization ic Support Performance (line 8, column (2 Schedule A, Paragraphic Performance) colors (line 10c, colors) | on's first, second ercentage f) divided by line art III, line 15 me Percentagolumn (f) divided | , third, fourth, or 13, column (f)) ge by line 13, colum | fifth tax year as a | 15 16 | nization, |
| 9 10a b c 11 12 13 14 Se 15 16 Se 17 18 | A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve | or the organization of the organization of the organization of the state of the sta | on's first, second ercentage f) divided by line art III, line 15 me Percentago olumn (f) divided A, Part III, line 1 | , third, fourth, or 13, column (f)) ge by line 13, column | fifth tax year as a | 15 16 | nization, |

33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

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

| Part IV | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions). | | | | | | | |
|---------|--|-------------------------|-------------|--|--|--|--|--|
| | | | | | | | | |
| | Facts And Circumstances Test | | | | | | | |
| | | | | | | | | |
| Retu | ırn Reference | Explanation | | | | | | |
| | | Schodulo A / Form 000 o | 000 E7) 201 | | | | | |

Schedule A (Form 990 or 990-EZ) 2013

DLN: 93493176008025

OMB No 1545-0047

Inspection

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. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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 Was a correction made? ☐ Yes ┌ 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 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 Did the filing organization file Form 1120-POL for this year? 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 **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

| Sch | nedule C (Form 990 or 990-EZ) 2013 | | | | | Page 2 |
|-----|---|---------------------------|----------------------------------|-----------------------------|--|--|
| Pä | art II-A Complete if the organization | is exempt under | section 501(| c)(3) and file | ed Form 5768 | |
| _ | under section 501(h)). | | Link in Doub TV an | - h - 66:1: - h - d | | a adduces FIN |
| ٠. | Check ► If the filing organization belongs to a expenses, and share of excess lobb | | iist in Part IV ea | ch amiliated gro | up members nam | e, address, EIN, |
| 3 | Check ► ☐ If the filing organization checked bo | | l" provisions app | ly | | |
| | Limits on Lobbying E (The term "expenditures" means ar | | l .) | | (a) Filing organization's totals | (b) Affiliated group totals |
| La | Total lobbying expenditures to influence public o | pinion (grass roots lob | bying) | | | |
| ь | Total lobbying expenditures to influence a legisl | ative body (direct lobby | yıng) | | | |
| c | Total lobbying expenditures (add lines 1a and 1 | o) | | Γ | | |
| d | O ther exempt purpose expenditures | | | Γ | | |
| e | Total exempt purpose expenditures (add lines 1 | c and 1d) | | Γ | | |
| f | Lobbying nontaxable amount Enter the amount is columns | 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 lir | ne 1e | | | |
| | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the | e excess over \$500,0 | 00 | | |
| | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the | e excess over \$1,000 | ,000 | | |
| | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the | excess over \$1,500,0 | 000 | | |
| | Over \$17,000,000 | \$1,000,000 | | | | |
| g | Grassroots nontaxable amount (enter 25% of lir | ue 1f) | | | | |
| h | Subtract line 1g from line 1a If zero or less, ent | er-0- | | | | |
| i | Subtract line 1f from line 1c If zero or less, ente | er - 0 - | | | | |
| j | If there is an amount other than zero on either li section 4911 tax for this year? | ne 1h or line 1ı, did the | organization file | Form 4720 repo | orting | ┌ Yes ┌ No |
| | (Some organizations that made a columns below. See t | he instructions fo | ection do not r lines 2a thro | havè to con ough 2f on p | | ne five |
| | Lobbying Exp | enditures During | 4-Year Avera ⊤ | ging Period | 1 | 1 |
| | Calendar year (or fiscal year beginning in) | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) Total |
| 2a | Lobbying nontaxable amount | | | | | |
| b | Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c | Total lobbying expenditures | | | | | |
| d | Grassroots nontaxable amount | | | | | |

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

Grassroots lobbying expenditures

| • | , |
|-----------|--|
| 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)). |

| ٠ | ach "Voc" recognize to lines 15 through 11 holey, provide in Part IV/a detailed description of the labbying | (a | 1) | (D) |
|------|---|---------|---------|-----------|
| ctiv | 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 Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? | Yes | No | Amount |
| 1 | legislation, including any attempt to influence public opinion on a legislative matter or referendum, | | | |
| а | Volunteers? | | No | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | No | |
| c | Media advertisements? | | Νo | |
| d | Mailings to members, legislators, or the public? | | Νo | |
| e | Publications, or published or broadcast statements? | | Νo | |
| f | Grants to other organizations for lobbying purposes? | | Νo | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | Yes | | 85,347 |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | Νo | |
| i | O ther activities? | | Νo | |
| j | Total Add lines 1c through 1i | | | 85,347 |
| 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? | | | |
| Pai | t III-A Complete if the organization is exempt under section 501(c)(4), section | n 501(c |)(5), o | r section |

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

| | | | Yes | No |
|---|---|---|-----|----|
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | 1 | | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | | |
| 3 | Did the organization agree to 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."

| T | Dues, assessments and similar amounts from 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 | |
| С | Total | 2c | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | 5 | |

Part IV Supplemental Information

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

| Return Reference | Explanation |
|------------------|---|
| | ADELPHI UNIVERSITY HAS ENGAGED THE FIRM, DAVIDOFF, HUTCHER AND CITRON, LLP 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 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 2013-14, THE UNIVERSITY PAID \$82,338 TO THE FIRM, DAVIDOFF, HUTCHER AND CITRON, LLP IN ADDITION, THE UNIVERSITY PAID \$40,933 TO THE COMMISSION ON INDEPENDENT COLLEGES AND UNIVERSITIES OF WHICH \$3,009 IS ATTRIBUTABLE TO LOBBYING |
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|--|-----------------------|---------------------|--|--|
| Part IV Supplemental Information | on <i>(continued)</i> | | | |
| Return Reference | Explanation | | | |
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Schedule D (Form 990) 2013

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

DLN: 93493176008025

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.aov/form990.

Open to Public

| lai Revenue Service | eractions is at www.irs.gov/rormsso. | Inspecti | UII |
|--|---|--|----------|
| ame of the organization DELPHI UNIVERSITY | | Employer identification number | |
| organizations Maintaining Donor | Advised Funds or Other Similar 990, Part IV, line 6. | Funds or Accounts. Complete | e if the |
| <u> </u> | (a) Donor advised funds | (b) Funds and other accoun | nts |
| Total number at end of year | | | |
| Aggregate contributions to (during year) | | | |
| Aggregate grants from (during year) | | | |
| Aggregate value at end of year | | | |
| Did the organization inform all donors and donor a funds are the organization's property, subject to t | | onor advised Yes | ┌ No |
| Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit? | | | ┌ No |
| | ete if the organization answered "Yes" | to Form 990, Part IV, line 7. | |
| Purpose(s) of conservation easements held by th Preservation of land for public use (e g , recre Protection of natural habitat Preservation of open space | ation or education) Preservation of a | an historically important land area a certified historic structure | |
| Complete lines 2a through 2d if the organization leasement on the last day of the tax year | neid a quaimed conservation contribution in | i the form of a conservation | |
| | | Held at the End of the Y | /ear |
| Total number of conservation easements | | 2a | |
| Total acreage restricted by conservation easeme | ents | 2b | |
| Number of conservation easements on a certified | historic structure included in (a) | 2c | |
| Number of conservation easements included in (c historic structure listed in the National Register | c) acquired after 8/17/06, and not on a | 2d | |
| Number of conservation easements modified, trai | nsferred, released, extinguished, or termina | ted by the organization during | |
| the tax year 🛌 | | | |
| Number of states where property subject to cons | ervation easement is located 🛌 | | |
| Does the organization have a written policy regar enforcement of the conservation easements it ho | | ndling of violations, and Yes | ┌ No |
| Staff and volunteer hours devoted to monitoring, | inspecting, and enforcing conservation eas | ements during the year | |
| A mount of expenses incurred in monitoring, inspe | ecting, and enforcing conservation easemer | nts during the year | |
| ▶ \$ | <u>,</u> | <u> </u> | |
| Does each conservation easement reported on lin and section 170(h)(4)(B)(ii)? | ne 2(d) above satisfy the requirements of s | ection 170(h)(4)(B)(i) | ┌ No |
| In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea | of the footnote to the organization's financi | | |
| rt IIII Organizations Maintaining Collect Complete if the organization answere | | , or Other Similar Assets. | |
| If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footi | assets held for public exhibition, education | n, or research in furtherance of public | c |
| If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide the following amounts relating to | FAS 116 (ASC 958), to report in its revenu assets held for public exhibition, education | e statement and balance sheet | 2 |
| (i) Revenues included in Form 990, Part VIII, lin | ne 1 | ► \$ | |
| (ii) Assets included in Form 990, Part X | | ▶ -\$ | |
| If the organization received or held works of art, he following amounts required to be reported under S | | for financial gain, provide the | |
| Revenues included in Form 990, Part VIII, line 1 | | > \$ | |
| | | b 4 | |
| Assets included in Form 990, Part X | | F \$ | |

| Part | Organizations Maintaining Control | llections of Art, | Hist | <u>tori</u> | cal Trea | isures, or C | the | <u>r Similar As</u> | sets (c | ontinued) |
|---------|--|--------------------------------|---------------|-------------|---------------------------|---|----------|---------------------------------|------------------|-------------------------|
| 3 | Using the organization's acquisition, access collection items (check all that apply) | ion, and other record | ds, che | eck | any of the | following that | are a | significant use | of its | |
| a | ▼ Public exhibition | | d | Γ | Loan or e | exchange prog | rams | | | |
| b | Scholarly research | | e | Γ | Other | | | | | |
| С | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's c Part XIII | ollections and explai | n how | the | y further tl | he organızatıor | ı's ex | empt purpose ı | n | |
| 5 | During the year, did the organization solicit | | | | | | | | _ | _ |
| Dow | assets to be sold to raise funds rather than | | | | | | | | Yes | ✓ No |
| Par | EIV Escrow and Custodial Arrang Part IV, line 9, or reported an ar | | | | | | u Y | es to romi 9 | 90, | |
| 1a | Is the organization an agent, trustee, custod included on Form 990, Part X? | | | | | | ets | | _ _{Yes} | ┌ No |
| b | If "Yes," explain the arrangement in Part XI $$ | II and complete the | follow | ıng t | able | - | | | | |
| | | | | | | | | Am | ount | |
| С | Beginning balance | | | | | | 1c | | | |
| d | Additions during the year | | | | | | 1d | | | |
| e | Distributions during the year | | | | | | 1e | | | |
| f | Ending balance | | | | | L | 1f | | | |
| 2a | Did the organization include an amount on F | orm 990, Part X, line | 21? | | | | | | Yes | ∏ No |
| b | If "Yes," explain the arrangement in Part XI | II Check here if the | expla | natı | on has bee | en provided in | Part | XIII | | Γ |
| Par | t V Endowment Funds. Complete | | | | | | _ | | | |
| 4_ | Darwaya afusay balana | (a)Current year 149,312,321 | (b) Pi | | ear b (116,979 | c) Two years back 121,107,043 | + | Three years back 105,999,399 | | ears back 96,823,763 |
| 1a L | Beginning of year balance | 2,938,232 | | - | 122,030 | 5,113,468 | 1 | 3,584,357 | | 4,196,535 |
| | Contributions | 2,730,232 | | 1, | 122,030 | 3,113,400 | + | 3,304,337 | | 4,150,555 |
| С | ivet investment earnings, gams, and losses | 23,582,843 | | | 247,927 | 10,751,78 | _ | 12,202,854 | | 5,604,280 |
| d | Grants or scholarships | 882,046 | | | 754,376 | 547,322 | - | 456,198 | | 312,208 |
| | Other expenditures for facilities and programs | 474,004 | | | 120,239 | 307,99 | <u> </u> | 223,369 | | 312,971 |
| | Administrative expenses | 174 477 246 | | 110 | 212 221 | 126 116 076 | | 121 107 042 | - | 05 000 300 |
| _ | End of year balance | 174,477,346 | | | 312,321 | 136,116,979 | <u>'</u> | 121,107,043 | 1 | 05,999,399 |
| 2 | Provide the estimated percentage of the cur | · | e (line | e 1 g | , column (a | a)) held as | | | | |
| а | Board designated or quasi-endowment 🕨 | 76 020 % | | | | | | | | |
| b | Permanent endowment ► 15 890 % | | | | | | | | | |
| c | Temporarily restricted endowment \blacktriangleright 8 C The percentages in lines 2a, 2b, and 2c sho | 90 % uld equal 100% | | | | | | | | |
| 3a | Are there endowment funds not in the posse | ssion of the organiza | ition t | hat | are held ar | nd administere | d for | the | | |
| | organization by (i) unrelated organizations | | | | | | | 3a(| Yes | No No |
| | (ii) related organizations | | | • | | | • | 3a(| | No |
| b | If "Yes" to 3a(II), are the related organization | | | ched | ule R? | | ٠. | 3H | | |
| 4 | Describe in Part XIII the intended uses of the | ne organization's end | dowme | ent f | unds | | | | | |
| Par | | | he or | gan | ızatıon a | nswered 'Yes | ' to | Form 990, Pa | rt IV, l | ine |
| | 11a. See Form 990, Part X, line Description of property | 10. | | | Cost or othe | | | (c) Accumulated depreciation | (d) B | ook value |
| | | | | | | , , , , , | - | | | |
| | and | | | | | | ,865 | | | 2,158,865 |
| | Buildings | | . | | | 266,820 | | 92,526,812 | + | 74,293,570 |
| | easehold improvements | | . | | | 1,972 | - | 1,562,866 | 1 | 409,376 |
| | quipment | | . | | | 38,851 | | 30,827,221 | | 8,023,970 |
| | Other | agual Form 000 Dart V | (col::: | | D) line 101 | 23,894 | | <u> </u> | + | 23,894,046 |
| rotal | . Add lines 1a through 1e (Column (d) must e | quai rorm 990, Part X | ., coiur | mn (. | o), iine 10(| (c).) | | 🕨 | 1 2 | 08,779,828 |

| Part VII Investments—Other Securities. Co See Form 990, Part X, line 12. | omplete if the organization | n answered 'Yes' to Fo | rm 990, Part IV, line 11b. |
|---|--------------------------------|--|-----------------------------|
| (a) Description of security or category | (b) Book value | (c) Method of v | |
| (including name of security) (1)Financial derivatives | | Cost or end-of-year | market value |
| (2)Closely-held equity interests | | | |
| Other | | | |
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| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) | F | | |
| Part VIII Investments—Program Related. (| Complete if the organizati | on answered 'Yes' to F | orm 990, Part IV, line 11c. |
| See Form 990, Part X, line 13. | (h) Daak value | (a) Mathadas | -1 |
| (a) Description of investment | (b) Book value | (c) Method of v Cost or end-of-year | |
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| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organizati | on anguared 'Vac' to Form 00 | O Dort IV June 11 d See | Form 000 Dart V June 15 |
| Part IX Other Assets. Complete if the organization (a) Description | | 50, Fait IV, ille IIU See | (b) Book value |
| (1) CASH SURRENDER VALUE LIFE INS | | | 2,185,481 |
| (2) UNSPENT BOND PROCEEDS | | | 23,831,169 |
| (3) HELD FOR STUDENTS-ACTIVITIES | | | 501,036 |
| (4) HELD FOR 457 PLAN | | | 1,024,996 |
| | | | |
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| | | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line | 15.) | | 27,542,682 |
| Part X Other Liabilities. Complete if the org | janization answered 'Yes' | to Form 990, Part IV, | line 11e or 11f. See |
| Form 990, Part X, line 25. (a) Description of liability | (b) Book value | | |
| - | | - | |
| Federal income taxes | 0 | 4 | |
| | | - | |
| | | 4 | |
| | | | |
| | | 1 | |
| | | 4 | |
| | | | |
| | | 1 | |
| | | - | |
| | | | |
| | | 1 | |
| | | - | |
| | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | • 0 | | |
| 2 Liability for uncertain tay positions In Part XIII provide | do the tayt of the feetnate to | the eventuation's financia | l statements that |

| Par | | | evenue per Audited Financial Star vered 'Yes' to Form 990, Part IV, line 1 | | ents With Revenue p | er R | eturn Complete ıf | | | |
|--|-------------------------|----------------------------------|--|----------|----------------------------|----------|--------------------------|--|--|--|
| 1 | | | r support per audited financial statements | | | 1 | 210,720,286 | | | |
| 2 | A mounts in | cluded on line 1 but | t not on Form 990, Part VIII, line 12 | | | | | | | |
| а | | | ments | 2a | 13,276,691 | | | | | |
| ь | Donated se | rvices and use of fa | icilities | 2b | | | | | | |
| c | Recoveries | of prior year grants | | 2c | | | | | | |
| d | Other (Desc | cribe in Part XIII) | | 2d | 498,088 | | | | | |
| e | Add lines 2 | a through 2d . | | | | 2e | 13,774,779 | | | |
| 3 | Subtract lin | e 2e from line 1 . | | | | 3 | 196,945,507 | | | |
| 4 | A mounts in | cluded on Form 990 | O, Part VIII, line 12, but not on line 1 | | | | | | | |
| а | Investment | expenses not inclu | uded on Form 990, Part VIII, line 7b . | 4a | 425,436 | | | | | |
| b | Other (Desc | cribe in Part XIII) | | 4b | 48,927,371 | | | | | |
| c | Add lines 4 | a and 4b | | • | | 4c | 49,352,807 | | | |
| 5 | Total reven | ue Add lines 3 and | 4c. (This must equal Form 990, Part I, line | 12) | | 5 | 246,298,314 | | | |
| Part | | | xpenses per Audited Financial Stasswered 'Yes' to Form 990, Part IV, line | | | per | Return. Complete | | | |
| 1 | | | audited financial statements | | | 1 | 187,792,561 | | | |
| 2 | • | · | t not on Form 990, Part IX, line 25 | - | | | | | | |
| a | | | cilities | 2a | | | | | | |
| b | | | | 2b | | 1 | | | | |
| c | | | | 2c | | 1 | | | | |
| d | | | | 2d | , | 1 | | | | |
| e | | | | | | 2e | 498,088 | | | |
| 3 | | - | | | | 3 | 187,294,473 | | | |
| 4 | | | D, Part IX, line 25, but not on line 1: | - | | <u> </u> | 237,221,111 | | | |
| а | | | ided on Form 990, Part VIII, line 7b | 4a | 425,436 | | | | | |
| b | | • | | 4b | | 1 | | | | |
| c | | | | <u> </u> | | 4c | 49,352,807 | | | |
| 5 | | | ıd 4c. (Thıs must equal Form 990, Part I, lın | e 18 |) | 5 | 236,647,280 | | | |
| Part | | pplemental Inf | | | | | · · · | | | |
| Part | | | Part II, lines 3, 5, and 9, Part III, lines 1a lines 2d and 4b, and Part XII, lines 2d and | | | | de any addıtıonal | | | |
| | Return R | eference | Explanation | | | | | | | |
| Collec | tions of Art | | The University maintains an inventory of v | | | | | | | |
| | | | paintings and sculptures and are displayed | | | | | | | |
| Lincar | tain Tay Prov | ısıons Under "FIN | 116, the University is not required to and | | | | | | | |
| | ACS 740) | isions onder 1114 | "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 e | xemp | t purpose, unless that inc | ome i | s otherwise excluded | | | |
| | | | by the Code The tax years ended August | | | | | | | |
| | | | both federal and state purposes Management has determined that there are no material uncertain tax positions within its consolidated financial statements " | | | | | | | |
| | cılıatıon of Re | | RENT EXPENSE TOTALING \$498,088 IS INCLUDED ON THE 990, PART VIII, LINE 6B RENT | | | | | | | |
| Exper State: | ises Per 990 i ments | to Financial | EXPENSE IS INCLUDED WITH EXPENDI SHOWN NET WITH REVENUE ON THE 99 | | S IN THE FINANCIAL S | TATE | MENTS AND IS | | | |
| Reconciliation of Revenue & Expenses per 990 to Financial Statements | | evenue & | LINES 4B IN PARTS XI AND XII ON SCHEDULE D SHOW \$48,927,371 AS "OTHER" THIS | | | | | | | |
| | | to Financial | AMOUNT REPRESENTS PROFESSIONAL FUNDRAISING FEES (SHOWN NET ON FINANCIAL | | | | | | | |
| | | | STATEMENTS) TOTALING \$142,546 AND SCHOLARSHIPS (SHOWN NET ON FINANCIAL STATEMENTS) TOTALING \$48,784,825 | | | | | | | |
| PURP | OSE OF END | OWMENT FUNDS | THE UNIVERSITY'S ENDOWMENT IS AN | | REGATION OF GIFTS P | ROVI | DED BY DONORS | | | |
| | | | WITH THE REQUIREMENT THEY BE HEL | D IN | PERPETUITY TO GENER | RATE | 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 END | OO WM | ENT INVESTMENTS SU | PPOR | T SCHOLARSHIPS, | | | |
| | | | CHAIRS, PROFESSORSHIPS, FELLOWSH | HIPS, | BASIC RESEARCH AS W | /ELL A | S ACADEMIC AND | | | |

PUBLIC SERVICE PROGRAMS

| | <u> </u> | |
|-----------|-------------------|----------------------|
| Part XIII | Supplemental Info | ormation (continued) |
| Ret | turn Reference | Explanation |
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Schedule D (Form 990) 2013

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493176008025

OMB No 1545-0047

Department of the Treasury

Internal Revenue Service

SCHEDULE E

(Form 990 or 990-EZ)

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.

▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization **Employer identification number** ADELPHI UNIVERSITY 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? Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? Yes 4a 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 d Copies of all material used by the organization or on its behalf to solicit contributions? Yes If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? 5c Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes b Has the organization's right to such aid ever been revoked or suspended? 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. 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)

| Return Reference | Explanation |
|---|---|
| PUBLICIZED RACIALLY NONDISCRIMINATORY POLICY | THIS POLICY IS PUBLICIZED IN PRINTED MEDIA WITH NEWSPAPER ADVERTISEMENTS AS WELL AS IN THE COURSE REGISTRATION GUIDES |
| 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) 2013

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493176008025

OMB No 1545-0047

2013

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public **Inspection**

| | e of the organization | | | | Employer ident | ification number | | | | |
|---|--|--|--|---|---|--------------------------|--|--|--|--|
| | LPHI UNIVERSITY | | | | 11-1630741 | | | | | |
| Pa | rt I General Information "Yes" to Form 990, Par | | | ne United States. Co | omplete if the organiz | zation answered | | | | |
| 1 | For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? | | | | | | | | | |
| 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. | | | | | | | | | | |
| 3 | Activites per Region (The follow | ing Part I, line 3 | table can be du | iplicated if additional spa | ce 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 | | | | | |
| (1) | See Add'l Data | | - | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | |
| (5) | | | | | | | | | | |
| Ŀ | Sub-total Total from continuation sheets to Part I Totals (add lines 3a and 3b) | | | | | 45,238,646 45,238,646 | | | | |
| | · · · · · · · · · · · · · · · · · · · | | _ | | | 15,230,040 | | | | |

| Pa | | | | | | ited States. Compl duplicated if additior | | | to Form 990, |
|-----|--------------------------|---|--------------------|-------------------------|------------------------------|---|------------------------------------|--|--|
| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) A mount of cash grant | (f) Manner of cash disbursement | (g) A mount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| (: | 1) | | | | | | | | |
| (: | 2) | | | | | | | | |
| (: | 3) | | | | | | | | |
| (4 | 4) | | | | | | | | |
| 2 | | | | | | ies by the foreign co (c)(3) equivalency l | | | |
| 3 | Enter total nur | nber of other or | ganizations or ent | rities | | | | | |

Schedule F (Form 990) 2013

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 additional space is needed.

| Part III can be | e duplicated if additio | nai space is ne | eaea. | | | | |
|------------------------------------|--|--------------------------|------------------------------|------------------------------------|--|--|---|
| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) A mount of cash grant | (e) Manner of cash disbursement | (f) A mount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
| (1) SCHOLARSHIPS - STUDY ABROAD | Europe (Including Iceland and Greenland) | 20 | • | CREDIT ACCT | | | |
| (2) SCHOLARSHIPS - STUDY ABROAD | East Asia and the Pacific | 4 | 25,750 | CREDIT ACCT | | | |
| (3) Scholarships - Study Abroad | Mıddle East and North Afrıca | 2 | 2,000 | CREDIT ACCT | | | |
| (4) Scholarships - Study Abroad | Sub-Saharan Africa | 1 | 12,200 | CREDIT ACCT | | | |
| (5) SCHOLARSHIPS - STUDY ABROAD | South America | 1 | 10,500 | CREDIT ACCT | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| (13) | | | | | | | |
| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | |
| (17) | | | | | | | |
| (18) | | | | | | | |
| | | | | l | | Schedi | le F (Form 990) 2013 |

Part IV Foreign Forms

| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)</i> | ▼ | Yes | Γ | Νo |
|---|--|---|-----|----|----|
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, 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 | [ব | 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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621) | Γ | Yes | 굣 | No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865) | Г | Yes | া | Νo |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713). | Г | Yes | 굣 | No |

Schedule F (Form 990) 2013

Schedule F (Form 990) 2013 Page **5**

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

| Return Reference | Explanation |
|--|---|
| 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 |

990 Schedule F, Supplemental Information

| Return Reference | Explanation |
|--|---|
| ACTIVITIES PER REGION - EMPLOYEE TRAVEL AND STUDENT STUDY ABROAD | EXPENDITURES LISTED ON SCHEDULE F, PART I, LINE 3 FOR EMPLOYEE TRAVEL RELATE TO FOREIGN TR AVEL OF THE UNIVERSITY'S PROFESSORS AND ADMINISTRATORS FOR THE PURPOSE OF STUDENT RECRUITM ENT, FACULTY TRAVEL AND STUDENT STUDY ABROAD EXPENDITURES LISTED ON SCHEDULER F, PART I L INE 3 FOR STUDENT STUDY ABROAD ARE PAYMENTS TO FOREIGN ORGANIZATIONS THAT HOST THE STUDY A BROAD PROGRAM FOR STUDENTS THAT ARE ENROLLED AT ADELPHI WHO ARE PARTICIPATING IN THE PROGR |

990 Schedule F, Supplemental Information

| Return Reference | Explanation |
|---|---|
| GRANTS TO INDIVIDUALS OUTSIDE THE US | SCHOLARSHIPS LISTED ON SCHEDULE F, PART III WERE AWARDED TO STUDENTS, ENROLLED AT ADELPHI UNIVERSITY, WHO ARE PARTICIPATING IN A STUDY ABROAD PROGRAM SCHOLARSHIPS ARE AWARDED BASE D 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 CRE DITED AGAINST TUITION CHARGES ON EACH STUDENT'S ACCOUNT |

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) | (e) If activity listed in (d) is a program service, describe specific type of service (s) in region | (f) Total expenditures for region |
|--|---|--|--|---|--------------------------------------|
| Central America and the Caribbean | | | Investments | | 494,000 |
| East Asia and the Pacific | | | Investments | | 12,224,000 |
| Europe (Including Iceland and Greenland) | | | Investments | | 22,913,000 |

| 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 | | 346,000 | |
| North America | | | Investments | | 2,066,000 | |
| Russia and the Newly Independent States | | | Investments | | 753,000 | |

| 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 | | 2,589,000 | | |
| South Asia | | | Investments | | 2,618,000 | | |
| Sub-Saharan Africa | | | Investments | | 690,000 | | |

| 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 | |
| Central America and the Caribbean | | | Program Services | Travel and Recruiting | 17,924 | |
| East Asia and the Pacific | | | Program Services | Travel and Recruiting | 33,032 | |
| Europe (Including Iceland and Greenland) | | | Program Services | Travel and Recruiting | 176,461 | |

| Form 990 Schedule F | <u> Part I - Activit</u> | ties Outside T | 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 |
| Middle East and North Africa | | | Program Services | Travel and Recruiting | 25,738 |
| North America | | | Program Services | Travel and Recruiting | 16,639 |
| South America | | | Program Services | Travel and Recruiting | 8,898 |

| 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 Asia | | | Program Services | Travel and Recruiting | 36,124 | | |
| Europe (Including Iceland and Greenland) | | | Program Services | Student Study Abroad | 230,830 | | |

DLN: 93493176008025

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE G

Supplemental Information Regarding Fundraising or Gaming Activities

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

Open to Public Inspection

(Form 990 or 990-EZ)

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

| | ne of the organization | | | | | | Employer ident | tification number |
|-----|---|---|---------------------------|---|-------------------------------------|----------------|---|--|
| 101 | ELPHI UNIVERSITY | | | | | | 11-1630741 | |
| Pa | | ctivities. Complete ers are not required | | | | s" to For | m 990, Part IV, | line 17. |
| 1 | Indicate whether the orga | anızatıon raısed funds | through ar | ny of the f | ollowing activities | Check all | that apply | |
| а | a 🔽 Mail solicitations e 🔽 Solicitation of non-government grant | | | | | | | |
| ь | _ | | | | | | ent grants | |
| c | Phone solicitations | | | g | Special fundrai | - sıng evei | nts | |
| d | ✓ In-person solicitation | ns | | | · | _ | | |
| 2a | Did the organization have or key employees listed i | | | | | | | ⊽ Yes Γ N |
| b | If "Yes," list the ten higher to be compensated at lea | | | fundraıseı | rs) pursuant to agre | ements u | ınder which the fun | 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 receipt from activity | (0 | Amount paid to or retained by) draiser listed in col (i) | (vi) A mount paid to (or retained by) organization |
| | | | Yes | No | | | | |
| 1 | RUFFALO CODY - SEE PART IV | PHONATHON | | No | 118,3 | 34 | 162,700 | |
| 2 | BENTZ WHALEY FLESSNER | CONSULTING | | No | | o | 24,239 | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| 7 | | | | | | | | |
| 8 | | | | | | | | |
| 9 | | | | | | | | |
| 10 | | | | | | | | |
| Γot | al | | | <u> </u> | 118,3 | 34 | 186,939 | |
| 3 | List all states in which the registration or licensing | e organization is regis | tered or li | censed to | solicit contribution | s or has | been notified it is (| exempt from |
| VΥ | | | | | | | | |
| | | | | | | | | |

| | | G (Form 990 or 990-EZ) 2013 | | | | Page 2 |
|-------------|---|---|---------------------------------|--|-------------------------------------|--|
| Par | t II | Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts of | aising event contribut | | | |
| | | <u> </u> | (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)) |
| ₽ | 1 | Gross receipts | 433,476 | 156,251 | 61,795 | 651,522 |
| Revenue | 2 | Less Contributions | 84,150 | 36,072 | 15,130 | 135,352 |
| ž | 3 | Gross income (line 1 | · | , | | |
| | | minus line 2) | 349,326 | 120,179 | 46,665 | |
| | 4 | Cash prizes | | 1,785 | 3,010 | 4,795 |
| မှာ | 5 | Noncash prizes | | | | |
| Expenses | 6 | Rent/facility costs | 98,638 | 50,940 | 24,257 | 173,835 |
| 쬬 | 7 | Food and beverages . | | | | |
| Direct | 8 | Entertainment | 7,950 | | | 7,950 |
| ₫ | 9 | Other direct expenses . | 23,476 | 13,719 | 22,501 | 59,696 |
| | 10 | Direct expense summary Add lir | nes 4 through 9 in column | (d) | | (246,276) |
| | 11 | Net income summary Subtract li | | | | 269,894 |
| Par | t II | | | "Yes" to Form 990, Pa | rt IV, line 19, or repo | |
| | | \$15,000 on Form 990-EZ, li | | | | <u> </u> |
| Revenue | | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col (a) through col (c)) |
| <u>~</u> | 1 | Gross revenue | | | | |
| စ္တ | 2 | Cash prizes | | | | |
| xpenses | 3 | Non-cash prizes | | | | |
| Direct B | 4 | Rent/facility costs | | | | |
| <u>ā</u> | 5 | Other direct expenses | | | | |
| | 6 | Volunteer labor | │ Yes | ☐ Yes | ┌ Yes % % | |
| | 7 | Direct expense summary Add line | s 2 through 5 ın column (| d) | • | |
| | 8 | Net gaming income summary Sub | tract line 7 from line 1, co | olumn (d) | | |
| 9 a b | | | | | | |
| 10a b | Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No | | | | | |

| Schedule G | (Form 990 | or 990-EZ) | 2013 |
|------------|-----------|------------|------|
| | | | |

| Page | 3 |
|------|---|
|------|---|

| | | 11 | | | | | | |
|---------------------------|--|---|--|--|--|--|--|--|
| Doe | s the organization operate gaming acti | ities with nonmembers? | | | | | | |
| 12 | · · · · · · · · · · · · · · · · · · · | ary or trustee of a trust or a member of a partnership or other entity | | | | | | |
| | formed to administer charitable gami | ng? | | | | | | |
| 13 | Indicate the percentage of gaming ac | | | | | | | |
| а | | | | | | | | |
| b | | | | | | | | |
| 14 | Enter the name and address of the pe | rson who prepares the organization's gaming/special events books and records | | | | | | |
| | Name 🟲 | | | | | | | |
| | Address 🟲 | | | | | | | |
| 15a | | t with a third party from whom the organization receives gaming | | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| b | · · · · · · · · · · · · · · · · · · · | revenue received by the organization 🟲 \$ and the | | | | | | |
| | | y the third party 🟲 \$ | | | | | | |
| C | If "Yes," enter name and address of | ne third party | | | | | | |
| | Name 🕨 | | | | | | | |
| | Address 🟲 | | | | | | | |
| 16 | Gaming manager information | | | | | | | |
| | Name 🟲 | | | | | | | |
| | Gaming manager compensation 🟲 \$ | Gaming manager compensation ► \$ | | | | | | |
| | Description of services provided | | | | | | | |
| | Director/officer | ☐ Employee ☐ Independent contractor | | | | | | |
| 17 | Mandatory distributions | | | | | | | |
| а | Is the organization required under st | te law to make charitable distributions from the gaming proceeds to | | | | | | |
| | retain the state gaming license? $$. | ······ Tyes Tno | | | | | | |
| b | Enter the amount of distributions req | ured under state law distributed to other exempt organizations or spent | | | | | | |
| | in the organization's own exempt act | <u> </u> | | | | | | |
| Pa | | ion. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and 5b, 15c, 16, and 17b, as applicable. Also complete this part to provide any instructions). | | | | | | |
| | Return Reference | Explanation | | | | | | |
| 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 ALUMDRAISING FIRM | | | | | | |

DLN: 93493176008025

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

► Attach to Form 990 ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

| - | | | | | | Employer identification | on number |
|---|-------------------------|-----------------------------|---------------------------|------|--|-------------------------|-------------------------------------|
| ADELPHI UNIVERSITY | | | | | | 11-1630741 | |
| Part I General Information | on on Grants and | d Assistance | | | | • | |
| Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? | | | ΓYes Γι | | | | |
| | | | | | | | es 10 |
| organization | (b) EIN | section | ' ' | cash | valuation (book, FMV, appraisal, | | (h) Purpose of gra or assistance |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 2 Enter total number of section 5 | 01(c)(3) and govern | ment organizations list | ted in the line 1 table . | | | ▶ | |
| 3 Enter total number of other orga | anızatıons lısted ın th | ne line 1 table | | | | ► _ | |
| | | | | | | | |

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)Number of recipients | (c) A mount of cash grant | (d)A mount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|---------------------------------|-------------------------|-------------------------------------|--------------------------------------|--|---------------------------------------|
| (1) SCHOLARSHIPS - STUDY ABROAD | 20 | 157,250 | | | |
| (2) SCHOLASHIPS TO STUDENTS | 4418 | 48,577,125 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Part IV Supplemental Informat | tion. Provide the info | rmation required in Pa | art I, line 2, Part III, | column (b), and any other | addıtıonal ınformatıon. |

| Part IV Supplemental I | nformation. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. |
|---------------------------------|--|
| Return Reference | Explanation |
| Procedures for monitoring grant | THE UNIVERSITY AWARDS BOTH INSTITUTIONALLY-FUNDED FINANCIAL AID TO STUDENTS AS WELL AS FINANCIAL AID FUNDED FROM |
| funds | 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: 93493176008025

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, line 23. ► Attach to Form 990. ► See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization ADELPHI UNIVERSITY

Employer identification number

11-1630741

| Pai | tt I Questions Regarding Compensation | n | | | | |
|-----|--|-----------|---|----|-----|----|
| | | | | | Yes | No |
| 1a | Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III | | | | | _ |
| | First-class or charter travel | 굣 | Housing allowance or residence for personal use | | | |
| | Travel for companions | \vdash | Payments for business use of personal residence | | | |
| | Tax idemnification and gross-up payments | \vdash | Health or social club dues or initiation fees | | | |
| | Discretionary spending account | ▽ | Personal services (e g , maid, chauffeur, chef) | | | |
| b | If any of the boxes in line 1a are checked, did the or reimbursement or provision of all of the expenses de | | | 1b | Yes | |
| 2 | Did the organization require substantiation prior to r directors, trustees, officers, including the CEO/Exec | | | | V | |
| | directors, trustees, officers, meldanig the GEO/EXEC | Julive D | meetor, regarding the items effected in fine 14. | 2 | Yes | |
| 3 | Indicate which, if any, of the following the filing orga organization's CEO/Executive Director Check all the used by a related organization to establish compens | nat appl | | | | |
| | Compensation committee | \sqcap | Written employment contract | | | |
| | ✓ Independent compensation consultant | 굣 | Compensation survey or study | | | |
| | Form 990 of other organizations | <u> </u> | Approval by the board or compensation committee | | | |
| 4 | During the year, did any person listed in Form 990, or a related organization | Part VII | I, Section A, line 1a with respect to the filing organization | | | |
| а | Receive a severance payment or change-of-control | paymen | nt? | 4a | | No |
| b | Participate in, or receive payment from, a suppleme | ntal non | qualified retirement plan? | 4b | | Νo |
| C | Participate in, or receive payment from, an equity-b | ased co | mpensation arrangement? | 4c | | Νo |
| | If "Yes" to any of lines 4a-c, list the persons and pr | ovide th | ne applicable amounts for each item in Part III | | | |
| | Only 501(c)(3) and 501(c)(4) organizations only mu | ıst com | plete lines 5-9. | | | |
| 5 | For persons listed in Form 990, Part VII, Section A compensation contingent on the revenues of | | | | | |
| а | The organization? | | | 5a | | No |
| b | Any related organization? | | | 5b | | No |
| | If "Yes," to line 5a or 5b, describe in Part III | | | | | |
| 6 | For persons listed in Form 990, Part VII, Section A compensation contingent on the net earnings of | , lıne 1a | , did the organization pay or accrue any | | | |
| а | The organization? | | | 6a | | No |
| b | Any related organization? | | | 6b | | Νo |
| | If "Yes," to line 6a or 6b, describe in Part III | | | | | |
| 7 | For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes," of | | | 7 | | No |
| 8 | Were any amounts reported in Form 990, Part VII, p | oaid or a | accured pursuant to a contract that was | | | |
| | subject to the initial contract exception described in | | | | | |
| | ın Part III | | | 8 | | Νo |
| 9 | If "Yes" to line 8, did the organization also follow the section 53 $4958-6(c)$? | e rebutt | able 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 | (B) Breakdown o | f W-2 and/or 1099-MI | SC compensation | (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) 2013

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

| nee complete time part for any additional information | | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|
| Return Reference | Explanation | | | | | | | | |
| QUESTIONS REGARDING 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 | | | | | | | | |
| OTHER REPORTABLE COMPENSATION | OTHER REPORTABLE COMPENSATION LISTED IN COLUMN B(III) FOR THE UNIVERSITY'S PROFESSORS REPORTED 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) | | | | | | | | |
| COMPENSATION TO FORMER KEY EMPLOYEES | ANGELO B PROTO (FORMER OFFICER) AND RONALD S FEINGOLD (FORMER KEY EMPLOYEE) WERE LISTED ON PREVIOUS FORMS 990 WITH COMPENSATION REPORTABLE FOR THEIR ROLES AS SUCH CURRENTLY, NEITHER ARE TRUSTEES, OFFICERS OR KEY EMPLOYEES, BUT ARE LISTED DUE TO THEIR FORMER LISTING AS OFFICER AND KEY EMPLOYEE AND BECAUSE EACH WERE PAID DURING CALENDAR 2013 FOR THEIR EMPLOYMENT IN OTHER ADMINISTRATIVE AND TEACHING POSITIONS AT THE UNIVERSITY | | | | | | | | |

Schedule J (Form 990) 2013

Software ID: Software Version:

EIN: 11-1630741

Name: ADELPHI UNIVERSITY

| Form 990, Schedule J, P | art II | - Officers, Direct | ors, Trustees, Key | Employees, and | Highest Compens | ated Employees | | |
|--|-------------|--------------------------|---|------------------------------|-----------------|---------------------|----------------------|--|
| (A) Name | | (B) Breakdown of | W-2 and/or 1099-MI | SC compensation | (C) Deferred | (D) Nontaxable | (E) Total of columns | (F) Compensation |
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) O ther compensation | compensation | benefits | (B)(ı)-(D) | reported in prior Form 990 or Form 990-EZ |
| ROBERT A SCOTT PRESIDENT | (I) (II) | 517,510 0 | 0 | 29,215 0 | 29,325 0 | 88,651 0 | 664,701 0 | 0 |
| TIMOTHY P BURTON SENIOR VP & TREASURER | (I) (II) | 306,738 0 | 0 | 17,500 0 | 29,325 0 | 27,902 0 | 381,465 0 | o 0 |
| GAYLE D INSLER PROVOST AND SENIOR VP | (I) (II) | 296,775 0 | 0 | 17,500 0 | 29,325 0 | 2,508 0 | 346,108 0 | 0 |
| CHRISTIAN VAUPEL VP FOR UNIVERSITY ADVANCEMENT | (I) (II) | 237,740 0 | 0 | 0 | 23,295 0 | 24,905 0 | 285,940 0 | 0 |
| LORI A DUGGAN GOLD VP FOR COMMUNICATIONS | (I) (II) | 201,725 0 | 0 | 0 | 20,248 0 | 28,846 0 | 250,819 0 | 0 |
| LAUREN MOUNTY VP FOR ENROLLMENT MANAGEMENT | (I) (II) | 148,008 0 | 0 | 10,948 0 | 13,008 | 31,305 0 | 203,269 0 | 0 |
| ANTHONY LIBERTELLA DEAN, SCHOOL OF BUSINESS | (I) | 255,324 0 | 0 | 15,826 0 | 24,225 0 | 27,919 0 | 323,294 0 | 0 |
| PATRICK R COONAN DEAN, SCHOOL OF NURSING | (ı) (ıı) | 231,185 0 | 0 | 18,975 0 | 21,963 0 | 13,943 0 | 286,066 0 | 0 |
| ANDREW W SAFYER DEAN, SOCIAL WORK | (I) (II) | 204,224 0 | 0 | 27,040 0 | 20,319 0 | 27,100 0 | 278,683 0 | 0 0 |
| SAM L GROGG DEAN, ARTS AND SCIENCES | (II) | 225,549 0 | 0 | 0 | 22,505 | 30,97 4 0 | 279,028 0 | 0 |
| ROBERT DECARLO ASSOCIATE VP AND CO-TREASURER | (II) | 200,489 0 | 0 | 0 | 23,690 | 13,553 0 | 237,732 0 | 0 0 |
| JANE ASHDOWN DEAN, SCHOOL OF EDUCATION | (I) | 189,222 0 | 0 | 0 | 16,719 0 | 24,905 0 | 230,846 0 | 0 |
| RAKESH GUPTA PROFESSOR | (ı) (ıı) | 218,149 0 | 0 | 250 0 | 25,837 0 | 23,954 0 | 268,190 0 | 0 0 |
| RICHARD K GARNER DEAN, HONORS COLLEGE | (ı) (ıı) | 181,279 0 | 0 | 16,900 0 | 23,083 0 | 10,662 0 | 231,924 0 | 0 0 |
| JACQUES BARBER DEAN, IAPS DERNER INSTITUTE | (I) (II) | 185,436 0 | 0 | 10,400 0 | 23,690 0 | 27,600 0 | 247,126 0 | 0 |
| JACK P CHEN CHIEF INFORMATION OFFICER | (I) | 176,522 0 | 0 | 17,500 0 | 19,516 0 | 29,213 0 | 242,751 0 | 0 0 |
| ROBERT F BORNSTEIN PROFESSOR | (ı) (ıı) | 149,804 0 | 0 | 40,339 0 | 17,943 0 | 24,907 0 | 232,993 0 | 0 |
| ANGELO B PROTO FORMER OFFICER- SEE NOTE SCH J | (ı) (ıı) | 174,935 0 | 0 | 1,232 0 | 20,214 | 0 | 196,381 0 | 0 0 |
| RONALD S FEINGOLD FORMER DEAN,SEE NOTE SCH J | (I) | 132,443 0 | 0 | 6,646 0 | 15,499 0 | 9,321 0 | 163,909 0 | 0 0 |

DLN: 93493176008025 OMB No 1545-0047

Inspection

Schedule K Supplemental Information on Tax Exempt Bonds (Form 990) ▶ 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.

▶Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

11-1630741

Name of the organization ADELPHI UNIVERSITY

Department of the Treasury

Internal Revenue Service

| | | | | | | | | | 11-1 | 1630/4 | . 1 | | | | |
|---|---|----------------|-------------|-----------------|-----------------|--------|----------------------------------|----|------|--------|---------------|---------------------|-----|---------------|--|
| | (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (1 | f) Description of purpose | (g |) De | feased | beh | On alf of uer | | Pool ncing | |
| | | | | | | | | Y | es | No | Yes | No | Yes | No | |
| Α | TOWN OF HEMPSTEAD INDUSTRIAL DEVELOPMENT AGENCY | 11-6001929 | 424674CX5 | 10-27-2005 | 42,436,465 | CONS | TRUCTION-SPORTS/AR ERS | TS | | x | | х | | х | |
| В | TOWN OF HEMPSTEAD LOCAL DEVELOPMENT CORPORATION | 11-2798949 | 424682AW2 | 09-30-2009 | 31,807,584 | CONS | TRUCT DORMITORY/AD | V | | х | | х | | х | |
| c | TOWN OF HEMPSTEAD LOCAL DEVELOPMENT CORPORATION | 11-2798949 | 424682CF7 | 06-15-2011 | 25,318,662 | | TRUCT ITORY/ADV REFUNDING | 3 | | Х | | х | | х | |
| D | TOWN OF HEMPSTEAD LOCAL DEVELOPMENT CORPORATION | 11-2798949 | 424682EY4 | 11-14-2013 | 46,003,624 | | TRUCTION-NEXUS AND OME CTR | | | Х | | x | | х | |
| P | art III Proceeds | | | | | | | | | | | | | | |
| | | | | | Α | | В | | C | 2 | | | D | | |
| 1 | Amount of bonds retired | | | | | 0 | 0 | | | | 0 | | | 0 | |
| 2 | Amount of bonds legally defea | sed | | | | 0 | 0 | | | | 0 | | | 0 | |
| 3 | Total proceeds of issue | | | | 44,1 | 76,495 | 31,814,560 | | 2 | 25,318 | ,662 | 46,081,964 | | | |
| 4 | Gross proceeds in reserve fun | ds | | | | 0 0 | | | 0 | | | | 0 | | |
| 5 | Capitalized interest from proce | eeds | | | | 0 0 | | 0 | | | 0 | 0 | | | |
| _ | Proceeds in refunding escrows | 3 | | | | | 0 | | | | $\overline{}$ | | | 0 | |

| Amount of bonds legally defeased | | 0 | | 0 | | 0 | | 0 |
|--|--|---|---|---|--|-------------------------|-------------------------|--|
| Total proceeds of issue | | 44,176,495 | | 31,814,560 | | 25,318,662 | | 46,081,964 |
| Gross proceeds in reserve funds | | 0 | | 0 | | 0 | | 0 |
| Capitalized interest from proceeds | | 0 | | 0 | | 0 | | 0 |
| Proceeds in refunding escrows | | 0 | | 0 | | 0 | | 0 |
| Issuance costs from proceeds | | 428,000 | | 492,134 | | 406,940 | | 767,266 |
| Credit enhancement from proceeds | | 0 | | 0 | | 0 | | O |
| Working capital expenditures from proceeds | | 0 | | 0 | | 0 | | O |
| Capital expenditures from proceeds | | 43,353,039 | | 24,768,768 | | 10,182,015 | | 21,483,535 |
| O ther spent proceeds | | 395,456 | | 6,553,658 | | 14,729,707 | | 0 |
| O ther unspent proceeds | | 0 | | 0 | | 0 | | 23,831,163 |
| Year of substantial completion | 20 | 07 | 20 | 10 | 20 | 11 | | |
| | Yes | No | Yes | No | Yes | No | Yes | No |
| Were the bonds issued as part of a current refunding issue? | | Х | | X | | X | | Х |
| Were the bonds issued as part of an advance refunding issue? | | Х | Х | | Х | | | Х |
| | Total proceeds of issue Gross proceeds in reserve funds Capitalized interest from proceeds Proceeds in refunding escrows Issuance costs from proceeds Credit enhancement from proceeds Working capital expenditures from proceeds Capital expenditures from proceeds Other spent proceeds Other unspent proceeds Year of substantial completion Were the bonds issued as part of a current refunding issue? | Total proceeds of issue Gross proceeds in reserve funds Capitalized interest from proceeds Proceeds in refunding escrows Issuance costs from proceeds Credit enhancement from proceeds Working capital expenditures from proceeds Capital expenditures from proceeds Other spent proceeds Other unspent proceeds Year of substantial completion 20 Yes Were the bonds issued as part of a current refunding issue? | Total proceeds of issue 44,176,495 Gross proceeds in reserve funds 0 Capitalized interest from proceeds 0 Proceeds in refunding escrows 0 Issuance costs from proceeds 428,000 Credit enhancement from proceeds 0 Working capital expenditures from proceeds 0 Capital expenditures from proceeds 43,353,039 Other spent proceeds 395,456 Other unspent proceeds 0 Year of substantial completion 2007 Were the bonds issued as part of a current refunding issue? X | Total proceeds of issue 44,176,495 Gross proceeds in reserve funds 0 Capitalized interest from proceeds 0 Proceeds in refunding escrows 0 Issuance costs from proceeds 428,000 Credit enhancement from proceeds 0 Working capital expenditures from proceeds 0 Capital expenditures from proceeds 43,353,039 Other spent proceeds 395,456 Other unspent proceeds 0 Year of substantial completion 2007 200 Were the bonds issued as part of a current refunding issue? X | Total proceeds of Issue 44,176,495 31,814,560 Gross proceeds in reserve funds 0 0 Capitalized interest from proceeds 0 0 Proceeds in refunding escrows 0 0 Issuance costs from proceeds 428,000 492,134 Credit enhancement from proceeds 0 0 Working capital expenditures from proceeds 0 0 Capital expenditures from proceeds 43,353,039 24,768,768 Other spent proceeds 395,456 6,553,658 Other unspent proceeds 0 0 Year of substantial completion 2007 2010 Yes No Yes No No Were the bonds issued as part of a current refunding issue? X X | Total proceeds of issue | Total proceeds of issue | Total proceeds of issue 44,176,495 31,814,560 25,318,662 Gross proceeds in reserve funds 0 0 0 Capitalized interest from proceeds 0 0 0 Proceeds in refunding escrows 0 0 0 Issuance costs from proceeds 428,000 492,134 406,940 Credit enhancement from proceeds 0 0 0 Working capital expenditures from proceeds 0 0 0 Capital expenditures from proceeds 43,353,039 24,768,768 10,182,015 Other spent proceeds 395,456 6,553,658 14,729,707 Other unspent proceeds 395,456 6,553,658 14,729,707 Other unspent proceeds 2007 2010 2011 Year of substantial completion 2007 2010 2011 Yes No Yes No Yes Were the bonds issued as part of a current refunding issue? X X X |

| allocation of proceeds? | | | | | | | |
|-------------------------|---------|----------|-----|--|--|--|--|
| Part III | Private | Business | Use | | | | |

16

17

| | 111Vate Basiliess ese | | | | | | | | |
|---|--|-----|----|-----|----|-----|----|-----|----|
| | | Α | | ı | 3 | С | | |) |
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? | | × | | × | | × | | Х |
| 2 | Are there any lease arrangements that may result in private business use of bond-financed property? | Х | | | X | | X | | X |

Χ

Χ

Does the organization maintain adequate books and records to support the final

Has the final allocation of proceeds been made?

Χ

Χ

Χ

Χ

Χ

Χ

Schedule K (Form 990) 2013

Part III Private Business Use (Continued)

| | Tittude Business ese (contamuou) | | Α | | В | | С | | D |
|----|--|-----|---------|-----|---------|-----|---------|-----|-----|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a | Are there any management or service contracts that may result in private business use of bond-financed property? | | Х | | Х | | х | | х |
| ь | 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? | | | | | | | | |
| С | Are there any research agreements that may result in private business use of bond-financed property? | | Х | | Х | | Х | | Х |
| d | If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | | | | | | | | |
| 4 | Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government | | 0 293 % | | 0 569 % | | 0 331 % | | 0 % |
| 5 | Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government | | 0 020 % | | | | | | 0 % |
| 6 | Total of lines 4 and 5 | | 0 313 % | | 0 569 % | | 0 331 % | | 0 % |
| 7 | Does the bond issue meet the private security or payment test? | Х | | Х | | Х | | Х | |
| 8a | Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? | | х | | х | | х | | х |
| ь | If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of | | | | • | | | | |
| С | If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? | | × | | × | | Х | | Х |
| 9 | Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2? | x | | Х | | х | | Х | |

Part IV Arbitrage

| | 7.11 Dictionage | | | | | | | | |
|----|--|-----|----|-----|----|-----|----|----------------|-------------|
| | | Α | | В | | С | | D | |
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Has the issuer filed Form 8038-T? | | Х | | Х | | Х | | Х |
| 2 | If "No" to line 1, did the following apply? | | | | | | | | |
| а | Rebate not due yet? | | | | | | | Х | |
| ь | Exception to rebate? | | | | | | | | |
| С | No rebate due? | Х | | Х | | Х | | | |
| | If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed | | | | | | | | |
| 3 | Is the bond issue a variable rate issue? | | Х | | Х | | Х | | Х |
| 4a | Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | х | | Х | | Х | | Х |
| ь | Name of provider | 0 | | 0 | | 0 | | | |
| С | Term of hedge | | | | | | | | |
| d | Was the hedge superintegrated? | | | | | | | | |
| e | Was the hedge terminated? | | | | | | | | |
| | | | | | | | Sc | hedule K (Forn | n 990) 2013 |

| Part IV Arbitrage (Conti | nued) |
|--------------------------|-------|
|--------------------------|-------|

| | | A B | | | С | | D | | |
|----|---|--------------------|--------|-----|----|-----|----|-----|----|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 5a | Were gross proceeds invested in a guaranteed investment contract (GIC)? | X | | | X | | × | | X |
| b | Name of provider | FSA CAPITAI LLC | _ MGMT | 0 | | 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 | | x | | X |
| 7 | Has the organization established written procedures to monitor the requirements of section 148? | X | | X | | X | | X | |

Part V Procedures To Undertake Corrective Action

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?

| Α | | В | | С | | D | |
|-----|----|-----|----|-----|----|-----|----|
| Yes | No | Yes | No | Yes | No | Yes | No |
| | | | | | | | |
| Х | | Х | | Х | | Х | |
| | | | | | | | |

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference Explanation

SCHEDULE K, PART II, LINE 3, COLUMNS A, B AND D

TOTAL PROCEEDS OF THE BOND ISSUE FOR THE BONDS LISTED IN PART II, LINE 3, COLUMNS A, B AND D DIFFER FROM THE ISSUE PRICES LISTED IN PART I, LINES A, B AND D, COLUMN E AS A RESULT OF INVESTMENT EARNINGS ON THE BOND PROCEEDS

| Return Reference | Explanation |
|--|--|
| 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 |
| | |
| | |
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| | |

| Return Reference | Explanation |
|---------------------------------|---|
| 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 |
| | |
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| | |
| | |

DLN: 93493176008025

Employer identification number

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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. ▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

| Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 | (a) Nam | | | | ' on Form 99 | | | - | | | | | |
|--|-----------------|--------------------------|--|--|----------------|------------------------------|-----------------|------------|---------|-------------|--------------|------------------|--------|
| Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958. Enter the amount of tax, if any, on line 2, above, reimbursed by the organization | | e of disqual | ified person | | | | (c) D | escription | of tra | nsactior | י | | |
| Enter the amount of tax, if any, on line 2, above, reimbursed by the organization | | | | perso | n and organi | zation | | | | | | Yes | No |
| Enter the amount of tax, if any, on line 2, above, reimbursed by the organization | | | | | | | | | | | | | |
| Enter the amount of tax, if any, on line 2, above, reimbursed by the organization | | | | | | | | | | | | | |
| Enter the amount of tax, if any, on line 2, above, reimbursed by the organization | | | | | | | | | | | | | |
| Enter the amount of tax, if any, on line 2, above, reimbursed by the organization | | amount of ta | x incurred by | organization r | managers or | dısqualıfıed pei | rsons durın | g the yea | r unde | rsection | า | | |
| Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 I Name of terested person in the organization or from the organization? Co | | | | | | | | | | ₽ \$ | | | |
| Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 Name of cerested Person Purpose of Pu | ⊏nter the | amount of ta | x, ir any, on l | ne ∠, above, r | eimbursed by | y tne organizati | on | | | F \$ | | | |
| organization reported an amount on Form 990, Part X, line 5, 6, or 22 I Name of terested person Name of terested person Purpose of loan Purpose of organization? Purpose of loan Purpose of organization? Purpose of loan Purpose of l | rt III Lo | ans to ar | nd/or Fron | 1 Intereste | d Persons | 5. | | | | | | | |
| Name of cerested person with organization or from the cerested person or from the cerested person or from the cerested person or from the organization? Column C | | | | | | | | or Form 9 | 90, Pa | art IV , lı | ne 26, | or ıf the | |
| Relationship with organization Purpose of loan organization? To From Prom Person Prom Interested Persons. Complete if the organization answered Person interested person interested person organization and the organization organization and the organization organization and the organization organization and the organization organ | | | | | | | | 1, , , | | T (1) | | 1 (15.11) | |
| organization Doard or committee? To From Yes No Yes | | | | | of or from the | | | | | | ed . | 1 | |
| To From Yes No Y | person | | | organizatio | on? | amount | | | | board | | | |
| Till Grants or Assistance Benefitting Interested Persons. Complete If the organization answered "Yes" on Form 990, Part IV, line 27. Name of Interested person and the organization (c) A mount of assistance (d) Type of assistance (e) Purpose of assistance organization | | | | | T | 4 | | | | + | 1 | | _ |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 27. Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance organization | | | | То | From | | | Yes | No | Yes | No | Yes | N |
| Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. Name of interested person interested person and the organization (c) A mount of assistance (d) Type of assistance (e) Purpose of assistance organization | | | | | | 1 | | | | <u> </u> | | _ | |
| Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. Name of interested person interested person and the organization (c) A mount of assistance (d) Type of assistance (e) Purpose of assistance organization | | | | | | | | | | | <u> </u> | _ | |
| Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. Name of interested person interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance organization | | | | | | | | | | | | | |
| Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. Name of interested person interested person and the organization (c) A mount of assistance (d) Type of assistance (e) Purpose of assistance organization | | | | | | | | | | | | _ | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 27. Name of interested person interested person and the organization (c) A mount of assistance (d) Type of assistance (e) Purpose of assistance organization | | | | | | | | | | | | _ | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 27. Name of interested person interested person and the organization (c) A mount of assistance (d) Type of assistance (e) Purpose of assistance organization | | | | | | | | | | | | _ _ _ | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 27. Name of interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance organization | | | > 4 | | | | | | | | | _ _ _ _ | |
| person interested person and the organization | | ants or A | | | Intereste | d Persons. | | | | | | _ _ _ | |
| organization | t III Gr | ants or A | ssistance | Benefitting | Intereste | d Persons. Form 990, Pa | art IV, line | 27. | | | | _ _ _ | |
| | Co Name of ı | mplete ıf t nterested | ssistance l he organıza (b) Relatıor | Benefitting tion answerenship between | (c) A mou | Form 990, Pa | | | sistanc | e (e |) Purpo | se of ass | sistai |
| 49,350 If ultion Remission Employee benefit | Co Name of ı | mplete ıf t nterested | ssistance l he organıza (b) Relatıor ınterested p | Benefitting tion answere nship between person and the | (c) A mou | Form 990, Pa | | | istanc | e (e |) Purpo | se of ass | sistai |
| | Co Name of ı | mplete ıf t nterested | ssistance l he organıza (b) Relatıor ınterested p | Benefitting tion answere nship between person and the | (c) A mou | Form 990, Pant of assistance | e (d) Ty | pe of ass | | | | | sıstaı |
| | Co Name of 1 | mplete ıf t nterested | ssistance l he organıza (b) Relatıor ınterested p | Benefitting tion answere nship between person and the | (c) A mou | Form 990, Pant of assistance | e (d) Ty | pe of ass | | | | | sistar |
| | Co Name of 1 | mplete ıf t nterested | ssistance l he organıza (b) Relatıor ınterested p | Benefitting tion answere nship between person and the | (c) A mou | Form 990, Pant of assistance | e (d) Ty | pe of ass | | | | | sısta |
| | Co Name of 1 | mplete ıf t nterested | ssistance l he organıza (b) Relatıor ınterested p | Benefitting tion answere nship between person and the | (c) A mou | Form 990, Pant of assistance | e (d) Ty | pe of ass | | | | | sısta |

| Part IV Business Transactions I | _ | | | | |
|--|--|-------------------------------|--------------------------------|-----------------------------------|---------------|
| Complete if the organizatio | <u>n answered "Yes" on I</u> | <u>-orm 990, Part IV, lin</u> | 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 | (e) Sh of organiz reveni | t zation's |
| | | | | Yes | No |
| (1) ANDREW SAFYER DEAN OF SOCIAL WORK | SPOUSE | l ' | EMPLOYMENT AT THE UNIVERSITY | | No |
| (2)TIMOTHY BURTONSENIOR VPTREASURER | DAUGHTER | l ' | EMPLOYMENT AT THE UNIVERSITY | | No |
| (3) SEE NOTES SCHEDULE L PART V | | | | | |
| | | | | | |
| | | | | | |

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

| Return Reference | Explanation |
|--|--|
| 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 |
| OR ASSISTANCE BENEFITING INTERESTED PERSONS | TUITION REMISSION IS A UNIVERSITY-WIDE EDUCATIONAL BENEFIT AVAILABLE TO UNIVERSITY EMPLOYEES, THEIR SPOUSES AND DEPENDENT CHILDREN THE AMOUNT LISTED ON SCHEDULE L, PART III IS TOTAL TUITION REMISSON GIVEN TO CERTAIN OFFICERS AND KEY EMPLOYEES OR THEIR FAMILY MEMBERS THIS WAS PROVIDED CONSISTENTLY WITH THE UNIVERSITY'S TUITION REMISSION POLICIES |

Schedule L (Form 990 or 990-EZ) 2013

DLN: 93493176008025

OMB No 1545-0047

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

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

Inspection

Name of the organization ADELPHI UNIVERSITY

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990. **Employer identification number**

11 1620741

| | | | | L . | 1-1630/41 | | | |
|-----|---|----------------------------------|--|---|----------------------------------|-----------|-----|-----|
| Pa | rt I Types of Property | | | | | | | |
| | | (a) Check If applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (Method of noncash contri | | _ | nts |
| | Art—Works of art | | | | | | | |
| | Art—Historical treasures . | | | | | | | |
| | Art—Fractional Interests | | | | | | | |
| | Books and publications | | | | | | | |
| 5 | Clothing and household goods | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | |
| | Boats and planes | | | | | | | |
| | Intellectual property | | | | | | | |
| | Securities—Publicly traded . | X | 12 | 244 352 | MARKET QUOTA | TION | | |
| | Securities—Closely held stock . | | | 2 1 1 1 9 5 2 | mana quan | | | |
| | Securities—Partnership, LLC, | | | | | | | |
| | or trust interests | | | | | | | |
| 12 | Securities—Miscellaneous | | | | | | | |
| 13 | Qualified conservation contribution—Historic structures | | | | | | | |
| 14 | Qualified conservation contribution—Other | | | | | | | |
| 15 | Real estate—Residential . | | | | | | | |
| | Real estate—Commercial | | | | | | | |
| | Real estate—Other | | | | | | | |
| | Collectibles | | | | | | | |
| | Food inventory | | | | | | | |
| | Drugs and medical supplies . | | | | | | | |
| | Taxidermy | | | | | | | |
| | Historical artifacts | | | | | | | |
| | Scientific specimens | | | | | | | |
| | Archeological artifacts | | | | | | | |
| | Other► (| Х | 37 | 1,333,820 | DISCOUNTED V | ALUE | | |
| LE | DGES AND BEQUESTS) | | | | | | | |
| 26 | O ther ►() | | | | | | | |
| 27 | O ther ►() | | | | | | | |
| 28 | O ther ► () | | | | L | | | |
| 29 | Number of Forms 8283 received by th | | | | .9 | | | |
| | for which the organization completed F | Form 8283, | Part IV, Donee Acknowle | dgement | .9 | | | |
| 20- | D | | | | *h 20 *h | | Yes | No |
| 3Ua | During the year, did the organization | | | | | | | |
| | it must hold for at least three years fr | | | | d to be used | | | |
| | for exempt purposes for the entire ho | | ′ | | | 30a | | N o |
| | If "Yes," describe the arrangement in | | | | | | V | |
| 31 | Does the organization have a gift acc | | | | | <u>31</u> | Yes | |
| 32a | Does the organization hire or use thir contributions? | • | related organizations to s | olicit, process, or sell no | ncash • • • | 32a | | No |
| b | If "Yes," describe in Part II | | | | | | | |
| 33 | If the organization did not report an a | mount in co | olumn (c) for a type of prop | erty for which column (a) | ıs checked. | | | |
| | describe in Part II | | , , ,, | | , | | | |

Part II

Supplemental Information. 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.

Return Reference Explanation

Schedule M (Form 990) (2013)

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493176008025

OMB No 1545-0047

2013

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization ADELPHI UNIVERSITY

Employer identification number

11-1630741

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| CONFLICT OF INTEREST POLICY | |
| PROCESS OF DETERMINING COMPENSATION | AN INDEPENDENT COMPENSATION CONSULTANT HAS BEEN HIRED BY THE UNIVERSITY TO REVIEW THE COMP ENSATION OF THE UNIVERSITY'S OFFICERS THE CONSULTING FIRM REVIEWS COMPENSATION OF THE UNI VERSITY'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 PR ESENTED 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 MPLOY EES 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 CONTEMPORANEOU SLY DOCUMENTED IN THE MINUTES TO THOSE MEETINGS |
| DOCUMENTS AVAILABLE FOR PUBLIC INSPECTION | THE UNIVERSITY'S GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST |
| 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 |
| NUMBER OF EMPLOYEES REPORTED ON FORM W-3 | THE UNIVERSITY REPORTED 4,666 EMPLOYEES ON FORM W-3, TRANSMITTAL OF WAGE AND TAX STATEMENT FOR 2013 THIS INCLUDES APPROXIMATELY 2,000 STUDENT EMPLOYEES AND GRADUATE ASSISTANTS WHO WORKED AT THE UNIVERSITY DURING 2013 |
| RECONCILIATION OF NET ASSETS | "OTHER CHANGES IN NET ASSETS OR FUND BALANCES" INCLUDED IN THE RECONCILATION OF OF NET ASS ETS TOTALING \$482,959 IS AN INCREASE IN NET ASSETS FOR POSTRETIREMENT CHANGES OTHER THAN N ET PERIODIC BENEFIT COSTS |

DLN: 93493176008025

2013

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Related Organizations and Unrelated Partnerships

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

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service Name of the organization ADELPHI UNIVERSITY

(Form 990)

SCHEDULE R

| | | | | 11-163074 | 1 | | | |
|--|---|---|-------------------------------------|---|--------------|--|---------------------------|-----------------|
| Part I Identification of Disregarded Entities Complete | ıf the organization a | answered "Yes" on | Form 990, Part | IV, line 33. | | | | |
| (a) Name, address, and EIN (ıf applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | | (f) Direct controlling entity | | |
| (1) BLACKCAT ADVERTISING AGENCY LLC C/O ADELPHI UNIVERSITY SOUTH AVENU GARDEN CITY, NY 11530 41-2109172 | ADVERTISING | NY | 0 | 0 | ADELPHI | I | | |
| | | | | | | | | |
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| | | | | | | | | |
| Part II Identification of Related Tax-Exempt Organiza or more related tax-exempt organizations during the | tions Complete ıf t tax year. | he organization an | swered "Yes" on | Form 990, Pai | t IV, lı | ne 34 because it | had or | ie |
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity sta (if section 501(c) | atus (3)) | (f) Direct controlling entity | Section (13) co ent | ntrolle ity? |
| | | | | | | | Yes | No |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | _ |
| | | | | | | | | |
| For Paperwork Reduction Act Notice, see the Instructions for Form 990. | ı | Cat No 5013 | B5Y | ı | | Schedule R (Form | 1 990) 2 | 013 |

| (a) Name, address, and EIN of related organization | | (b) Primary activit | (c) Legal domicile (state or foreign country) | r entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512- 514) | (f) Share of total income | | (h) Disproprtionat allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | managing partner? | | g ownerst | |
|---|--------------------------------|---|--|---|---|---------------------------------|-------------|---------------------------------------|--------|---|--|------|-----------|--|
| | | | | | J14) | | | Yes | No |] | Yes | No | | |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| V Identification of Related Org | | | | | | | | swere | d "Yes | " on Form | 990, | Part | IV, | |
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | | (d) Direct controllin entity | (e) Type of entity (C corp, S corp, or trust) | y Share of to | total Share | (g) e of end -year ssets | | (h) ercentage ownership | (i) Section 512 (b)(13) controlled entity? | | ! | |
| | | | | | | <u> </u> | | | _ | | Yes | | No | |
| | | | | | | | | | | | | | | |
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| Part V | Transactions With Related Organizations Complete if the organization answer | ered "Yes" on Form | n 990, Part IV, line | 34, 35b, or 36. | | | | | | |
|--|--|---|------------------------|---|---------|--------|--|--|--|--|
| Not | Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule | | | | | | | | | |
| 1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | | | | | | | | |
| a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity | | | | | | | | | | |
| b Gift, grant, or capital contribution to related organization(s) | | | | | | | | | | |
| c Gift, grant, or capital contribution from related organization(s) | | | | | | | | | | |
| d Loans or loan guarantees to or for related organization(s) | | | | | | | | | | |
| e Loans or loan guarantees by related organization(s) | | | | | | | | | | |
| | | | | | | | | | | |
| f Dividends from related organization(s) | | | | | | | | | | |
| g Sale of assets to related organization(s) | | | | | | | | | | |
| h Purchase of assets from related organization(s) | | | | | | | | | | |
| i Exchange of assets with related organization(s) | | | | | | | | | | |
| j Lease of facilities, equipment, or other assets to related organization(s) | | | | | | | | | | |
| | | | | | | | | | | |
| k Lease of facilities, equipment, or other assets from related organization(s) | | | | | | | | | | |
| l Performance of services or membership or fundraising solicitations for related organization(s) | | | | | | | | | | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | | | | | | | | | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | | | | | | | | |
| • Sharing of paid employees with related organization(s) | | | | | | | | | | |
| | | | | | | | | | | |
| p Reimbursement paid to related organization(s) for expenses | | | | | | | | | | |
| q Reimbursement paid by related organization(s) for expenses | | | | | | | | | | |
| | | | | | | | | | | |
| r Oth | er transfer of cash or property to related organization(s) | | | | 1r | | | | | |
| s Other transfer of cash or property from related organization(s) | | | | | | | | | | |
| | | | | | | | | | | |
| | e answer to any of the above is "Yes," see the instructions for information on who must complete | T | | | | | | | | |
| | (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amou | unt inv | volved | | | | |
| | | | | | | | | | | |
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Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

| revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships | | | | | | | | | | | | | |
|--|--------------------------------|---|--|---|----|------------------------------------|----------------|----------------------------------|----|---|-----|--------|--------------------------------|
| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512- 514) | (e) Are all partners section 501(c)(3) organizations? | | (f) Share of total income | al end-of-year | (h) Disproprtionate allocations? | | (i) Code V?UBI amount in box 20 of Schedule K-1 (Form 1065) | | | (k) Percentage ownership |
| | | | 314) | Yes | No | | | Yes | No | | Yes | No | |
| | | | | | | | | | | | |] | |
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Schedule R (Form 990) 2013

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2013