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DLN: 93493195003116

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

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

OMB No 1545-0047

Open to Public Inspection

A F	or the 2	2014 ca		and ending 08-31-2015			
B Ch	eck if ap	pplicable	C Name of organization ADELPHI UNIVERSITY			D Employe	r identification number
☐ Ad	dress ch	ange	% ROBERT DECARLO			11-163	0741
Гиа	me char	nge	Doing business as				
┌ Ini	tıal retur	m				E Telephone	number
_ Fir			Number and street (or P O box if mail is not delivered to 1 SOUTH AVENUE	street address) Room/suite	е	•	
	turn/term					(516)8	77-3184
An	nended r	return	City or town, state or province, country, and ZIP or foreign GARDEN CITY, NY 115300701	n postal code		G Gross ross	eipts \$ 282,584,129
Γ Ap	plication	pending	g GARBER GITT, NT 113500761			G Gloss lece	eipts \$ 202,304,129
			F Name and address of principal officer		H(a) Is the	• Is a group re	
			CHRISTINE M RIORDAN SOUTH AVENUE		subo	rdınates?	┌ Yes 🗸 No
			GARDEN CITY, NY 11530		H(b) Are a	ıll subordına	ites
			<u> </u>		ınclu	ded?	
I Ta	ax-exem	pt status	s	(a)(1) or 527	If "No	o," attach a	list (see instructions)
J W	<i>l</i> ebsite	:: - W	WW ADELPHI EDU		H(c) Grou	ıp exemptıoı	n number ►
K For	m of org	janizatio	n		L Year of fo	mation 1896	M State of legal domicile NY
Pa	rt I	Sun	nmary		•		•
			describe the organization's mission or most signific		ID TO OFFE	D DDEDARA	ATION IN ARTS
			DVIDE QUALITY UNDERGRADUATE AND GRAD (TION, BUSINESS, PSYCHOLOGY, SOCIAL WOR				
<u>3</u>							
	-						
¥ell	2 0	heck t	this box দ if the organization discontinued its op	erations or disposed of	more than 2	5% of its no	et assets
Governance	- `	oneen (ting box F Time organization albeominaea to op	stations of disposed of	more than 2	70 01 103 110	
Activities &	3 1	Numbei	r of voting members of the governing body (Part VI	, lıne 1a)		. L	3 29
ij	4 N	Number	r of independent voting members of the governing b	ody (Part VI, line 1b)			4 28
¥.	5 T	Γotal nu	umber of individuals employed in calendar year 203	14 (Part V, line 2a) .		· · L	5 4,864
ĕ	6 ⊺	Γotal nu	umber of volunteers (estimate if necessary)				6
	1		nrelated business revenue from Part VIII, column	• • •			7a 42,182
	b N	Net unr	related business taxable income from Form 990-T,	line 34			7b -2,284
					Prio	r Year	Current Year
g)	8		ributions and grants (Part VIII, line 1h)		8,958,06		
Rayenue	9		ram service revenue (Part VIII, line 2g)			224,074,83	
Š	10		stment income (Part VIII, column (A), lines 3, 4, a			12,142,27	
_	11		r revenue (Part VIII, column (A), lines 5, 6d, 8c, 9 revenue—add lines 8 through 11 (must equal Part			1,123,14	0 1,348,493
	12		· · · · · · · · · · · · · · · · · · ·		2	246,298,31	4 252,367,795
	13		ts and sımılar amounts paıd (Part IX, column (A), lı			48,784,82	5 52,493,809
	14	Bene	fits paid to or for members (Part IX, column (A), lin	e 4)			0 0
	15	Salar	ries, other compensation, employee benefits (Part I	X, column (A), lines	,	131,416,53	6 137,519,293
Expenses	16-	5-10		141			
কু	16a		ssional fundraising fees (Part IX, column (A), line			186,93	9 178,607
五	b	Total f	fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright \frac{2,551,09}{2}$	/			
	17	Othe	r expenses (Part IX, column (A), lines 11a–11d, 1	1f-24e)		56,258,98	0 54,125,325
	18		expenses Add lines 13–17 (must equal Part IX, o			236,647,28	
	19	Reve	nue less expenses Subtract line 18 from line 12			9,651,03	
Not Assets or Fund Balances						g of Current 'ear	End of Year
90 gg	20	Total	lassets (Part X, line 16)			475,522,85	5 469,627,878
2 A B	21		liabilities (Part X, line 26)			182,775,59	
23	22		assets or fund balances Subtract line 21 from line				
Pa	rt II		nature Block				
my k	nowled	lge and	f perjury, I declare that I have examined this return I belief, it is true, correct, and complete Declaratio knowledge				
		l L			20	016-07-13	
Sigi	n l	Sign	nature of officer			ate	
Her		TIM	OTHY P BURTON EXEC VP FINANCE/ADMN				
		Тур	e or print name and title				
			Print/Type preparer's name Preparer's signatur	e Da	I CIIC	CK I II	TIN
Pai	d	}	Firm's name ► GRANT THORNTON LLP			-employed n's EIN 🟲	
Pre	pare	r					
Use	Onl	y	Firm's address ► 757 THIRD AVENUE		Pho	ne no	
		- 1	NEW YORK, NY 10017		I		

Form 990 (2014)

art 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)? $^{\circ}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	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
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
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	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 🦉	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		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?	20h		

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 domestic 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 or for domestic individuals 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), 501(c)(4), and 501(c)(29) 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 "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	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	110
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization 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	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		.,⊽
_			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 474			
	Enter the number of Forms W-2G included in line 1a Enter-0- if not applicable 1b 0	1	1	
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
a	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 over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
ia	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
-	2	5c		
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).		1	
	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		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		N o
F	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νc
)	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
3	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
)a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
3	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities]		
	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
a	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.]		
а	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		
b	Enter the amount of reserves the organization is required to maintain by the states			
c	In which the organization is licensed to issue qualified health plans			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		l No
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14a		140

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 VI							

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax 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		Νo
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
	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		Νo
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	evenı	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		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website Vipon request Other (explain in Schedule O)
- 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
- State the name, address, and telephone number of the person who possesses the organization's books and records ►ROBERT DECARLO
 - 1 SOUTH AVENUE

 - GARDEN CITY, NY 115300701 (516) 877-3184

Form 990 (2014)	
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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	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or chiector	2/1099-MISC)	2/1099-MISC)	organization and related organizations

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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	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					1	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	►			
C	Total from continuation sheets to Part VII, Section A	▶			
d	Total (add lines 1b and 1c)	▶	4,766,414	0	1,000,419
d	Total (add lines 1b and 1c)	•	4,766,414	0	1,000,4

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►235

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
DAMON G DOUGLAS CO, 26 WORLDS FAIR DRIVE SUITE A SOMERSET, NJ 08873	CONTRACTOR	26,483,837
COMPASS LCS LLC DBA LACKMANN CULI, SERVICES 303 CROSSWAYS PARK DRIVE WOODBURY, NY 11797	FOOD SERVICE	5,931,418
THE BALLINGER COMPANY, 833 CHESTNUT STREET PHILADELPHIA, PA 19107	ARCHITECTS	1,025,426
CHALLENGE GRAPHICS SERVICES INC, DBA-CORPORATE COLOR 22 CONNOR LAN DEER PARK, NY 11729	PRINTING SERVICES	759,949
DD DEVELOPMENT, 991 MAIN STREET SUITE 104 HOLBROOK, NY 11741	CONTRACTOR	430,115
2 Total number of independent contractors (including but not limited to th	ose listed above) 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 \(\mathbb{F} 30 \)

Part VIII		Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII											
		Check if Schedi	ule O contains a respo	nse or note to any li	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514					
र र	1a	Federated cam	paigns 1a					312-314					
an	ь	Membership du	es 1b										
يَّ قَ	С	Fundraising eve	ents 1c	154,924									
#Ş. Ā.Ā	d	Related organiz	zations 1d										
:5 i≝	e	Government grants		4,293,508									
Sin													
atio er	f	similar amounts no	ons, gifts, grants, and 1f ot included above	5,008,391									
Contributions, Gifts, Grants and Other Similar Amounts	g		ons included in lines	2,141,736	İ	į							
on to		1a-1f \$ Total. Add lines	- 1 - 1 f		9,456,823								
<u>ರಹ</u>	h	Total. Add lines	5 1 d - 1 1	· · · · •	5,430,023								
e E				Business Code									
Ke LI	2a	TUITION AND FEES	<u> </u>	611600	214,686,921	214,686,921							
<u>æ</u>	Ь	SALES&SERVICES-I	EDUCATIONAL DEPTS	611710	3,054,420	3,054,420							
92	С	STUDENT SUPPOR	Т	721000	14,346,765	14,346,765							
<u>7</u>	d												
Program Serwce Revenue	е												
Š.	f	All other progra	am service revenue										
Š	g	Total. Add lines	s 2a-2f		232,088,106								
	3		ome (including dividen										
		and other simil	aramounts)		4,073,507			4,073,507					
	4		stment of tax-exempt bond	proceeds -	12,333			12,333					
	5	Royalties		· · · •	48,891			48,891					
	6a	Gross rents	(ı) Real 723,824	(II) Personal									
	b b	Less rental	121,819										
	"	expenses	,										
	С	Rental income or (loss)	602,005	U									
	d	Net rental inco	me or (loss)		602,005			602,005					
			(ı) Securities	(II) O ther									
	7a	Gross amount from sales of assets other than inventory	35,142,226	46,161									
	Ь	Less cost or other basis and	29,799,854										
	c	sales expenses Gain or (loss)	5,342,372	46,161									
	d	Net gain or (los			5,388,533			5,388,533					
enne	8a	Gross income f events (not inc \$154	rom fundraising luding ,924										
Other Revenue		See Part IV, lin	s reported on line 1c) ne 18 a	606,487									
÷.	b	Less direct ex	penses b	294,661									
ō	С	Net income or ((loss) from fundraising	events 🛌	311,826			311,826					
	9a	Gross income f See Part IV, lin	rom gaming activities ne 19 a										
	ь	Less direct ex	penses b										
	С		(loss) from gaming acti	vities	О								
	10a	Gross sales of returns and allo											
	ь	Less costofa	oods sold b										
	С		(loss) from sales of inv	entory 🛌	o								
		Miscellaneous		Business Code									
	11a	FACILITY FEE	S	713940	34,682		34,682						
	ь	SPONSORSHI	P FEE	541800	7,500		7,500						
	С	OTHER REVEN		900099	343,589			343,589					
	d	All other reven											
	e		s 11a-11d	▶	22								
	12		See Instructions .	_ -	385,771								
		.o.a. ievellue.	Sec Instructions .	· · · · •	252,367,795	232,088,106	42,182	10,780,684					

Part IX Statement of Functional Expenses

Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. All other organizations must complete colu

	Check if Schedule O contains a response or note to any line in this	Part IX			<u> </u>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals See Part IV, line 22	52,249,159	52,249,159		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	244,650	244,650		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	4,301,557	1,710,526	2,296,783	294,248
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	354,125	260,508	93,617	
7	Other salaries and wages	101,766,279	90,619,869	9,981,862	1,164,548
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	6,959,640	6,068,432	825,589	65,619
9	Other employee benefits	16,547,140	14,205,197	2,158,165	183,778
10	Payroll taxes	7,590,552	6,467,928	1,029,559	93,065
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	422,393	23,315	399,078	
c	Accounting	306,386	400	305,986	
d	Lobbying	85,198		85,198	
e	Professional fundraising services See Part IV, line 17	178,607			178,607
f	Investment management fees	583,869		583,869	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,292,766	1,880,540	1,344,448	67,778
12	Advertising and promotion	2,162,235	341,655	1,820,580	
13	Office expenses	10,308,218	8,552,378	1,472,534	283,306
14	Information technology	1,826,625	1,434,238	391,997	390
15	Royalties	0			
16	Occupancy	9,591,928	9,052,787	524,509	14,632
17	Travel	1,750,649	1,608,212	114,254	28,183
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	2,047,947	1,351,804	546,187	149,956
20	Interest	3,247,836	2,926,033	321,803	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	7,430,427	6,917,176	513,251	
23	Insurance	1,373,398	1,303,151	67,521	2,726
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	ASSISTANTSHIP/TUIT REMISSION	5,842,402	5,789,657	51,844	901
b	PROVISION-DOUBTFUL ACCOUNTS	1,488,890		1,488,890	<u> </u>
c	CREDIT CARD FEES	440,891	26,377	391,414	23,100
d	COLLECTION COSTS	164,761	138	164,623	
е	All other expenses	1,758,506	1,552,567	205,679	260
25	Total functional expenses. Add lines 1 through 24e	244,317,034	214,586,697	27,179,240	2,551,097
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

	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	13,117,464	2	25,266,379
	3	Pledges and grants receivable, net	6,115,638	3	6,828,772
	4	Accounts receivable, net	1,847,799	4	2,052,545
	5	Loans and other receivables from current and former officers, directors, trustees, ke employees, and highest compensated employees. Complete Part II of Schedule L	y	5	0
Assets	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employer and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	s		0
Š	7	Notes and loans receivable, net	0	<u> </u>	
Ą	8	Inventories for sale or use	0	⊢ ∸⊣	
	9		5,490,912	└	7,860,834
	10a	Prepaid expenses and deferred charges	, ,	9	7,000,004
	Ь	Complete Part VI of Schedule D Less accumulated depreciation	_	100	241,043,264
		Investments—publicly traded securities	190,116,954	11	161,794,706
	11		16,065,981	12	14,280,828
	13	Investments—other securities See Part IV, line 11	6,444,097		6,525,165
	14	Investments—program-related See Part IV, line 11	0,444,097	14	0,323,103
			27,542,682		3,973,885
	15	Other assets See Part IV, line 11	475,522,855	\vdash	469,627,878
	16 17	Total assets. Add lines 1 through 15 (must equal line 34)	19,875,916	H	21,912,594
	18	Accounts payable and accrued expenses	5,666,162	H	5,647,384
	19	Deferred revenue	29,086,693		29,848,014
	20		128.146.827	20	128.282.273
		Tax-exempt bond liabilities	128,140,827	 	120,202,273
es	21	Escrow or custodial account liability Complete Part IV of Schedule D	-	21	
Liabiliti	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	0	25	0
	26	D	182,775,598	26	185,690,265
	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and complete	102,770,000	20	100,000,200
ě		lines 27 through 29, and lines 33 and 34.	243,168,940	37	234,801,799
<u>ಣ</u>	27	Unrestricted net assets	21,755,466	27 28	18,552,520
<u> </u>	28	Temporarily restricted net assets	27,822,851	 	30,583,294
Fund Balances	29	Permanently restricted net assets	27,822,851	29	30,383,294
五		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
Assets or	30	Capital stock or trust principal, or current funds		30	
Ř	31	Paid-in or capital surplus, or land, building or equipment fund		31	_
25	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net /	33	Total net assets or fund balances	292,747,257	33	283,937,613
ž	34	Total liabilities and net assets/fund balances	475,522,855	\vdash	469,627,878
		Total habilities and het assets/fulla balances	473,322,633	34	403,021,010

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		252,3	367,795
2	Total expenses (must equal Part IX, column (A), line 25)				
_	Paramatan and California I and California I and I	2		244,3	317,034
3	Revenue less expenses Subtract line 2 from line 1	3		8,0	050,761
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			202	747 257
5	Net unrealized gains (losses) on investments	4		292,7	747,257
,	Net unrealized gains (1055e5) on investments	5		-16,8	360,405
6	Donated services and use of facilities	6			
7	Investment expenses	$\stackrel{ullet}{\longrightarrow}$			
	-	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)				
	<u> </u>	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		283,9	937,613
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		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis			1	
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	Separate basis Consolidated basis Both consolidated and separate basis			1	
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	1			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b	Yes	

Software ID: Software Version:

EIN: 11-1630741

Name: ADELPHI UNIVERSITY

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) Average hours per week (list any hours for related	Posit more tl perso and a	tion (han o n is b	ne b ooth ctor	ox, ι an o /trus	inless fficer tee)	_	(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 trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-1413C)	2/1099-M13C)	related organizations		
(1) ARUN AGRAWAL	3 0	×						0	0	o		
Trustee (1) Z PAUL AKIAN	0 0											
Trustee	0 0	Х						0	0	0		
(2) FRANK ANGELLO	3 0	,,										
Trustee	0 0	Х						0	0	0		
(3) JEFFREY BOLTON	3 0	X						0	0	0		
Trustee (4) LORETTA CANGIALOSI	0 0											
		х						0	0	0		
Trustee (5) PHILIP DISANTO	3 0						\vdash					
TRUSTEE	0 0	X						0	0	0		
(6) JOAN GIRGUS	3 0	х						0	0	0		
Trustee (through October 2014)	0 0	^						Ů		, and the second		
(7) JEFFREY GREENE	3 0	x						0	0	0		
Trustee (8) JOHN GUTLEBER	0 0											
Trustee (through October 2014)	0 0	Х						0	0	0		
(9) CHANTAL HAMLIN	3 0	V							0			
Trustee	0 0	X						0	0	0		
(10) NOREEN HARRINGTON	3 0	X						0	0	0		
TRUSTEE (11) OSBERT HOOD	3 0						\vdash					
Trustee	0 0	х						0	0	0		
(12) N GERRY HOUSE	3 0											
Trustee	0 0	X						0	0	0		
(13) ANGELA JAGGAR	3 0	×						0	0	0		
Trustee	0 0							_	_	_		
(14) LAURENCE KESSLER	3 0	х						0	0	o		
Trustee (15) RONALD LEE	3 0						\vdash					
Trustee	0 0	Х						0	0	0		
(16) LINDSEY KUPFERMAN LEVINE	3 0	×						0	0	0		
Trustee	0 0	^						Ů		· ·		
(17) THOMAS MOTAMED	3 0	X						0	0	0		
Trustee (18) SUSAN MURPHY	0 0						-					
Trustee	0 0	Х						0	0	0		
(19) IVAYLO NINOV	3 0	,,										
TRUSTEE	0 0	Х						0	0	0		
(20) GRACE PILCER	3 0	l x						0	0	0		
TRUSTEE (21) PETER PRINCIPATO	0 0		<u> </u>	_		-			_			
TRUSTEE	0 0	х						0	0	0		
(22) GARY ROSENBERG	3 0											
TRUSTEE (through June 2015)	0 0	Х						0	0	0		
(23) PAUL SALERNO	3 0	x						0	0	0		
TRUSTEE	0 0	<u> </u>	<u> </u>									
(24) LOIS SCHLISSEL	3 0	x						0	0	0		
TRUSTEE	0 0		<u> </u>	<u> </u>		1	1	<u> </u>				

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

Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) Average hours per week (list any hours for related	and a d		ne booth a	ox, u an of trus	inless fficer tee)		(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		
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former	2/1099-1413C)	2/1099-M13C)	organization and related organizations		
(26) PATRICK SMALLEY	3 0	х						0	0	0		
TRUSTEE (1) HELENE SULLIVAN	3 0											
TRUSTEE	0 0	Х						0	0	0		
(2) WILLIAM TENETTRUSTEE	3 0	х						0	0	0		
(3) CHARLES TOLBERT	3 0	x						0	0	0		
TRUSTEE (4) ADAEZE UDOJI	0 0	,										
TRUSTEE	0 0	×						0	0	0		
(5) ROBERT WILUMSTAD	6 0	x						0	0	0		
TRUSTEE, CHAIRMAN (6) CHRISTINE RIORDAN-NOTE SCHJ	0 0 65 0	x		X				0	0	0		
PRESIDENT (EFFECTIVE 7-1-15) (7) ROBERT SCOTT	0 0 65 0	x		×				553,588	0	119,345		
PRESIDENT (THROUGH 6-30-15) (8) TIMOTHY BURTON	0 0							333,366	0	119,343		
SENIOR VP & TREASURER	0 0			Х				342,365	0	58,333		
(9) GAYLE INSLER	50 0			х				332,123	0	32,408		
PROVOST & SENIOR VP (10) CHRISTIAN VAUPEL	50 0			х				239,593	0	48,885		
VP FOR UNIVERSITY ADVANCEMENT (11) LAUREN MOUNTY	0 0 50 0			x				222,186	0	76,187		
VP FOR ENROLLMENT MANAGEMENT (12) LORI DUGGAN GOLD	0 0 50 0											
VP FOR COMMUNICATIONS	0 0			Х				201,470	0	49,693		
(13) ANTHONY LIBERTELLA	50 0				х			254,506	0	50,677		
DEAN, SCHOOL OF BUSINESS (14) PATRICK COONAN	50 0				Х			249,669	0	57,950		
DEAN, SCHOOL OF NURSING (15) ANDREW SAFYER	0 0 50 0				х			235,571	0	48,884		
DEAN, SOCIAL WORK (16) SAM GROGG	0 0 50 0									<u>'</u>		
DEAN, ARTS AND SCIENCES	0 0				Х			230,538	0	54,892		
(17) ROBERT DECARLO ASSOCIATE VP & CO-TREASURER	50 0				х			205,172	0	38,043		
(18) JANE ASHDOWN DEAN, SCHOOL OF EDUCATION	50 0				x			193,630	0	42,506		
(19) AUDREY BLUMBERG	50 0				х			171,787	0	48,819		
DEPUTY PROVOST (20) JACQUES BARBER	50 0					х		202,961	0	49,833		
DEAN, IAPS DERNER INSTITUTE (21) RICHARD GARNER	50 0					x		202,781	0	34,502		
DEAN, HONORS COLLEGE (22) JACK CHEN	0 0 50 0									·		
CHIEF INFORMATION OFFICER	0 0					X		198,528	0	49,896		
PROFESSOR	40 0					х		196,951	0	44,344		
(24) SAMUEL NATALE PROFESSOR	40 0					х		196,153	0	42,906		
	1 0	<u> </u>					1	<u>I</u>	<u> </u>	<u> </u>		

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	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
(51) ANGELO PROTO FORMER OFFICER-SEE NOTE SCH J	50 0						х	153,477	0	18,091
(1) RAKESH GUPTA FORMER DEAN,-SEE NOTE SCH J	40 0						Х	183,365	0	34,225

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As Filed Data -

DLN: 93493195003116

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.

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

Open to Public Inspection

		ne organization VERSITY			Employer identification number									
AULLE	TII ONI	VERSITI					11-1630741							
Pa	rt I	Reason for Publi	c Charity S	Status (All organiza	itions must co	mplete this r		ons.						
		zation is not a private f												
1	Ē	A church, convention		· ·	= -	•	•							
2	৴	A school described in					-,(-,(-,							
3	, —	A hospital or a cooper	=		· ·	tion 170(h)(1)	(A)(iii)							
4	<u></u>	A medical research or		_				i) Enterthe						
7	,	hospital's name, city,		erated in Conjunction v	vicii a nospitai u	lescribed iii se t		. Litter the						
5	Г	An organization opera	ted for the ber	nefit of a college or uni	versity owned o	r operated by a	a governmental unit d	escribed in						
		section 170(b)(1)(A)	(iv). (Complet	e Part II)										
6	Г	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public												
	•	described in section 1				J	•	,						
8	Г	A community trust de	scribed in sec	tion 170(b)(1)(A)(vi)	(Complete Par	tII)								
9	Γ	An organization that n	ormally receiv	es (1) more than 33:	1/3% of its supp	ort from contri	butions, membership	fees, and gross						
		receipts from activitie	s related to it	s exempt functions—s	ubject to certai	n exceptions, a	ind (2) no more than 3	331/3% of						
		ıts support from gross	investment ir	ncome and unrelated b	usıness taxable	e income (less	section 511 tax) fron	n businesses						
		acquired by the organ	ızatıon after Jı	ıne 30, 1975 See sec	tion 509(a)(2).	(Complete Par	rt III)							
10	Γ	An organization organ	ized and opera	ated exclusively to tes	t for public safe	ty See sectio i	ı 509(a)(4).							
11	Γ	An organization organ												
				ported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check										
-	_	the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the												
а	,	supported organizatio												
		organization You mus				-, -, -, -, -, -, -, -, -, -, -, -, -, -								
b	Γ	Type II. A supporting	_	•		• •		•						
		management of the su			same persons t	hat control or r	nanage the supported	organization(s) You						
_	_	must complete Part I Type III functionally			n operated in c	onnection with	and functionally into	arated with its						
·	,	supported organizatio						grated with, its						
d	Γ	Type III non-function						janization(s) that is						
		not functionally integr					ement and an attentiv	eness requirement						
	_	(see instructions) Yo					T I T II T							
е	ļ	Check this box if the or integrated, or Type II					s a rype i, rype ii, r	ype III functionally						
f		Enter the number of s												
g		Provide the following i												
		J		11	,									
	(i)Na	ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org	ganization	(v) A mount of	(vi) A mount of						
		organization		organization	listed in your	governing	monetary support	other support (see						
				(described on lines	docume	nt?	(see instructions)	ınstructions)						
				1-9 above or IRC section (see										
			instructions											
				,,	Yes	No								
			i					 						

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.)

S	ection A. Public Support	ation lans to qu	damy ander the	tests listed belo	W, picase com	olete i t	41 (111.)			
	endar year (or fiscal year beginning	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2	014	(f) Total		
	in) 🟲	(4) 2010	(5) 2011	(6) 2012	(4) 2013	(0) 2		(1) 1 otal		
1	Gifts, grants, contributions, and membership fees received (Do not									
	include any "unusual	7,118,26	5 11,536,269	8,264,268	8,958,063	9	9,456,823	45,333,688		
	grants ")									
2	Tax revenues levied for the									
	organization's benefit and either							0		
	paid to or expended on its									
3	behalf The value of services or facilities									
3	furnished by a governmental unit							0		
	to the organization without charge									
4	Total. Add lines 1 through 3	7,118,26	5 11,536,269	8,264,268	8,958,063	(9,456,823	45,333,688		
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly							2 110 620		
	supported organization) included on line 1 that exceeds 2% of the							2,119,629		
	amount shown on line 11, column									
	(f)									
6	Public support. Subtract line 5							43,214,059		
	from line 4							43,214,039		
	ection B. Total Support									
Cal	endar year (or fiscal year	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2	014	(f) Total		
_	beginning in)					9,456,823				45,333,688
7	Amounts from line 4	7,118,265	11,536,269	8,264,268	8,958,063		9,430,823	45,333,000		
8	Gross income from interest, dividends, payments received on									
	securities loans, rents, royalties	10,093,843	7,009,163	10,073,087	12,658,999	10	,128,645	49,963,737		
	and income from similar	, ,	, ,	, ,						
	sources									
9	Net income from unrelated									
	business activities, whether or	46,917	37,080	39,167	41,760		38,007	202,931		
	not the business is regularly	·	·	·						
10	carried on Other income Do not include									
10	gain or loss from the sale of									
	capital assets (Explain in Part	276,417	321,379	550,344	564,659		655,415	2,368,214		
	VI)									
11	Total support Add lines 7							97,868,570		
12	through 10	/	<u> </u>			T				
	Gross receipts from related activit		•			12		,095,371,729		
13	First five years. If the Form 990 is									
	organization, check this box and st						· · · · ·			
<u> </u>	ection C. Computation of Pu Public support percentage for 201			11 column (f))		144		44.155.0/		
	· · · · · -	•	• •	11, Column (1))		14		44 155 %		
15	Public support percentage for 201	•	,			15		46 550 %		
16a	33 1/3% support test—2014. If the				ine 14 is 33 1/3%	or more	e, check t			
L	and stop here. The organization qu				and line 1 Fig. 22	1/20/ 64		►.V		
D	33 1/3% support test—2013. If the box and stop here. The organization				and line 15 is 33	1/3% 01	more, ch	eck this ▶		
17a	10%-facts-and-circumstances test	· ·		_	e 13.16a.or16h	and lin	e 14	-,		
	is 10% or more, and if the organiza	-				•				
	in Part VI how the organization me									
	organization			-				▶ ┌		
b	10%-facts-and-circumstances test									
	15 is 10% or more, and if the orga									
	Explain in Part VI how the organiza	ation meets the "	racts-and-circums	stances" test The	e organization qua	lifies as	a publicly			
18	supported organization Private foundation. If the organiza	tion did not chac	k a hoy on line 12	16a 16h 17a o	r 17h chack this	hov and	1 500	► □		
10	instructions	cion dia not chec	v a nov oil lille 13	, 100, 100, 170, 0	T T D, CHECK HIIS	DOX GIIC	4 366	▶ □		

Schedule A (Form 990 or 990-EZ) 2014 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V $\,)$

Section A. All Supporting Organizations

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or (2) ? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each		1 1	

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

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

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year		
1 Amounts paid to supported organizations to accom			
2 A mounts paid to perform activity that directly furthexcess of income from activity			
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	JCTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		(::)	(:::)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009			
b From 2010			
c From 2011			
d From 2012			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
A pplied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010			
b From 2011			
c From 2012			
d From 2013			

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
	OTHER INCOME INCLUDES NET INCOME FROM FUNDRAISING ACTIVITIES AND OTHER REVENUE AS REPORTED ON FORM 990, PART VIII, STATEMENT OF REVENUE

Schedule A (Form 990 or 990-EZ) 2014

DLN: 93493195003116

OMB No 1545-0047

Open to Public Inspection

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

ADELPHI UNIVERSITY

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. ► 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) (see separate instructions) or Form 990-EZ, Part V,

line 35c (Proxy Tax) (see separate instructions), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number**

				11-1630741	
Par	t I-A Complete if the or	ganization is exempt under s	section 501(c) or is a section 527	organization.
1	Provide a description of the org	ganızatıon's dırect and ındırect politic	al campaıgn act	ıvıtıes ın Part IV	
2	Political expenditures			▶	\$
3	Volunteer hours				
Par	t I-B Complete if the or	ganization is exempt under s	section 501(c)(3).	
1	-	e tax incurred by the organization und	_		\$
2	Enter the amount of any excise	e tax incurred by organization manage	ers under section	n 4955 🕨	\$
3	If the organization incurred a s	section 4955 tax, did it file Form 472	O for this year?		☐ Yes ☐ No
4a	Was a correction made?				┌ Yes ┌ No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt under s	section 501(c), except section 50	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for sec	tion 527 exemp	ot function activities 🕨	\$
2		organization's funds contributed to oth	ner organizations	for section 527	
	exempt function activities			•	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here a	nd on Form 112	0-POL, line 17b ►	\$
4	Did the filing organization file F	Form 1120-POL for this year?			┌ Yes ┌ No
Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.					
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 -
For D	Panerwork Reduction Act Notice se	 ee the instructions for Form 990 or 990-	 • F7 .	Cat No 50084S Schedule C (Form 000 or 000 57) 304.4
				at NO JOOO43 Schedule C (I	U

5 c	hedule C (Form 990 or 990-EZ) 2014					Page 2
Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c	:)(3) and file	d Form 5768	
	Check If the filing organization belongs to a expenses, and share of excess lobb	ying expenditures)		_	p member's nam	e, address, EIN,
	Limits on Lobbying E (The term "expenditures" means an	xpenditures			(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o					
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	ying)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	Other exempt purpose expenditures					
е	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax				
	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 \$500,00	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	00		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1f)				
h	Subtract line 1g from line 1a If zero or less, ente	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	ır - 0 -				
j	If there is an amount other than zero on either lin section 4911 tax for this year?	ne 1h or line 1ı, did the	organızatıon file F	Form 4720 repo	rtıng	┌ Yes ┌ No
	4-Year Av (Some organizations that made a s columns below. See t		ection do not	have to com		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a	Lobbying nontaxable amount					
ь	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

Sch	edule C (Form 990 or 990-EZ) 201	4				Р	age 3
Pa		ganization is exempt under section 501(c)(3) and has election under section 501(h)).	NOT				
For A	each "Yes" response to lines 1a throug	nh 11 below, provide in Part IV a detailed description of the lobbying		a)	(b)		
activ		in 11 below, provide in Fure 19 a decaned description of the lobbying	Yes	No	/	Amour	nt
1		anization attempt to influence foreign, national, state or local to influence public opinion on a legislative matter or referendum,					
а	Volunteers?			No			
b	Paid staff or management (include	e compensation in expenses reported on lines 1c through 1i)?		No			
C	Media advertisements?			No			
d	Mailings to members, legislators,	or the public?		No			
е	Publications, or published or broa	dcast statements?		No			
f	Grants to other organizations for	lobbying purposes?		No			
g	Direct contact with legislators, th	eir staffs, government officials, or a legislative body?	Yes			8	85,198
h	Rallies, demonstrations, seminars	s, conventions, speeches, lectures, or any similar means?		No			
i	O ther activities?			No			
j	Total Add lines 1c through 1i					8	85,198
2a b	Did the activities in line 1 cause of If "Yes," enter the amount of any	the organization to be not described in section 501(c)(3)? tax incurred under section 4912		No			
c		tax incurred by organization managers under section 4912					
	·	a section 4912 tax, did it file Form 4720 for this year?		1			
		ganization is exempt under section 501(c)(4), section	501(c	:)(5).	or s	ectio	n
	501(c)(6).						
1	Were substantially all (90% or m	ore) dues received nondeductible by members?		Г	1	Yes	No
2		-house lobbying expenditures of \$2,000 or less?		-	2		
3		ry over lobbying and political expenditures from the prior year?		-	3		
		ganization is exempt under section 501(c)(4), section	501/6	1/5)		ectio	n
		ither (a) BOTH Part III-A, lines 1 and 2, are answered '					
1	Dues, assessments and similar a	mounts from members	1				
2	Section 162(e) nondeductible lob expenses for which the section 5:	bying and political expenditures (do not include amounts of political 27(f) tax was paid).		ļ			
а	Current year		2a				
b	Carryover from last year		2b				
C	Total		2c				
3	Aggregate amount reported in sec	ction 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	does the organization agree to ca	unt on line 2c exceeds the amount on line 3, what portion of the excess rryover to the reasonable estimate of nondeductible lobbying and					
_	political expenditure next year?		5				
5	art IV Supplemental Info	political expenditures (see instructions)	1 3				
	•	Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated gro	up list)	, Part II	[-A,I	ınes 1	and
2 (e 1 Also, complete this part for any additional information					
	Return Reference	Explanation					
SCH		ADELPHI UNIVERSITY HAS ENGAGED THE FIRM, DAVIDOFF, HUTO ASSIST WITH ITS STRATEGIC PLANNING GOAL AND TO FORMULA REGARD THE IMPLEMENTATION OF THIS PLAN INCLUDES THE FISUPPORTING DOCUMENTATION, THE PREPARATION OF TESTIMO	ATE A F NAL P	PLAN IN REPARA	HT V	S N O F	

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1G	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 LEGISLATIVE STRATEGIES CONCERNING THE INITIATIVE, AND THE DEVELOPMENT OF MEETINGS WITH MEMBERS OF THE NEW YORK STATE LEGISLATURE IN ADDITION, THE FIRM PROVIDES STRATEGIC COUNSELING AND SERVES AS LIAISON TO APPROPRIATE GOVERNMENT AGENCIES AS NECESSARY, REPORTING ON GOVERNMENT PROGRAMS RELEVANT TO THE INITIATIVES AND OTHER POSSIBLE AREAS OF INTEREST TO ADELPHI UNIVERSITY DURING FISCAL YEAR 2014-15, THE UNIVERSITY PAID \$81,751 TO THE FIRM, DAVIDOFF, HUTCHER AND CITRON, LLP IN ADDITION, THE UNIVERSITY PAID \$40,797 TO THE COMMISSION ON INDEPENDENT COLLEGES AND UNIVERSITIES OF WHICH \$3,447 IS ATTRIBUTABLE TO LOBBYING

Part IV Supplemental Information (continued)							
Return Reference	Explanation						

Schedule C (Form 990 or 990EZ) 2014

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DLN: 93493195003116

OMB No 1545-0047

Open to Public

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

Inspection

e of the organization HI UNIVERSITY		Emplo	oyer identification number
			630741
Organizations Maintaining Donor A organization answered "Yes" to Form 99		r Funds o	or Accounts. Complete if th
	(a) Donor advised funds	(b) Funds and other accounts
otal number at end of year			
ggregate value of contributions to (during year)			
ggregate value of grants from (during year)			
ggregate value at end of year			
old the organization inform all donors and donor advunds are the organization's property, subject to the			ed Yes No
Old the organization inform all grantees, donors, and sed only for charitable purposes and not for the ber onferring impermissible private benefit?			purpose Yes No
III Conservation Easements. Complete	if the organization answered "Ye	s" to Form	990, Part IV, line 7.
curpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization hele	on or education)	of a certified	cally important land area historic structure of a conservation
asement on the last day of the tax year			Held at the End of the Year
otal number of conservation easements		2a	Tield at the End of the Tear
otal acreage restricted by conservation easements		2b	
lumber of conservation easements on a certified his		2c	
lumber of conservation easements included in (c) a	• •	20	
istoric structure listed in the National Register		2d	
lumber of conservation easements modified, transfo he tax year 🛌	erred, released, extinguished, or termi	inated by the	e organization during
/ Iumber of states where property subject to conserv	ation easement is located 🛌		
oes the organization have a written policy regardin inforcement of the conservation easements it holds		handling of v	violations, and Yes No
taff and volunteer hours devoted to monitoring, ins	pecting, and enforcing conservation e	asements du	uring the year
<u>'</u>			
mount of expenses incurred in monitoring, inspecting + \$	ing, and enforcing conservation easem	nents during	the year
oes each conservation easement reported on line indisection 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of	f section 17	0(h)(4)(B)(ı)
n Part XIII, describe how the organization reports of alance sheet, and include, if applicable, the text of he organization's accounting for conservation ease	the footnote to the organization's finar		
Organizations Maintaining Collection Complete if the organization answered			er Similar Assets.
f the organization elected, as permitted under SFAS works of art, historical treasures, or other similar as ervice, provide, in Part XIII, the text of the footnot	sets held for public exhibition, educat	ion, or resea	rch in furtherance of public
f the organization elected, as permitted under SFAS works of art, historical treasures, or other similar as ervice, provide the following amounts relating to th	sets held for public exhibition, educat		
i) Revenue included in Form 990, Part VIII, line 1			▶ \$
ii) Assets included in Form 990, Part X			► \$
f the organization received or held works of art, hist			
ollowing amounts required to be reported under SFA			
ollowing amounts required to be reported under SFA sevenue included in Form 990, Part VIII, line 1			

a F b C c C 4 P	Using the organization's acquisition, access collection items (check all that apply) Public exhibition Scholarly research	ion, and other recoi	rds, ch	·	of the fol	lowing that a	re a sıgnıfıcan	t use of	its
b Г c Г 4 Р	_		d						
с Г 4 Р	Scholarly research		u	l Loa	n or exc	hange progra	ams		
4 P	constant, research		е	┌ otl	ner				
	Preservation for future generations								
Р	Provide a description of the organization's c Part XIII	ollections and expla	aın hov	w they fur	ther the	organization	's exempt purp	ose in	
5 D	During the year, did the organization solicit	or receive donation:	s of ar	t, historic	al treas	ures or other	sımılar		_
	ssets to be sold to raise funds rather than							<u> </u>	,
Part :	IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar					n answered	Tyes" to Fo	rm 990 _.	<u> </u>
	s the organization an agent, trustee, custoo ncluded on Form 990, Part X?	lian or other interm	edıary	for contr	butions	or other ass	ets not	Γ,	Yes
b If	f "Yes," explain the arrangement in Part XI $$	II and complete the	e follov	wıng table		_			
						-		Amou	nt
c B	Beginning balance					<u> </u>	1c		
d A	Additions during the year					_	1d		
e [Distributions during the year					⊢	1e		
f E	Ending balance						1f		
2a D	Old the organization include an amount on F	orm 990, Part X, lın	ne 21,	for escro	worcus	todıal accour	nt liability?	Γ,	Yes
b I1	f "Yes," explain the arrangement in Part XI	II Check here if the	e expl	anation ha	as been	provided in P	art XIII		. 「
Part	V Endowment Funds. Complete	ıf the organızatıo	n ans	wered "					
		(a)Current year	(b)	Prior year			(d)Three years b		Four years back
1a B	seginning of year balance	174,477,346		149,312,3	_	136,116,979	121,107		105,999,399
	Contributions	3,912,809		2,938,2	32	1,122,030	5,113	,468	3,584,357
c N	let investment earnings, gains, and losses	-8,398,719		23,582,8	43	13,247,927	10,751	,785	12,202,854
d G	Grants or scholarships	1,002,817		882,0	46	754,376	547	,322	456,198
	Other expenditures for facilities nd programs	3,324,548		474,0	04	420,239	307	7,995	223,369
f A	dministrative expenses							$-\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!$	
_	nd of year balance	165,664,071		174,477,3		149,312,321	136,116	,979	121,107,043
2 P	Provide the estimated percentage of the cur		ice (lin	ne 1g, colu	umn (a))	held as			
a B	Board designated or quasi-endowment ►	74 523 %							
b P	Permanent endowment ► 18 397 %								
	emporarily restricted endowment > 7 C he percentages in lines 2a, 2b, and 2c sho	080 % uld equal 100%							
	are there endowment funds not in the posse	ssion of the organiz	zation	that are h	eld and	admınıstered	for the	_	
	organization by								Yes No
•	i) unrelated organizations							3a(i)	No No
-	ii) related organizations f "Yes" to 3a(ii), are the related organization							3a(ii)	No
	Describe in Part XIII the intended uses of the	· · · · · · · · · · · · · · · · · · ·						_ 56	
Part						wered 'Yes'	to Form 990). Part	[V. line
	11a. See Form 990, Part X, line								
	Description of property			(a) Cost basis (inve		(b)Cost or otl basis (other			(d) Book value
	nd					2,158,	865		2,158,865
1a La	ııldıngs					269,462,	636 97,94	18,954	171,513,682
	•						<u> </u>		
b Bu	asehold improvements					1,972,	242 1,69	97,326	274,916
b Bu c Lea	asehold improvements	 				1,972, 35,217,	<u> </u>	97,326 33,091	274,916 7,034,000
b Bu c Lea d Eq							091 28,18	<u> </u>	<u> </u>

Part VII Investments—Other Securities. Co	mplete if the organizatio	n answered 'Yes' to Form 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	F	
Part VIII Investments—Program Related. C	omplete ıf the organızatı	on answered 'Yes' to Form 990, Part IV, line 11c
See Form 990, Part X, line 13.	(L) De aleccalera	(-) Mathadafualuatua
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		,
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	F	
	on answered 'Yes' to Form 9	90, Part IV, line 11d See Form 990, Part X, line 15
(a) Descri	ription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line		
Part X Other Liabilities. Complete if the org	anızatıon 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	1
-		_
Federal income taxes	C	4
		-
		_
		7
		_

SCHEDULE D, PART V, LINE 4

Par		evenue per Audited Financial Statements With Revenue p vered 'Yes' to Form 990, Part IV, line 12a.	er R	eturn Complete if			
1		r support per audited financial statements	1	182,508,652			
2		t not on Form 990, Part VIII, line 12		· · ·			
а	Net unrealized gains (losses)						
b	= -	acilities					
c		5					
d							
e	Add lines 2a through 2d .		2e	-16,738,586			
3	Subtract line 2e from line 1 .		3	199,247,238			
4		0, Part VIII, line 12, but not on line 1	_				
а		uded on Form 990, Part VIII, line 7b . 4a 493,511					
b	•	4b 52,627,046					
c	Add lines 4a and 4b		4c	53,120,557			
5		4 c. (This must equal Form 990, Part I, line 12)	5	252,367,795			
Part	XIII Reconciliation of E	xpenses per Audited Financial Statements With Expenses	_				
1		swered 'Yes' to Form 990, Part IV, line 12a.	1	101 219 206			
2		t not on Form 990, Part IX, line 25		191,318,296			
		1 1					
a							
b	, -						
C	Other (Describe in Dest VIII)						
d			٦-	121.010			
e	J		2e	121,819			
3			3	191,196,477			
4		0, Part IX, line 25, but not on line 1:					
a	•	uded on Form 990, Part VIII, line 7b 4a 493,511					
Ь	·			50400557			
с _			4c	53,120,557			
5 Pari	Supplemental Inf	nd 4c. (This must equal Form 990, Part I, line 18)	5	244,317,034			
		Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b	1				
Part		, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to		de any addıtıonal			
	Return Reference	Explanation					
Sched	ule D, Part III, Line 1a and 4	The University maintains an inventory of works of art The works of art ar	e prim	arıly comprised of			
		paintings and sculptures and are displayed throughout the campus. Under the provisions of SFAS 116, the University is not required to and does not report these items in its financial statements.					
Sched	ule D, Part X, Line 2	"The University follows ASC 740-10 which clarifies the accounting for un					
		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					
		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 viridescribed in Section 501(c)(3) of the Internal Revenue Code Neverthele					
		subject to tax on income unrelated to its exempt purpose, unless that inc					
		by the Code The tax years ended August 31, 2012, 2013, 2014 and 20					
		both federal and state purposes Management has determined that there positions within its consolidated financial statements "	are no	materiai uncertain tax			
Sched	ule D, Part XI & Part XII, Lines	RENT EXPENSE TOTALING \$121,819 IS INCLUDED ON THE 990, PA	RT VI	II, LINE 6B RENT			
2 d		EXPENSE IS INCLUDED WITH EXPENDITURES IN THE FINANCIAL S'SHOWN NET WITH REVENUE ON THE 990					
	DULE D, PARTS XI AND XII,	LINES 4B IN PARTS XI AND XII ON SCHEDULE D SHOW \$52,627,046 AMOUNT REPRESENTS PROFESSIONAL FUNDRAISING FEES (SHOW					
LINES 4B		STATEMENTS) TOTALING \$133,237 AND SCHOLARSHIPS (SHOWN)					
		STATEMENTS) TOTALING \$52,493,809					
SCHE	DULE D, PART V, LINE 4	THE UNIVERSITY'S ENDOWMENT IS AN AGGREGATION OF GIFTS P	ROVI	DED BY DONORS			

PUBLIC SERVICE PROGRAMS

WITH THE REQUIREMENT THEY BE HELD IN PERPETUITY TO GENERATE EARNINGS NOW AND IN FUTURE YEARS TO SUPPORT THE UNIVERSITY'S PROGRAMS OF INSTRUCTION, RESEARCH AND PUBLIC SERVICE, AND FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENT EARNINGS FROM ENDOWMENT INVESTMENTS SUPPORT SCHOLARSHIPS, CHAIRS, PROFESSORSHIPS, FELLOWSHIPS, BASIC RESEARCH AS WELL AS ACADEMIC AND

	<u> </u>						
Part XIII	Part XIII Supplemental Information (continued)						
Ret	turn Reference	Explanation					

Schedule D (Form 990) 2014

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DLN: 93493195003116

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? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes 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 Νo a Students' rights or privileges? 5a **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? No_ 5g h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a h 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

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also provide any other additional information (see instructions)

Return Reference	Explanation
SCHEDULE E, PART I, LINE 3	THIS POLICY IS PUBLICIZED IN PRINTED MEDIA WITH NEWSPAPER ADVERTISEMENTS AS WELL AS IN THE COURSE REGISTRATION GUIDES
SCHEDULE E, PART I, LINE 6A	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) (2014)

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As Filed Data -

DLN: 93493195003116

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.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization ADELPHI UNIVERSITY					Employer ident	ification number
JUL	EFIII ONIVENSIII				11-1630741	
Pa	rt I General Information "Yes" to Form 990, Par			ne United States. Co	omplete if the organiz	ation answered
1	For grantmakers. Does the cand other assistance, the grants or a used to award the grants or a	ntees' elıgıbılı	ty for the gran	its or assistance, and	the selection criteria	「▼ Yes 「 No
2	For grantmakers. Describe in assistance outside the United		ganızatıon's pı	rocedures for monitorii	ng the use of its gran	ts and other
3	Activites per Region (The follow	ing Part I, line 3	table can be du	uplicated if additional spa	ice is needed)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	See Add'l Data		-			
(2)						
(3)						
(4)						
(5)						
b	Sub-total Total from continuation sheets to Part I					33,780,540 305,221
•	: Totals (add lines 3a and 3b)					34,085,761

Schedule F (Form 990) 2014

Pa				izations or Entitie ved more than \$5,0		•	9		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)								
2				ed above that are ro or counsel has pro					
3	Enter total num	nber of other or	ganizations or ent	ities					

if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III	Grants and Ot	her Assistance to	Individuals	Outside the U	United States.	. Complete i
	Part III can be	duplicated if addition	nal space is n	eeded.		

(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	East Asia and the Pacific	2		CREDIT ACCT	!		
(2) SCHOLARSHIPS - STUDY ABROAD	Europe (Including Iceland and Greenland)	27		CREDIT ACCT			
(3) Scholarships - Study Abroad	Middle East and North Africa	1		CREDIT ACCT			
(4) Scholarships - Study Abroad	Sub-Saharan Africa	1	11,250	CREDIT ACCT			
(5)					1		
(6)	1				,		
(7)	1				1		
(8)	1				1		
(9)	†				1		
(10)	†				1		
(11)	1				1		
(12)	1				1		
(13)	†				1		
(14)	†				1		
(15)	†				1		
(16)	1				1		
(17)	1				1		
(18)	1				1		
		<u> </u>		<u>,I</u>		Sched	ule F (Form 990) 2014

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Г	Yes	<u> ~</u>	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; do not file with Form 990)	Γ	Yes	<u>\</u>	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Γ	Yes	<u> ~</u>	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)	~	Yes	Г	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Γ	Yes	<u> ~</u>	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Г	Yes	<u> ~</u>	Νo

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014 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					
SCHEDULE F, PART I, LINE 3	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
SCHEDULE F, PART 1, LINE 3	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 SCHEDULE F, PART I LI NE 3 FOR STUDENT STUDY ABROAD ARE PAYMENTS TO FOREIGN ORGANIZATIONS THAT HOST THE STUDY AB ROAD PROGRAM FOR STUDENTS THAT ARE ENROLLED AT ADELPHI WHO ARE PARTICIPATING IN THE PROGRAM

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART 1, LINE 2 AND PART III	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		374,000
East Asia and the Pacific			Investments		10,097,000
Europe (Including Iceland and Greenland)			Investments		17,217,000

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		525,000			
North America			Investments		970,000			
Russia and the Newly Independent States			Investments		693,000			

Form 990 Schedule F	<u>Part I - Activit</u>	<u>ies Outside T</u>	he United States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
South America			Investments		1,058,000
South Asia			Investments		2,106,000
Sub-Saharan Africa			Investments		522,000

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	8,005			
East Asia and the Pacific			Program Services	TRAVEL AND RECRUITING	47,971			
Europe (Including Iceland and Greenland)			Program Services	TRAVEL AND RECRUITING	105,513			

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				TRAVEL AND RECRUITING	6,740			
North America				TRAVEL AND RECRUITING	22,457			
South America			1 -	TRAVEL AND RECRUITING	9,583			

Form 990 Schedule F	<u>Part I - Activi</u>	<u>ties Outside T</u>	he United States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South Asia			Program Services	TRAVEL AND RECRUITING	12,333
Sub-Saharan Africa			Program Services	TRAVEL AND RECRUITING	5,938
East Asia and the Pacific			Program Services	STUDENT STUDY ABROAD	6,280

<u> Form 990 Schedule F F</u>	Form 990 Schedule F Part I - Activities Outside The United States											
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region							
Europe (Including Iceland and Greenland)			1	STUDENT STUDY ABROAD	298,941							

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DLN: 93493195003116

OMB No 1545-0047

Supplemental Information Regarding SCHEDULE G (Form 990 or 990-EZ) **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.

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

Open to Public Inspection

V	ame	of the	organizat	tıor
Δ	DEL	PHTU	NIVERSI	ΤY

Department of the Treasury

Internal Revenue Service

Employer identification number

ΔDF	ELPHI UNIVERSITY								
	ELITI ONIVERSITI						1	1-1630741	
Pa	rt I Fundraising Activ			janızatıo	n answere	d "Yes" to	Form 99	0, Part IV, l	ıne 17. Form 990-EZ
1	Indicate whether the organ	ization raised funds	through ar	nv of the 1	following act	ivities Che	ck all that	apply	
а	Mail solicitations				✓ Solicita				
b	✓ Internet and email soli	citations		f	▼ Solicita		_	_	
c	Phone solicitations			a	✓ Specia	_	_		
d	✓ In-person solicitations	;		3	,		9		
2a	Did the organization have a or key employees listed in								Γ _{Yes} Γ No
b	If "Yes," list the ten highes to be compensated at least			fundraise	rs) pursuant	to agreeme	ents under	which the fun	draiser is
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or crol of	(iv) Gross from ac		(or reta	unt paid to ained by) er listed in l (i)	(vi) A mount paid to (or retained by) organization
			Yes	No No					
1	RUFFALO NOEL LEVITZ- SEE IV	PHONATHON	1.55	No		112,030		159,647	
2	BENTZ WHALEY FLESSNER	CONSULTING		No				18,960	
3									
4									
5									
6									
7									
8									
9									
10									
Tota	al			>		112,030		178,607	
3	List all states in which the registration or licensing	organization is regis	tered or li	censed to	solicit cont	rıbutıons or	r has been	notified it is e	exempt from
NΥ									

Pa	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts g	aising event contributi						
			(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	464,881	170,365	126,165	761,411			
Revenue	2	Less Contributions	88,812	37,590	28,522	154,924			
<u>~</u>	3	Gross income (line 1 minus line 2)	376,069	132,775	97,643	606,487			
	4	Cash prizes		2,850	3,190	6,040			
မှာ	5	Noncash prizes							
Expenses	6	Rent/facility costs							
ă	7	Food and beverages .	112,667	52,410	49,958	215,035			
Direct	8	Entertainment	7,950)		7,950			
ā	9	Other direct expenses .	33,962	14,717	16,957	65,636			
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)		(294,661)			
	11	Net income summary Subtract li	ne 10 from line 3, column	(d)	•	311,826			
Par	t III	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii	rganization answered	"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than			
Revenue	1	Gross revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))			
Expenses		Cash prizes							
ag.	3	Non-cash prizes							
	4	Rent/facility costs							
Direct	5	Other direct expenses							
	6	Volunteer labor	┌ Yes	┌ Yes	│ Yes %				
		Direct expense summary Add line Net gaming income summary Subt							
9 a b	Is th	er the state(s) in which the organizate he organization licensed to conduct No," explain	t gaming activities in eac	h of these states?					
10a b	, tes i le								

Sche	edule G (Form 990 or 990-EZ) 2014					Page 3					
11	Does the organization conduct gamin	g activities with nonmemb	pers?		┌ Yes	 No					
12	Is the organization a grantor, benefic	lary or trustee of a trust o	r a member of a partnership or other en	tity							
	formed to administer charitable gami	ng [?]			┌ Yes │	_ No					
13	Indicate the percentage of gaming ac	tivities conducted in									
а	The organization's facility			. 13a		%					
b	An outside facility			. 13b		%					
14	Enter the name and address of the pe	rson who prepares the org	ganization's gaming/special events boo	ks and records							
	Name 🕨										
	Address ►										
15a	Does the organization have a contrac										
_					Yes	No					
b	If "Yes," enter the amount of gaming amount of gaming revenue retained b		rganization 🕨 \$	and the							
C	If "Yes," enter name and address of the third party										
	Name 🟲										
	Address ▶										
16	Gaming manager information										
	Name 🕨										
	Gaming manager compensation > \$										
	Description of services provided										
	Director/officer	F Employee									
17	Mandatory distributions	i Employee	Independent contractor								
-, а	•	ate law to make charitable	distributions from the gaming proceeds	s to							
	retain the state gaming license? .				┌ Yes	Г _{No}					
ь	5 5		ibuted to other exempt organizations o	rspent	, 165	NO					
	ın the organization's own exempt acti	vities during the tax year	> \$	•							
Pa			nations required by Part I, line 2b as applicable. Also provide any ac								
	Return Reference		Explanation								
SCH	EDULE G, PART I, LINE 2B	THE UNIVERSITY'S AL RUFFALO NOEL LEVIT THIS INFORMATION I PROVIDES A VALUABLE TO ITS ALUMNI THES	Z IS A PROFESSIONAL FUNDRAISIN LUMNI AND SOLICITING FINANCIAL Z VERIFIES AND UPDATES IMPORTA S USED TO UPDATE THE UNIVERSIT LE VEHICLE TO MESSAGE NEWS AND E FUNCTIONS PROVIDE ADDITION T EFFORTS BENTZ WHALEY FLESSNI	. SUPPORT FOF ANT BIOGRAGE TY'S ALUMNI R D UPDATES AB AL VALUE TO <i>F</i>	R THE PHOPHICAL IN ECORDS A OUT THE ALL FUND	DNATHON, NFORMATION AND THIS UNIVERSITY RAISING AND					

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493195003116 Schedule I OMB No 1545-0047 Grants and Other Assistance to Organizations, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990. Open to Public Department of the Treasury **Inspection** Internal Revenue Service Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number Name of the organization ADELPHI UNIVERSITY 11-1630741 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (c) IRC section (a) Name and address of **(b)** EIN (d) Amount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable valuation non-cash assistance or assistance grant cash or government assistance (book, FMV, appraisal, other)

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.

Enter total number of other organizations listed in the line 1 table

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(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
2	10,750			
27	211,150			
1	6,250			
4476	52,249,159			
	recipients 2 27 1	recipients cash grant 2 10,750 27 211,150 1 6,250	recipients cash grant non-cash assistance 2 10,750 27 211,150 1 6,250	recipients cash grant non-cash assistance FMV, appraisal, other) 2 10,750 27 211,150 1 6,250

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

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DLN: 93493195003116

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensated Employees

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

Compensation Information

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

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

Open to Public Inspection

Name of the organization **Employer identification number** ADELPHI UNIVERSITY 11-1630741

			11-1030/41			
Pa	rt I Questions Regarding Compensation	on				
1a	Check the appropriate box(es) if the organization pr	rovided a	ny of the following to or for a person listed in Form		Yes	No
Ia			vide any relevant information regarding these items			
	First-class or charter travel	굣	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments		Health or social club dues or initiation fees			
	Discretionary spending account	⊽	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the reimbursement or provision of all of the expenses of			1b	Yes	
2	Did the organization require substantiation prior to directors, trustees, officers, including the CEO/Ex			_	.,	
	directors, trustees, officers, filcluding the CLO/LX	ecutive D	mector, regarding the items thethed in line 1a	2	Yes	
3	Indicate which, if any, of the following the filing org organization's CEO/Executive Director Check all used by a related organization to establish comper	that appl				
	Compensation committee	Г	Written employment contract			
	Independent compensation consultant	굣	Compensation survey or study			
	Form 990 of other organizations		Approval by the board or compensation committee			<u> </u>
4	During the year, did any person listed in Form 990 or a related organization), Part VII	I , Section A , line $1 extstyle $			
а	Receive a severance payment or change-of-contro	ol paymer	nt?	4a		No
b	Participate in, or receive payment from, a supplem	nental non	iqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-	-based co	mpensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and p	provide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organiz	zations m	ust complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section of compensation contingent on the revenues of					
а	The organization?			5a		No
ь	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 of compensation contingent on the net earnings of	A, line 1a	, did the organization pay or accrue any			
а	The organization?			6a		No
ь	Any related organization?			6b		No
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section , payments not described in lines 5 and 6? If "Yes,"			7		No
8	Were any amounts reported in Form 990, Part VII,					
	subject to the initial contract exception described		ations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III			8		No
9	If "Yes" to line 8, did the organization also follow t section 53 4958-6(c)?	he 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 in
	(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	column(B) reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2014

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

Return Reference	Explanation
Schedule J, Part I, Line 1a	AS A CONDITION OF EMPLOYMENT AND FOR THE CONVENIENCE OF THE UNIVERSTIY, THE PRESIDENT IS REQUIRED TO LIVE IN A UNIVERSITY RESIDENCE IN ADDITION, HOUSEKEEPING SERVICES ARE REQUIRED FOR THE RESIDENCE ANY PERSONAL USAGE IS TREATED AS TAXABLE INCOME AMOUNTS ARE INCLUDED ON THE 990, PART VII AND SCHEDULE J, PART II
SCHEDULE J, PART II, COLUMN B (III)	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)
SCHEDULE J, PART II AND 990 PART VII	ANGELO B PROTO (FORMER OFFICER) AND RAKESH GUPTA (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 2014 FOR THEIR EMPLOYMENT IN OTHER ADMINISTRATIVE AND TEACHING POSITIONS AT THE UNIVERSITY
SCHEDULE J, PART II AND 990 PART VII	THE UNIVERSITY'S CURRENT PRESIDENT, CHRISTINE M RIORDAN, BEGAN HER PRESIDENCY AT THE UNIVERSITY ON JULY 1, 2015 SINCE THE 990 REQUIRES THE REPORTING OF COMPENSATION AS FILED ON IRS FORM W-2 FOR THE CALENDAR YEAR 2014, NO COMPENSATION IS LISTED FOR THE CURRENT PRESIDENT ON SCHEDULE J OR PART VII OF THE 990 FOR FISCAL 2014-15

Schedule J (Form 990) 2014

Software ID: Software Version:

EIN: 11-1630741

Name: ADELPHI UNIVERSITY

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Form 990, Schedule J, P	art 11 -	•						(F) Componentian in
(A) Name and Title	С	(i) Base Compensation	f W-2 and/or 1099-MIS (ii) Bonus & Incentive compensation	SC compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
ROBERT SCOTT, PRESIDENT (THROUGH 6-30- 15)	(I) (II)	524,526 0	0	29,062	29,900 0	89,445 0	672,933 0	0
TIMOTHY BURTON, SENIOR VP & TREASURER	(I) (II)	309,865 0	15,000 0	17,500 0	29,900	28,433 0	400,698 0	
GAYLE INSLER, PROVOST & SENIOR VP	(I) (II)	299,623 0	15,000 0	17,500 0	29,900 0	2,508 0	364,531 0	
CHRISTIAN VAUPEL, VP FOR UNIVERSITY ADVANCEMENT	(I) (II)	239,593 0	0	0	23,485 0	25,400 0	288,478 0	
LAUREN MOUNTY, VP FOR ENROLLMENT MANAGEMENT	(I) (II)	222,186 0	0	0	20,523	55,664 0	298,373 0	
LORI DUGGAN GOLD, VP FOR COMMUNICATIONS	(I) (II)	201,470 0	0	0	20,248	29,445 0	251,163 0	
ANTHONY LIBERTELLA, DEAN, SCHOOL OF BUSINESS	(1)	238,778 0	0	15,728 0	24,700 0	25,977 0	305,183 0	
PATRICK COONAN, DEAN, SCHOOL OF NURSING	(I) (II)	236,544 0	0	13,125	22,472 0	35,478 0	307,619 0	
ANDREW SAFYER, DEAN, SOCIAL WORK	(I) (II)	208,531	0	27,040	20,790	28,094	284,455 0	
SAM GROGG, DEAN, ARTS AND SCIENCES	(I) (II)	230,538 0	0	0	23,027	31,865	285,430	
ROBERT DECARLO, ASSOCIATE VP & CO- TREASURER	(I) (II)	205,172 0	0	0	24,239 0	13,804	243,215 0	
JANE ASHDOWN, DEAN, SCHOOL OF EDUCATION	(I) (II)	193,630 0	0	0	17,106 0	25,400 0	236,136 0	
AUDREY BLUMBERG, DEPUTY PROVOST	(I) (II)	171,787 0	0	0	20,919	27,900 0	220,606 0	
JACQUES BARBER, DEAN, IAPS DERNER INSTITUTE	(I) (II)	192,561 0	0	10,400	24,239 0	25,594 0	252,794 0	
RICHARD GARNER, DEAN, HONORS COLLEGE	(I) (II)	185,881 0	0	16,900 0	23,618	10,884	237,283 0	
JACK CHEN, CHIEF INFORMATION OFFICER	(I) (II)	181,028 0		17,500 0	19,968 0	29,928	248,424 0	
ROBERT BORNSTEIN, PROFESSOR	(I) (II)	157,110 0	0	39,841	18,944	25,400	241,295	
SAMUEL NATALE, PROFESSOR	(I) (II)	156,262 0	0	39,891 0	15,697 0	27,209 0	239,059	
ANGELO PROTO, FORMER OFFICER-SEE NOTE SCH J	(I) (II)	153,477 0	0	0	18,091	0	171,568	
RAKESH GUPTA, FORMER DEAN,-SEE NOTE SCH J	(1)	154,754 0		28,611	18,562	15,663	217,590	

DLN: 93493195003116

Inspection

OMB No 1545-0047

Schedule K (Form 990)

Name of the organization

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Employer identification number

	ELPHI UNIVERSITY									-16307		tion nun	ibei	
2	art I Bond Issues													
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	(f) Descrip	(g) De	efeased	beha			Pool ncing	
									Yes	No	Yes	No	Yes	No
A	TOWN OF HEMPSTEAD LOCAL DEVELOPMENT CORPORATION	11-2798949	424682AW2	09-30-2009	31,6		CONSTRUCT DORMITORY/	ADV REFUNDII	IG	Х		X		Х
В	TOWN OF HEMPSTEAD LOCAL DEVELOPMENT CORPORATION	11-2798949	426482CF7	06-15-2011	25,3		CONSTRUCT DORMITORY/	'ADV REFUNDII	IG	Х		Х		Х
c	TOWN OF HEMPSTEAD LOCAL DEVELOPMENT CORPORATION	11-2798949	424682EY4	11-14-2013	46,0			ONSTRUCTION NEXUS & /ELCOME CTR		Х		×		Х
D	TOWN OF HEMPSTEAD LOCAL DEVELOPMENT CORPORATION	11-2798949	424682FT4	09-30-2014	36,4		ADV REFUND SERIES BOND	DV REFUNDING - 2005 RIES BONDS		х		×		Х
Р	art III Proceeds								'					•
					A	В			С		D			
1	A mount of bonds retired						0	0			0			0
_2							0	0			0			0
3	Total proceeds of issue					31,814,	25,318,662			46,093	3,784		36,	419,001
4	Gross proceeds in reserve fund						0	0			0			0
5	Capitalized interest from proce	eds					0	0		0				0
6	Proceeds in refunding escrows						0 0				0			0
7	Issuance costs from proceeds					492,	,134 406,940		767,266		7,266	635,842		
8	Credit enhancement from proce						0 0				0	0 0		
9	Working capital expenditures fr	<u> </u>					0 0		0		0	0		
10	Capital expenditures from proc	eeds				24,768,	768	10,182,015	45,32		,518		0	
11	O ther spent proceeds					6,553,	658	14,729,707				0 35,783,15		783,159
12	O ther unspent proceeds						0	0			0			0
13	Year of substantial completion				2010			2011		2016			2014	
_					Yes	No	Yes	No	Yes	No.		Yes		No
14	Were the bonds issued as part of a current refunding issue?			Х		Х		X				Х		
15	Were the bonds issued as part of an advance refunding issue?		Х		Х			X		Х				
16	Has the final allocation of proce	eeds been made?			Х		×		X			Χ		
17	Does the organization maintain allocation of proceeds?	adequate books ar	nd records to supp	ort the final	Х		Х		Х			Х		
Pa	rt IIII Private Business Us	se						<u>'</u>					'	
						Α		В		C			D	
					Yes	No	Yes	No	Yes	N	<u> </u>	Yes		No

property financed by tax-exempt bonds?

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

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

Χ

Χ

Χ

Χ

Χ

Х

Part Private Business Use (Continued) C D В Α Yes No Yes No Yes No Yes No Are there any management or service contracts that may result in private business use За Χ Χ Χ Χ of bond-financed property? If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business use of bond-С Χ Χ Χ Χ financed property? 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? Enter the percentage of financed property used in a private business use by entities 4 0 471 % 0 622 % 0 968 % 0 % other than a section 501(c)(3) organization or a state or local government Enter the percentage of financed property used in a private business use as a result of 5 unrelated trade or business activity carried on by your organization, another section 0 020 % 501(c)(3) organization, or a state or local government Total of lines 4 and 5 6 0 622 % 0 968 % 0 492 % Does the bond issue meet the private security or payment test? 7 Х Х Χ Χ Has there been a sale or disposition of any of the bond-financed property to a 8a nongovernmental person other than a 501(c)(3) organization since the bonds were Χ Χ Χ Χ issued? If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of b If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections c Х Χ Х Χ 1 141-12 and 1 145-2? Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Х Χ Χ Χ Regulations sections 1 141-12 and 1 145-2? Part IV Arbitrage Α В С Yes No Yes No Yes No Yes No Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield 1 Х Х Χ Χ Reduction and Penalty in Lieu of Arbitrage Rebate? If "No" to line 1, did the following apply? 2 Rebate not due vet? а Χ Exception to rebate? b No rebate due? Χ c Х Χ If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed Is the bond issue a variable rate issue? 3 Χ Χ Χ Χ Has the organization or the governmental issuer entered 4a Х Χ Χ Χ into a qualified hedge with respect to the bond issue? Name of provider Term of hedge C Was the hedge superintegrated? d Was the hedge terminated?

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

Part V Procedures To Undertake Corrective Action

	Α		В		С		D	
	Yes	No	Yes	No	Yes	No	Yes	No
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?	X		X		X		X	

Return Reference	Explanation
SCHEDULE K, PART II, LINE 3,	TOTAL PROCEEDS OF THE BOND ISSUE FOR THE BONDS LISTED IN PART II, LINE 3, COLUMNS A AND C DIFFER FROM THE ISSUE PRICES
COLUMNS A. BAND D	LISTED IN PART I. LINES A AND C. COLUMN E AS A RESULT OF INVESTMENT FARNINGS 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

Return Reference	Explanation
SCHEDULE K, PART IV, LINE 2C	ARBITRAGE - REBATE COMPUTATION FOR EACH OUTSTANDING BOND ISSUE THE UNIVERSITY'S TAX ACCOUNTING FIRM HAS DETERMINED THAT THERE WERE NO ARBITRAGE REBATE LIABLITIES FOR EACH OUTSTANDING BOND ISSUE THE DATES THAT THE REBATE COMPUTATIONS WERE PERFORMED FOR EACH BOND ISSUE ARE AS FOLLOWS TOWN OF HEMPSTEAD LDC, SERIES 2009 - AUGUST 10, 2011, TOWN OF HEMPSTEAD LDC, SERIES 2011 - JUNE 18, 2012, TOWN OF HEMPSTEAD LDC, SERIES 2014 - OCTOBER 28, 2015

DLN: 93493195003116

Transactions with Interested Persons

Schedule L (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

► 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.

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

OMB No 1545-0047

Open to Public Inspection

Name of the o	rganization						E	mploy	er ident	ificatio	n numbe	er
ADELPHI ONIVER.	511 1						1	1-16	30741			
Part I Exc	ess Benefit	Transaction	1S (section	n 501(c)(3), s	section 501(c)(4), and 501				only)		
	plete if the orga										40b	
1 (a) Nan	ne of disqualifie	d person (b)		hıp between d		(c) Desc	cription	of tra	nsaction	ı	(d) Cor	rected?
			person	and organiza	ition						Yes	No
4958 . 3 Enter the Part II Loans to a Complete if the	amount of tax II amount of tax, I nd/or From ne organization mount on Form	Interested	, above, re Persons on Form	imbursed by to	the organizati	on	 	 	▶ \$		anızatıo	
(a) Name of interested person	(b) Relations with organizat		(d) Loa or from organiza	the	(e)Original principal amount	(f) Balance due				ved rd or tee?	r T	
			То	From			Yes	No	Yes	No	Yes	No
 Total		▶ \$					<u> </u>		I			
Part III Gr	ants or Assi					rt IV. line 2	<u> </u>		-		_	
(a) Name of perso	interested (b) Relationship nterested perso organizat	between n and the		of assistance			ıstanc	e (e)) Purpos	se of as:	sistance
(1)	SE	E NOTE SCH	L, PART		80,08	5 TUITION	REMIS	SION	EMI	PLOYEE	BENE	IT.

Part IV	Busii	ness	Transactions	Involving	Inter	ested	Persons.

Complete if the organization	<u> </u>		ne 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) Sharing of organization' revenues?	
				Yes	No
(1) ANDREW SAFYER DEAN	SPOUSE	99,310	EMPLOYMENT AT THE UNIVERSITY		No
(2) ANGELO PROTO FORMER OFFICER	SON	84,386	EMPLOYMENT AT THE UNIVERSITY		No
(3) TIMOTHY BURTON SENIOR VPTREASURER	DAUGHTER	57,461	EMPLOYMENT AT THE UNIVERSITY		No
(4) JANE ASHDOWN DEAN	SPOUSE	11,072	EMPLOYMENT AT THE UNIVERSITY		No
(5) SAM GROGG DEAN	SON	10,450	EMPLOYMENT AT THE		No

Part V Supplemental Information

(6) SEE NOTES SCHEDULE L PART V

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

Return Reference	Explanation
SCHEDULE L, PART IV	THE SON OF A FORMER OFFICER, THE DAUGHTER OF AN OFFICER AND FAMILY MEMBERS OF EACH OF THREE KEY EMPLOYEES ARE EMPLOYED AT THE UNIVERSITY THE EMPLOYMENT OF THESE EMPLOYEES IS AT ARMS LENGTH THEIR EMPLOYMENT AT THE UNIVERSITY IS NOT RELATED IN ANY WAY TO THE RESPECTIVE POSITIONS OF THE FORMER OFFICER, OFFICER OR THE KEY EMPLOYEES
SCHEDULE L, PART III	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) 2014

DLN: 93493195003116

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.

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

Open to Public **Inspection**

Name	of the	organiz	atio
ADELPH	I UNIVE	RSITY	

Employer identification number

11-1630741

or trust interests	Pa	rt I Types of Property				1030741			
2 Art—Historical treasures 3 Art—Fractional interests 5 Clothing and household goods 9 Clothing and household goods 1 Intellectual property 9 Securities—Publicly traded 1 Securities—Closely held stock 1 Securities—Closely held stock 1 Securities—Pothicly traded 2 Securities—Pothicly traded 3 Valified conservation contribution—Historic structures 1 Securities—Miscellaneous 1 Qualified conservation contribution—Other 1 Seal estate—Commercial 1 Real estate—Commercial 1 Real estate—Commercial 1 Real estate—Commercial 1 Taxidermy 1 T			Check If	Number of contributions	Noncash contribution amounts reported on Form 990, Part VIII,	Method of	detern	_	nts
3 Art—Fractional interests	1	Art—Works of art							
4 Books and publications . 5 Clothing and household goods	2	Art—Historical treasures .							
5 Clathing and household goads	3	Art—Fractional interests							
Gods	4	Books and publications							
6 Cars and other vehicles 7 7 Boats and planes	5								
8 Intellectual property	6	5							
8 Intellectual property 9 Securities—Publicly traded. X 16 340,328 MARKET QUOTATION 10 Securities—Partnership, LLC, or trust interests 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . 13 Qualified conservation contribution—Historic structures 14 Qualified conservation contribution—Other 15 Real estate—Commercial . 16 Real estate—Commercial . 17 Real estate—Commercial . 19 Food inventory . 20 Drugs and medical supplies . 21 Taxidermy . 22 Historical artifacts . 23 Scientific specimens . 24 Archeological artifacts . 25 Other F (X 43 1,801,408 DISCOUNTED VALUE PLEEDGES AND BEQUESTS) 26 Other F () 27 Other F () 38 Other F () 39 Other F () 30 Drung the year, did the organization during the tax year for contributions for which the organization completed form 8283, Part IV, Donee Acknowledgement . 29 Drung the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?									
9 Securities—Publicity traded. X 16 340,328 MARKET QUOTATION 10 Securities—Partnership, LLC, or trust interests									
10 Securities—Closely held stock . 11 Securities—Pathership, LLC, or trust interests . 12 Securities—Miscellaneous . 13 Qualified conservation contribution—Historic structures . 14 Qualified conservation contribution—Other . 15 Real estate—Residential . 16 Real estate—Commercial . 17 Real estate—Other . 18 Collectibles . 19 Food inventory . 20 Drugs and medical supplies . 21 Taxidermy . 21 Historical artifacts . 23 Scientific specimens . 24 Archeological artifacts . 25 Other F (X	16	340.328	MARKET QUOTA	TION		
11 Securities—Partnership, LLC, or trust interests				10	310,020				
12 Securities—Miscellaneous		Securities—Partnership, LLC,							
contribution—Historic structures	12								
14 Qualified conservation contribution—Other	13	contribution—Historic							
16 Real estate—Commercial	14	Qualified conservation							
17 Real estate—Other	15	Real estate—Residential .							
18 Collectibles	16	Real estate—Commercial							
19 Food inventory	17	Real estate—Other							
20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ► (18	Collectibles							
21 Taxidermy	19	Food inventory							
22 Historical artifacts	20	Drugs and medical supplies .							
23 Scientific specimens	21	Taxidermy							
24 Archeological artifacts	22	Historical artifacts							
25 Other►(X	23	Scientific specimens							
26 Other () 27 Other () 28 Other () 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	24	Archeological artifacts							
27 Other ►() 28 Other ►() 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			. X	43	1,801,408	DISCOUNTED V	ALUE		
Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	26	Other ▶()							
Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	27	Other ►()							
for which the organization completed Form 8283, Part IV, Donee Acknowledgement	28	O ther ► ()							
During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	29					29			
it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	20	Domina No. 1120				th		Yes	No
for exempt purposes for the entire holding period?	30a								
b If "Yes," describe the arrangement in Part II 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32 b If "Yes," describe in Part II		•				d to be used			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 Ye 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32				?			30a		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?					_				
contributions?							31 	Yes	
	32a	_	· ·	related organizations to s	solicit, process, or sell no	ncash • • •	32a		No
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,	b	If "Yes," describe in Part II							
describe in Part II	33		mount in co	olumn (c) for a type of prop	erty for which column (a)	ıs checked,			

Page 2

Schedule M (Form 990) (2014)

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) (2014)

efile GRAPHIC print - DO NOT PROCESS

SCHEDULE 0

(Form 990 or 990-EZ)

Return Reference

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493195003116

OMB No 1545-0047

2014

Open to Public Inspection

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► 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

Explanation

990 Schedule O, Supplemental Information

Netarii Nererence	Explanation
990, PART VI, SECTION B, LINE 12C	
990, PART VI, SECTION B, LINE 15B	AN INDEPENDENT COMPENSATION CONSULTANT HAS BEEN HIRED BY THE UNIVERSITY TO REVIEW THE COMPENSATION OF THE UNIVERSITY'S OFFICERS THE CONSULTING FIRM REVIEWS COMPENSATION OF THE UNIVERSITY'S OFFICERS IN COMPARISON TO THOSE OFFICERS OF OTHER COLLEGES AND UNIVERSITIES WITH IN OUR SUPPORTED PEER GROUP OF OTHER UNIVERSITIES THEIR RECOMMENDATIONS AND REPORT ARE PRESENTED TO THE UNIVERSITY'S BOARD OF TRUSTEES FOR APPROVAL THE DATE OF THE LAST REPORT OF THE INDEPENDENT CONSULTANTS WAS SEPTEMBER 2015. THE COMPENSATION OF THE UNIVERSITY'S KEY EMPLOYEES IS REVIEWED ANNUALLY. COMPARISONS ARE MADE TO SALARIES REPORTED BY THE COLLEGE A. ND UNIVERSITY PERSONNEL ASSOCIATION AS WELL AS THE COMPENSATION REPORTED IN OTHER UNIVERSITY'S FORM 990. COMPENSATION OF KEY EMPLOYEES IS PRESENTED TO THE UNIVERSITY'S BOARD OF TRUSTEES ANNUALLY FOR APPROVAL DETERMINATIONS OF COMPENSATION BY THE BOARD ARE CONTEMPORANEO. USLY DOCUMENTED IN THE MINUTES TO THOSE MEETINGS.
990, PART VI, SECTION C, LINE 19	THE UNIVERSITY'S GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST
990, PART VI, SECTION B, LINE 11B	FORM 990 AND ALL SCHEDULES AND FORM 990T ARE PREPARED ANNUALLY BY MANAGEMENT, REVIEWED BY AN EXTERNAL AUDITING FIRM, REVIEWED BY THE BOARD OF TRUSTEES AUDIT COMMITTEE AND PROVIDED TO THE FULL BOARD OF TRUSTEES PRIOR TO FILING THE FORMS WITH THE IRS
990, PART V, LINE 2A	THE UNIVERSITY REPORTED 4,864 EMPLOYEES ON FORM W-3, TRANSMITTAL OF WAGE AND TAX STATEMENT FOR 2014 THIS INCLUDES APPROXIMATELY 2,200 STUDENT EMPLOYEES AND GRADUATE ASSISTANTS WHO WORKED AT THE UNIVERSITY DURING 2014

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

DLN: 93493195003116

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

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

Name of the organization ADELPHI UNIVERSITY

Department of the Treasury

Internal Revenue Service

Employer identification number

11-1630741

Part I Identification of Disregarded Entities Complete if the organization 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	ADELPHI							

Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one Part II or more related tax-exempt organizations during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g	ı)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state	Exempt Code section	Public charity status	Direct controlling	Section	512(b)
		or foreign country)		(If section 501(c)(3))	entity	(13) cor	ntrolled
					•	entity?	
						Yes	No

Yes No

Yes

No

Part III	Identification of Related Organizations Taxable a because it had one or more related organizations treated.				atıon ansv	vered "Yes	s" on Form	990, Part I	V, line 34	4
	(a) Name, address, and EIN of related organization	(c) Legal domicile (state or foreign country)	,	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	I	(k) Percentage ownership
				,						

Part IV	Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV,
	line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	
Name, address, and EIN of	Primary activity	Legal	Direct controlling	Type of entity	Share of total	Share of end-	Percentage	Section 512	
related organization		domicile	entity	(C corp, S	ıncome	of-year	ownership	(b)(13)	
		(state or foreign		corp,		assets		controlled	
		country)		or trust)				entity?	
								Yes	No

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No								
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?											
а	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	randita di mandala di m											
e	Loans or loan guarantees by related organization(s)	1e										
f	Dividends from related organization(s)	1f										
g	Sale of assets to related organization(s)	1g										
h	Purchase of assets from related organization(s)	1h										
i	Exchange of assets with related organization(s)	1i										
j	Lease of facilities, equipment, or other assets to related organization(s)	1j										
k	Lease of facilities, equipment, or other assets from related organization(s)	1k										
1	Performance of services or membership or fundraising solicitations for related organization(s)	11										
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m										
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n										
0	Sharing of paid employees with related organization(s)	10										
р	Reimbursement paid to related organization(s) for expenses	1р										
q	Reimbursement paid by related organization(s) for expenses	1 q										
r	Other transfer of cash or property to related organization(s)	1r										
s	Other transfer of cash or property from related organization(s)	1s										
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds											
	(a)(b)(c)(d)Name of related organizationTransaction type (a-s)Amount involved type (a-s)Method of determining amount involved	ount II	nvolved	l								
-												

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

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

1 <u> </u>													
(a) Name, address, and EIN of entity	(b) Primary activity	domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	so 50 organ	(e) all partners section 01(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionat allocations?	7	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
	<u> </u>	<u> </u>	514)	Yes	No	1	<u> </u>	Yes	No		Yes	No	
								,	\Box	1			

Part VII Supplemental Information

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

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