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DLN: 93493179001447

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	2015 ca	lendar year, or tax year beginning	g 09-01-2015 , and ending 08-31-20	016			
B Che	eck if ap	plicable	C Name of organization ADELPHI UNIVERSITY			D Emplo	yer ide	ntification number
_ Ad	ddress c	hange	% ROBERT DECARLO			11-1	63074	1
_	ame cha	•	Doing business as			-		
I In	itial retu	ırn				E Teleph	one num	hor
return,	riai /termina nended i		Number and street (or P O box if ma 1 SOUTH AVENUE LEVERMORE HALL 2	all is not delivered to street address) Room/s 201	suite		877-3	
ПАр	plication	pending	City or town, state or province, count GARDEN CITY, NY 115300701	try, and ZIP or foreign postal code		G Gross	receipts	\$ 280,420,817
			F Name and address of principal	al officer	H(a) Ic	this a group	return	for
			CHRISTINE M RIORDAN SOUTH AVENUE			bordinates?		⊤ Yes √
r Ta	x-exem	pt status	GARDEN CITY, NY 11530 √ 501(c)(3) 501(c) () √ (nsert no) 4947(a)(1) or 527		e all subord luded?	ınates	□Yes □ No
J W	ebsite	: > WW	/W ADELPHI EDU	isercing 4947(a)(1) 01 327	If'			(see instructions)
K Forr	m of org	janization	✓ Corporation Trust Associat	cion		formation 18		State of legal domicile NY
Pa	rt I	Sum	marv					
ance	1 Br	riefly de:) HELP	scribe the organization's mission UNDERGRADUATE AND GRADU	or most significant activities IATE STUDENTS EARN DEGREES I I, LEADING TO STRONG CAREER C		CATION, B	USINE	SS,PSYCHOLOGY,
Governance	2 C	heck th	nis box ▶ ┌─ if the organization dis	scontinued its operations or disposed	d of more tha	n 25% of it:	s net a	ssets
	3 N	Lumber	of voting members of the governing	ng body (Part VI, line 1a)			з	24
Activities &			-	f the governing body (Part VI, line 1b			4	23
<u> </u>	5 T	otal nur	mber of individuals employed in ca	alendar year 2015 (Part V, line 2a)			5	4,875
Ac	6 T	otal nur	mber of volunteers (estimate if ne	cessary)			6	
	7 a ⊤	otal uni	elated business revenue from Pa	rt VIII, column (C), line 12			7a	50,803
	b Ne	et unrela	ated business taxable income from	m Form 990-T, line 34			7b	
					P	rior Year		Current Year
٥.	8	8 Contributions and grants (Part VIII, line 1h)				9,456,	823	8,095,461
Ravenue	9	Progra	am service revenue (Part VIII, lir	ne 2g)	•	232,088,		235,011,260
λċ	10		•	(A), lines 3, 4, and 7d)	•	9,474,		6,181,525
	11			lines 5, 6d, 8c, 9c, 10c, and 11e)		1,348,	493	1,022,336
	12	10tai	revenue—add lines 8 through 11	(must equal Part VIII, column (A), lı	ne	252,367,	795	250,310,582
	13	Grant	s and similar amounts paid (Part :	IX, column (A), lines 1-3)		52,493,	809	54,681,053
	14		•	X, column (A), line 4)			0	0
Expenses	15	5-10)	e benefits (Part IX, column (A), lines		137,519,		141,792,290
æ	16a		- '	column (A), line 11e)	•	178,	607	179,512
찚	b		indraising expenses (Part IX, column (D)	•				
	17		expenses (Part IX, column (A), li	· · · · · · · · · · · · · · · · · · ·	•	54,125,		54,849,394
	18		·	et equal Part IX, column (A), line 25)	—	244,317,		251,502,249
Se S	19	Reven	ue less expenses Subtract line I	l 8 from line 12		8,050, g of Current	-	-1,191,667 End of Year
Net Assets or Fund Balances	20	Total	assets (Part X, line 16)			467,473,	159	473,281,451
A As	21		liabilities (Part X, line 26)			183,535,		186,744,887
žŽ	22	Netas	sets or fund balances Subtract I	ine 21 from line 20		283,937,	613	286,536,564
Unde my ki	nowled	Ities of Ige and		mined this return, including accompa plete Declaration of preparer (other				
		\ _				2017-06-27		
Sign		Sign	ature of officer			Date		
Here			OTHY P BURTON EXEC VP FINANCE/ADMI	V				_
		V	or print name and title				I n=	
n-:	.J		nnt/Type preparer's name	Preparer's signature		Check I if	PTIN	
Paid		<u>.</u> F	irm's name F GRANT THORNTON LLP	1		elf-employed irm's EIN ►	1	
	pare	r	irm's address ► 757 THIRD AVENUE			hone no		
use	Onl	У	NEW YORK NY 10017					

. Tyes No

Total program service expenses ▶

4e

Par	t IIII Statement	of Program Serv	vice Accomp	lishments		
	Check if Sche	dule O contains a res	sponse or note t	o any line in this Part I	II	
1	Briefly describe the	organization's missio	n			
HIGH EXC COR HEA LEAH PRO JUST GLO	HLY AWARDED, NATI EPTIONAL LIBERAL. E FOUR - ARTS AND LTH AND WELLNESS RNING AND INNOVA FESSIONALS ACTIV I FOR CAREER SUCC BAL VALUES OUR P	ONALLY RANKED, PARTS AND SCIENCE HUMANITIES, STEN ADELPHI IS DEDIC TIVE WAYS TO SUP E IN THEIR FIELDS ESS BUT INSTILLS ROUDLY DIVERSE S	OWERFULLY CES PROGRAMS A AND SOCIAL ATED TO TRA PORT STUDEN AND WITH A 1 IN THEM A PAT TUDENT BODY	ONNECTED DOCTOR AND PROFESSIONAL SCIENCES, THE BUS NSFORMING STUDEN IT SUCCESS WITH A 0 1 STUDENT-TO-FAI SSION FOR LEARNING	SONALIZED APPROACH TO AL RESEARCH UNIVERSITY, TRAINING WITH PARTICULATION PROBES AND EDUCATION PROBES AND EDUCATION PROBES AND ARTICULTY COMPOULTY RATIO, ADELPHI GEAS AND AN UNDERSTANDING STATES AND 47 COUNTRIES AND BACK	ADELPHI OFFERS AR STRENGTH IN ITS DFESSIONS, AND CLASSES, HANDS-ON RISED OF ARS STUDENTS NOT OF CULTURAL AND
2	•	, ,		ervices during the year	which were not listed on	
	•	r990-EZ?				⊤Yes √No
	·	ese new services on !				
3		5,	5	nt changes in how it cor	nducts, any program	Ever Ene
						Yes √ No
_	•	ese changes on Sche				
4	expenses Section 5		4) organization	s are required to report	ee largest program services, a the amount of grants and alloc	
4a	(Code See Additional Data) (Expenses \$	206,610,282	including grants of \$	54,681,053) (Revenue \$	220,527,171)
4b	(Code) (Expenses \$	14,235,020	ıncludıng grants of \$) (Revenue \$	14,396,929)
	See Additional Data	, (=::F=::=== +	,,		, (,,
4 c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4d		rices (Describe in Sch	•			
	(Expenses \$	ind	cluding grants o	of \$) (Revenue \$)

220,845,302

Par	t IV Checklist of Required Schedules		,	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🐒	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
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 V 🔰	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			
	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
	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	11 c		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 2	11 d		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?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 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? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 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?	24 c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
	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, Pait 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	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28 c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M \cdot . \cdot	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 Filinas	and Tax	Compliance

	Check if Schedule O contains a response or note to any line in this Part V		<u></u>	. [
10	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a	458	Yes	No
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	0		
	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	,875		
b	by this return	,6 / 3 2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	-	-	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	-		No
	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)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or were not tax deductible?	gifts 6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods at services provided to the payor?	nd 7a	Yes	
b	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 require file Form 8282?	ed to 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		No.
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	. 7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 889 required?	9 as 7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?	a 7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any tirduring the year?	ne 8		
9a	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			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	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			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions additional information the organization must report on Schedule O	for 13 a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	136	-	
	Enter the amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	,	 No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	141	+	<u> </u>

Part VI Governance, Management, and Disclosure

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

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

	Check if Schedule O contains a response or note to any line in this Part VI			🗸
Se	ction 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 24			
	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 1b 23			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was			
_	filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod	e.)
			Yes	No
L0a	Did the organization have local chapters, branches, or affiliates?	10 a		No
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		l
l1a	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			
L2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12 a	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	
L3	Did the organization have a written whistleblower policy?	13	Yes	
.4	Did the organization have a written document retention and destruction policy?	14	Yes	
L 5	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)			
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		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?	16 b		
	Let the States with which a copy of this Form 000 is required to be filed.			
L 7	List the States with which a copy of this Form 990 is required to be filed▶			
. 8	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			
L9	Own website Another's website Upon 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			

▶ROBERT DECARLO 1 SOUTH AVENUE GARDEN CITY, NY 115300701 (516) 877-3184

Part VII

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

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

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

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

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more t	tion (han d on is	one l both	oox, an d	officer stee)	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
See Additional Data Table										_
										Form 990 (2015)

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)					i	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)		ated of other isation the
	for related organizations below dotted line)	indradual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1033 11130)	rela	organization and related organizations
See Additional Data Table											
1b Sub-Total				•		. •					
c Total from continuation s d Total (add lines 1b and 1c	•			٠.	٠.			5,510,453	0	1	,144,311
Total number of individual \$100,000 of reportable co	s (including but not	limited	to the	ose I	ıste		e) w	ho received more t	han		
										Ves	No

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

Section B. Independent Contractors

1 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, 67 BEAVER AVE CORBIT BLDG SUITE 1 ANNANDALE, NJ 08801	CONTRACTOR	28,647,160
COMPASS LCS LLC DBA LACKMANN CULI, SERVICES 303 CROSSWAYS PARK DRIVE WOODBURY, NY 11797	FOOD SERVICE	5,859,452
DD DEVELOPMENT, 991 MAIN STREET SUITE 104 HOLBROOK, NY 11741	CONTRACTOR	1,249,207
CREATIVE COMMNICATIONS ASSOCIATES, 2 THIRD STREET SUITE 250 TROY, NY 12180	MARKETING	1,029,566
CHALLENGE GRAPHICS INC, DBA-CORPORATE COLOR 22 CONNOR LAN DEER PARK, NY 11729	PRINTING SERVICES	810,621
2 Total number of independent contractors (including but not limited to the	nose listed above) who received more than	

Contributions, Gifts, Grants and Other Similar Amounts		Check if Schedu	ule O contains a respor	nse or note to any lir	(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
						exempt function revenue	business revenue	excluded from tax under sections 512-514
Srant 10un	1a	Federated camp	paigns 1a					
75 5 1	b	Membership du	es 1b					
ر چر <u>ن</u>	c	Fundraising eve	ents 1c	157,465				
ifts ar A	d	Related organiz	ations 1d					
mil Bil	e	Government grants	(contributions) 1e	4,645,313				
utions er Si	f	All other contribution	ons, gifts, grants, and 1f of included above	3,292,683				
ntrib d Oth	g	Noncash contribution 1a-1f \$	ons included in lines	1,366,125	İ			
Cont	h	Total. Add lines	s 1a-1f	· · · ·	8,095,461			
<u>ı</u>				Business Code				
E E	2a	TUITION AND FEES	;	611600	217,131,539	217,131,539		
<u>4</u>	b	SALES&SERVICES-E	EDUCATIONAL DEPTS	611710	3,395,632	3,395,632		
٠ ا	C	STUDENT SUPPORT	Γ	721000	14,484,089	14,484,089		
\$	d							
Program Service Revenue	e f	All other progra	ım service revenue					
P	g	Total Add lines	s 2a-2f		235,011,260			
	3		ome (including dividen					
		and other simila	aramounts)	•	3,602,507		145	3,602,362
	4		tment of tax-exempt bond	proceeds •	1,010 24,497			1,010 24,497
	5	Royalties		(II) Personal	24,437			24,437
	6a	Gross rents	696,765	(II) I CISONAI				
	b	Less rental expenses	128,099					
	c	Rental income	568,666	0				
	d	or (loss) Net rental incor	me or (loss)		568,666			568,666
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	32,164,887	81,945				
	b	Less cost or other basis and sales expenses	29,668,824					
	c	Gain or (loss)	2,496,063	81,945				
	d	Net gain or (los	s)		2,578,008			2,578,008
Other Revenue	8 a	Gross income fi events (not incl \$ 157, of contributions See Part IV, lin	luding ,465 reported on line 1c)					
her			a	691,827				
ŏ			penses b Toss) from fundraising	313,312 events >	378,515			378,515
			rom gaming activities	,				
	b	Less direct evi	penses b					
			loss) from gaming acti	vities	o			
1	10a	Gross sales of returns and allo		>				
	L	lees - ' '	a l					
	b c		oods sold b loss) from sales of inve	entory ▶	0			
-		Miscellaneous		Business Code	1			
1	11a	FACILITY FEE		713940	36,658		36,658	
	b	SPONSORSHI		541800	14,000		14,000	
	c	-						
	d	All other revenu	ue					
	e	Total. Add lines	s 11a-11d	•	50,658			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

	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	3.ps.1888	general expenses	сиранево
2	Grants and other assistance to domestic individuals See Part IV, line 22	54,510,428	54,510,428		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15				
4	and 16	170,625	170,625		
5	Compensation of current officers, directors, trustees, and key employees	4,260,788	1,660,097	2,296,428	304,263
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	382,789	249,437	133,352	0
7	Other salaries and wages	103,757,695	92,677,975	9,969,864	1,109,856
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,222,844	6,248,733	918,444	55,667
9	Other employee benefits	18,485,022	14,928,942	3,388,557	167,523
10	Payroll taxes	7,683,152	6,535,934	1,065,068	82,150
11	Fees for services (non-employees)	, ,	, ,		<u> </u>
a	Management	0			
b	Legal	977,096	36,025	941,071	
С	Accounting	324,427		324,427	
d	Lobbying	81,752		81,752	
е	Professional fundraising services See Part IV, line 17	179,512			179,512
f	Investment management fees	416,072		416,072	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,655,383	2,752,396	865,454	37,533
12	Advertising and promotion	1,957,718	978,178	979,540	
13	Office expenses	11,687,149	8,977,794	2,453,391	255,964
14	Information technology	2,171,229	1,681,959	488,880	390
15	Royalties	0			
16	Occupancy	9,425,742	8,850,134	554,271	21,337
17	Travel	1,704,698	1,613,128	70,135	21,435
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	2,173,653	1,509,185	476,912	187,556
20	Interest	2,855,166	2,574,317	280,849	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	7,226,621	6,741,231	485,390	
23	Insurance	1,472,386	1,388,337	79,798	4,251
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	5,629,007	5,587,630	41,377	
b	PROVISION-DOUBTFUL ACCOUNTS	1,224,370	2,850	1,221,520	
c	CREDIT CARD FEES	443,163	29,559	384,975	28,629
d	COLLECTION COSTS	178,730	66	178,664	
e	All other expenses	1,245,032	1,140,342	104,487	203
25	Total functional expenses. Add lines 1 through 24e	251,502,249	220,845,302	28,200,678	2,456,269
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

	tΧ	Check if Schedule O contains a response or note to any line in this Part X			_
		Check if Schedule O Contains a response of note to any line in this rait X	(A)	• •	(B)
			Beginning of year		End of year
	1	Cash-non-interest-bearing	1,500	1	1,500
	2	Savings and temporary cash investments	25,266,379	2	30,517,161
	3	Pledges and grants receivable, net	6,828,772	3	6,194,022
	4	Accounts receivable, net	2,052,545	4	1,781,985
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
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 employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		_	
SS (0	6	0
Ä	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	5,706,115	9	5,528,541
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 390,743,075	4		
	ь	Less accumulated depreciation 10b 134,614,320	241,043,264	10 c	256,128,755
	11	Investments—publicly traded securities	149,353,942	11	143,000,784
	12	Investments—other securities See Part IV, line 11	26,721,592	12	18,973,509
	13	Investments—program-related See Part IV, line 11	6,525,165	13	6,721,412
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	3,973,885	15	4,433,782
	16	Total assets. Add lines 1 through 15 (must equal line 34)	467,473,159	16	473,281,451
	17	Accounts payable and accrued expenses	21,912,594	17	24,061,223
	18	Grants payable	5,647,384	18	5,802,724
	19	Deferred revenue	29,848,014	19	33,327,691
	20	Tax-exempt bond liabilities	126,127,554	20	123,553,249
	21	Escrow or custodial account liability $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	0	21	0
_iabilities	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
Lia	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			
			0	25	0
	26	Total liabilities. Add lines 17 through 25	183,535,546	26	186,744,887
ses		Organizations that follow SFAS 117 (ASC 958), check here ▶			
ılan	27	Unrestricted net assets	234,801,799	27	235,004,105
ă	28	Temporarily restricted net assets	18,552,520	28	20,318,668
2	29	Permanently restricted net assets	30,583,294	29	31,213,791
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
Şį	30	Capital stock or trust principal, or current funds		30	
\$ S E	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	283,937,613	33	286,536,564
_	34	Total liabilities and net assets/fund balances	467,473,159	34	473,281,451

	contains a response or note to any line in this Part X	(1			🔽
	Part VIII, column (A), line 12)				- 14
1 Total revenue (must equal				250,3	310,582
2 Total expenses (must equa	l Part IX, column (A), line 25)			251.5	502,249
3 Revenue less expenses S	btract line 2 from line 1				91,667
4 Net assets or fund balance	s at beginning of year (must equal Part X, line 33, col	lumn (A))			
5 Net unrealized gains (loss	s) on investments				37,613
6 Donated services and use	of facilities	6		3,0	91,169
7 Investment expenses .					
8 Prior period adjustments					
9 Other changes in net asse	s or fund balances (explain in Schedule O)				99,449
10 Net assets or fund balance column (B))	s at end of year Combine lines 3 through 9 (must equ	ual Part X, line 33,		286,5	36,564
Part XIII Financial State	ments and Reporting				
Check ıf Schedule	contains a response or note to any line in this Part	XII			. [
				Yes	No
Accounting method used t If the organization change Schedule O	prepare the Form 990				
2a Were the organization's fin	ncial statements compiled or reviewed by an indeper	ndent accountant?	2a		No
If Yes,' check a box below a separate basis, consolid	o indicate whether the financial statements for the yeted basis, or both	ear were compiled or reviewed or	1		
Separate basis	Consolidated basis Both consolidated a	nd separate basis			
b Were the organization's fin	ncial statements audited by an independent account	ant?	2b	Yes	
If Yes,' check a box below basis, consolidated basis,	to indicate whether the financial statements for the year both	ear were audited on a separate			
Separate basis	▼ Consolidated basis Both consolidated a	nd separate basis			
·	oes the organization have a committee that assumes oilation of its financial statements and selection of ar		2 c	Yes	
If the organization changed Schedule O	either its oversight process or selection process du	ring the tax year, explain in			
3a As a result of a federal awa Single Audit Act and OMB	rd, was the organization required to undergo an audit Circular A-133?	or audits as set forth in the	3a	Yes	
	on undergo the required audit or audits? If the organiz olain why in Schedule O and describe any steps take		3b	Yes	

Additional Data

Software ID: Software Version:

EIN: 11-1630741

Name: ADELPHI UNIVERSITY

Form 990, Part III, Line 4a

4a (Code) (Expenses \$ 206,610,282 including grants of \$ 54,681,053) (Revenue \$ 220,527,171) Instruction and related academic support and student services - The University provides a high-quality education for all of its undergraduate and graduate students The average annualized student enrollment for fiscal 2015-16 was 6,236 full-time equivalent students, comprised of 4,427 undergraduate and 1,809 graduate/Postbaccalaureate full-time equivalent students. Students come from diverse backgrounds and are not only from the New York area, but are recruited nationally and internationally as well. The University's colleges and schools include the College of Arts and Sciences, the Gordon F. Derner Institute of Advanced Psychological Services, the Honors College, the Robert B Willumstad School of Business, Ruth S Ammon School of Education, College of Nursing and Public Health, School of Social Work and University College Students also have accessibility to student counseling, career counseling, financial aid, mentoring and other services and programs offered by the University The University has extensive community health and human services outreach programs including the Hy Weinberg Center for Communication Disorders, the Center for Psychological Services, the Adelphi New York Statewide Breast Cancer Support Hotline as well as other community service programs. The University's students may often participate in these programs that are offered to the campus community as well as surrounding communities.

Form 990, Part III, Line 4b

TD	(0000) (Expenses ¢	11,233,020	including grants	σ O1 ψ) (Nevenue p	,
	Residential housing and auxi	liary enterprises - The Uni	versity offers st	udent housing in	n seven residence hal	ls on the Garden City	, New York ca
	variety of residential options	to its students In 2015-1	.6 there were ap	proximately 1,1	.30 students residing	in the University's res	sidence halls

1Codo

\ / Evnançae & 14.235.020 including grants of \$ (Revenue \$ 14.396.929 Iniversity offers student housing in seven residence halls on the Garden City. New York campus, offering a

Form 990, Part III, Line 4c

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

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

(F) Estimated amount

of other

compensation from the

organization and related organizations

0

0

0

0

0

0

Compensated Employees, and Inde	pendent Cor	ntracto	rs					-	
(A) Name and Title	(B) A verage hours per week (list any hours	Posit more the perso	ion (han o n is b	ne b ooth	ox, i an o	unles s fficer	5	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)
ARUN AGRAWAL	3 0								
Trustee		Х						0	0
-	3 0			-					
Z PAUL AKIAN		×						0	0
Trustee	0.0								
FRANK ANGELLO	3 0								
		X						0	0
Trustee	0 0								
JEFFREY BOLTON	3 0								
Touches		X						0	0
Trustee	0 0								
LORETTA CANGIALOSI	3 0							_	
Trustee		×						0	0
·	3 0	 	_	-	-	-	_		
PHILIP DISANTO] 30							_	

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TRUSTEE (THROUGH 12-2015)

Trustee (THROUGH 4-2016)

Trustee (THROUGH 6-2016)

NOREEN HARRINGTON

JEFFREY GREENE

CHANTAL HAMLIN

Trustee

TRUSTEE

OSBERT HOOD

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

(F) Estimated amount of other

compensation

from the

organization and related organizations

0

0

0

0

Compensated Employees, and Inde							,		
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Highest compensated or director Officer Institutional Trustee or director						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)
N GERRY HOUSE Trustee	3 0	Х						0	0
ANGELA JAGGAR Trustee	3 0	х						0	0
LAURENCE KESSLER Trustee	3 0	х						0	0
RONALD LEE Trustee	3 0	х						0	0
LINDSEY KUPFERMAN LEVINE Trustee	3 0	Х						0	0
						1			

3 0

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THOMAS MOTAMED

SUSAN MURPHY

IVAYLO NINOV

GRACE PILCER

PETER PRINCIPATO

TRUSTEE (THROUGH 6-2016)

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Trustee

Trustee

TRUSTEE

TRUSTEE

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

(F) Estimated amount

of other

compensation

from the

organization and related organizations

0

0

0

0

0

59,123

59,486

394,296

337,207

Compensated Employees, and Inde	pendent Cor	ntracto	rs						_
(A) Name and Title	(B) Average hours per week (list any hours for related organizations	Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer lostitut Or director/truster Or director/truster Or director/truster Or director/truster Or director/truster						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)
	below dotted line)	Individual trustee or director	Institutional Trustee	<u>0</u>	employee	Highest compensated employee	mer		
PAUL SALERNO	3 0								
TRUSTEE	0 0	X						0	0
LOIS SCHLISSEL	3 0								
TRUSTEE	0 0	X						0	0
PATRICK SMALLEY	3 0								
TRUSTEE	0 0	X						0	0
HELENE SULLIVAN	3 0								
TRUSTEE	0 0	X						0	0
WILLIAM TENET	3 0								
TRUCTER		X						0	0
TRUSTEE	0.0								

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CHARLES TOLBERT

TRUSTEE

ADAEZE UDOJI

TRUSTEE (THROUGH 6-2016)

PRESIDENT (EFFECTIVE 7-1-15)

EXECUTIVE VP-FINANCE AND ADMIN

ROBERT WILUMSTAD

TRUSTEE, CHAIRMAN

CHRISTINE RIORDAN

TIMOTHY BURTON

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

(F)
Estimated amount
of other
compensation
from the
organization and
related
organizations

56,191

42,954

33,033

52,423

84,881

72,319

58,432

50,040

47,377

38,882

0

0

0

(A) Name and Title	(B) Average hours per week (list any hours	Posit more th perso and a	ion (han o n is b	ne b oth	ox, ι an o	unles s fficer		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	
	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)	
SAM GROGG-EFF 7-1-16 INTERIM PROVOST-EXECUTIVE VP	50 0			х				236,384	0	
PERRY GREENE-EFF7-1-16 VP FOR DIVERSITY AND INCLUSION	50 0			х				151,315	0	
GAYLE INSLER-PROVOST-VP OF ACADEMIC AFFAIRS-THRU 6-30-16	50 0			х				325,565	0	
CHRIS VAUPEL-VP FOR UNIV ADVANCEMENT-THRU 12-31-16	50 0			х				243,240	0	
LAUREN MOUNTY-VP FOR	50 0			х				219,638	0	

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203,033

249,962

240,854

221,614

210,336

ENROLLMENT MGMT THRU 5-23-16

COMMUNICATIONS-THRU 1-6-17

DEAN, SCHOOL OF SOCIAL WORK

DEAN, BUSINESS-THROUGH 5-31-15

ASSOCIATE VP & CO-TREASURER

.....

.....

.....

.....

LORI DUGGANGOLD-VP FOR

DEAN, SCHOOL OF NURSING

PATRICK COONAN

ANDREW SAFYER

ANTHONY LIBERTELLA

ROBERT DECARLO

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

(F) Estimated amount

of other

compensation from the

organization and related organizations

43,570

50,257

29,196

44,048

35,271

40,079

53,626

50,980

89,273

17,650

0

0

0

0

0

(A) Name and Title	(B) A verage hours per week (list any hours	Posit more th perso and a	ion (han o n is b	ne b oth	ox, ι an o	inles s fficer	5	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)
JANE ASHDOWN DEAN, SCHOOL OF EDUCATION	50 0				х			198,473	0
AUDREY BLUMBERG DEPUTY PROVOST	50 0				х			176,200	0
RAJIB SANYAL-EFF6-1-15 DEAN, SCHOOL OF BUSINESS	50 0				х			157,668	0
SAMUEL NATALE PROFESSOR	40 0					x		216,779	0
RICHARD GARNER DEAN, HONORS COLLEGE	50 0					x		207,847	0

50 0

0.0 50 0

0 0 50 0

0 0 65 0

0.0

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206,816

205,492

203,578

560,402

157,316

JANE WHITE

JACK CHEN

ANGELO PROTO

JACQUES BARBER

ASSOCIATE DEAN, NURSING

DEAN, IAPS DERNER INSTITUTE

CHIEF INFORMATION OFFICER

OFFICER-THRU 6-30-15-SEE NOTE

FORMER OFFICER-SEE NOTE SCH J

ROBERT SCOTT-FORMER

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Compensated Employees, and Independent Contractors (A) (B) (D) Position (do not check Name and Title Reportable Average more than one box, unless compensation

FORMER DEAN-SEE NOTE SCH J

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

	week (list	perso and a	n is b	oth	an oi	fficer		from the organization (W-	from related organizations (W-
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		<u>e</u>	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)
RAKESH GUPTA	40 0						V	196 439	

(E)

Reportable

compensation

compensation from the organization and related organizations

35,220

(F)

Estimated amount

of other

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

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.

Open to Public Inspection

DLN: 93493179001447 OMB No 1545-004

Department of the Treasury Internal Revenue Service

SCHEDULE A

(Form 990 or

990EZ)

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

Name of the organization **Employer identification number** ADELPHI UNIVERSITY 11-1630741 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ)) ✓ 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section **170(b)(1)(A)(iv).** (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). 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 supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other organization listed in your governing monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions))

supported organization

instructions

Schedule A (Form 990 or 990-EZ) 2015 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014(e)2015 (f)Total (or fiscal year beginning in) ▶ 1 Gifts, grants, contributions, and 8,958,063 8,095,461 11,536,269 8,264,268 9,456,823 46,310,884 membership fees received (Do not include any unusual grants) 2 Tax revenues levied for the 0 organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 11,536,269 8,264,268 8,958,063 9,456,823 8,095,461 46,310,884 The portion of total contributions by each person (other than a governmental unit or publicly 6,342,541 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column Public support. Subtract line 5 39,968,343 from line 4 Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) 11,536,269 8,264,268 8,958,063 9,456,823 8,095,461 46,310,884 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, 4,776,740 4,655,637 4,165,128 4,736,734 4,196,535 22,530,774 royalties and income from similar sources Net income from unrelated business activities, whether or 37,080 39,167 41,760 42,182 50.803 210,992 not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of 2,470,312 321,379 550,344 564,659 655,415 378,515 capital assets (Explain in Part VI) 11 Total support. Add lines 7 71,522,962 through 10 **12** Gross receipts from related activities, etc. (see instructions.) 12 1.125.063.959 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, Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 55 882 % Public support percentage for 2014 Schedule A, Part II, line 14 15 15 60 666 % 16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ▶▽ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test-2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶□ 17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ▶□ b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.

Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part

	II. If the organization	1 fails to qualify	y under the tes	ts listed below	<u>, piease compie</u>	ete Part .	11.)	
_Se	ction A. Public Support	T	1	1	1			_
/ a = 6	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)20	15	(f) ⊤otal
(OF 1	iscal year beginning in) ► Gifts, grants, contributions, and							
-	membership fees received (Do							
	not include any "unusual grants ")							
2	Gross receipts from admissions,							
	merchandise sold or services							
	performed, or facilities furnished							
	in any activity that is related to							
	the organization's tax-exempt purpose							
3	Gross receipts from activities							
-	that are not an unrelated trade or							
	business under section 513							
4	Tax revenues levied for the							
	organization's benefit and either							
5	paid to or expended on its behalf The value of services or facilities							
5	furnished by a governmental unit							
	to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2,							
	and 3 received from disqualified							
	persons							
b	Amounts included on lines 2 and 3 received from other than							
	disqualified persons that exceed							
	the greater of \$5,000 or 1% of							
	the amount on line 13 for the year							
С	Add lines 7a and 7b							
8	Public support. (Subtract line 7c							
	from line 6)							
	ction B. Total Support							
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)20	15	(f) Total
9	iscal year beginning in) ► A mounts from line 6							
10a	Gross income from interest,							
10a	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources							
b	Unrelated business taxable							
	income (less section 511 taxes)							
	from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b							
11	Net income from unrelated							
	business activities not included							
	ın lıne 10b, whether or not the							
	business is regularly carried on							
12	Other income Do not include							
	gain or loss from the sale of capital assets (Explain in Part							
	VI)							
13	Total support. (Add lines 9, 10c,							
	11, and 12)	ion the commit	l and first s	threat formal	64h +a		017.30	
14	First five years.If the Form 990 is f	or the organization	on's first, second	, tnira, fourth, or	ππ tax year as a	section	01(c)(.	· · · · · · · · · · · · · · · · · · ·
	check this box and stop here	lia Cummant D						<u>▶</u>
	ction C. Computation of Pub			4.2 1 (0)				
15	Public support percentage for 2015			13, column (f))		15		
16	Public support percentage from 20:	14 Schedule A, P	art III, line 15			16		
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge				
17	Investment income percentage for	2015 (line 10c, c	olumn (f) dıvıded	by line 13, colur	mn (f))	17		
18	Investment income percentage from	n 2014 Schedule	A, Part III, line 1	١7		18		
	33 1/3% support tests—2015. If the				t line 15 is more t		3% and	line 17 is not
1 7 a	more than 33 1/3%, check this box	•		•			•	↑ IIIIe 17 is not
h	33 1/3% support tests—2014. If the							•
	18 is not more than 33 1/3%, check	-						
20	Private foundation. If the organization		-	· ·		•	_	▶ □

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, D, and E If you checked 11d 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)

-	1, complete Sections A and D, and complete Part V)			
Se	ction 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	100	
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		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
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?	3 c		
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use			
	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) ? 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? If "Yes," provide detail in Part VI .	9b		
С	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 .	9 c		
	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)	10 b		
1	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

Par	rt IV Supporting Organizations (continued)			
Se	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 restrictions, if any, applied to such powers during the tax year			
2	Did the organization operate for the benefit of any supported organization other than the supported organization 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) to operated, supervised or controlled the supporting organization	`		
Se	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 of 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 per that controlled or managed the supported organization(s)			
Se	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 prictax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies the organization's governing documents in effect on the date of notification, to the extent not previously provided the organization of the extent not previously provided the organization.	of		
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 all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard			
	ection E. Type III Functionally-Integrated Supporting Organizations			
1 b	The organization is the parent of each of its supported organizations. Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
а	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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 to organization determined that these activities constituted substantially all of its activities			
Ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more 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			
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or truster each of the supported organizations? <i>Provide details in Part VI</i>	es of 3a		
ь	• Did the organization exercise a substantial degree of direction over the policies, programs and activities of ear 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

. С	heck here if the organization satisfied the Integral Part Test as a qualifying t	rust on N	ov 20,1970 See inst	ructions. All other
Т	ype III non-functionally integrated supporting organizations must complete	Sections	A through E	Г
		Т		(B) Current Yea
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
	Portion of operating expenses paid or incurred for production or collection o gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	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)	1 d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	Distributable A mount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	heck here if the current year is the organization's first as a non-functionally-istructions)	integrate	d Type III supporting o	organization (see

Part V Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (c	ontinued)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 Amounts paid to perform activity that directly furth excess of income from activity	ers exempt purposes of supp	ported organizations, in	
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	auıred)		
6 Other distributions (describe in Part VI) See instru	. ,		
<u> </u>	30013		
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 2015 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-2015	(iii) Distributable Amount for 2015
Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
<u>b</u>			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
a			
c Excess from 2013			
d From 2014			
e From 2015			

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

Explanation

990 Schedule A, Supplemental Information

Return Reference	

SCHEDULE A. OTHER INCOME INCLUDES NET INCOME FROM FUNDRAISING ACTIVITIES AND OTHER REVENUE AS REPORTED ON FORM 990, PART VIII, STATEMENT OF REVENUE

PART II, LINE

Schedule A (Form 990 or 990-EZ) 2015

DLN: 93493179001447

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-区, 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" on 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

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 and promptly and directly delivered to a separate political organization in Part IV.		me of the organization	anizations Complete Part III		Employer ide	ntification number
Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 4 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 5 Enter the amount of the filing organization's funds contributed to other organizations for section 527 5 Enter the amount of the filing organization's funds contributed to other organizations for the filing organization fileform 1120-POL, line 17b 5 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 organizations funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from filing organization in Part IV (e) Amount of political organization in Part IV Output Deliver or a political action committee (PAC). If additional space is needed, provide information in Part IV (e) Amount of political organization in Part IV (b) Address (c) EIN (d) Amount paid from enter -0- enter	ADE	ELPHI UNIVERSITY			11-1630741	
Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955	Par	t I-A Complete if the or	ganization is exempt unde	r section 501(
Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955	1	Provide a description of the or	ganization's direct and indirect poli	tical campaign act	ivities in Part IV	
Part I-B Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955		·	2		>	\$
Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes N Was a correction made? If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization fileForm 1120-POL for this year? 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) Amount paid from filing organization's funds. If none, enter -0- adirectly delivered to segarate political organization in Part IV (e) Amount of political contributions received that were provide information in Part IV	3	V olunteer hours				'
Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes N Was a correction made? If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b 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) Amount paid from filing organization's funds. If none, enter -0- and incut delivered to a separate organization organization from the filing organization in Part IV (e) Amount of political contributions received that were promptly and directly delivered to a separate political organization in Part IV	221	t I-B Complete if the or	ganization is exempt unde	r section 501/	c)(3)	
2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 4a Was a correction made? 5 If "Yes," describe in Part IV 2art I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b 4 Did the filing organization fileForm 1120-POL for this year? 5 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 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) Amount paid from filing organization's funds. Also enter the and promptly and directly delivered to a separate political organization in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from filing organization in Part IV (e) Amount of political organization in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from filing organization in Part IV (e) Amount of political organization if not enter -0- and promptly and directly delivered to a separate political organization if not enter -0-						¢.
Tyes N Was a correction made? If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). IEnter the amount directly expended by the filing organization for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Inter the amount of the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political 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) Amount paid from filing organization in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from filing organization in Part IV (e) Amount of political contributions received that were promptly and directly delivered to a separate political organization in Fart IV (a) Name (b) Address (c) EIN (d) Amount paid from filing organization is not promptly and directly delivered to a separate political organization in Fart IV (a) Name (b) Address (c) EIN (d) Amount paid from filing organization is not promptly and directly delivered to a separate political organization is funds if none, enter -0- enter -0- enter -0- and promptly and directly delivered to a separate political organization is funds if none, enter -0- enter -0-		,	, ,			Ф
Was a correction made? Tyes N						↑
b If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b 5 Und the filing organization fileForm 1120-POL for this year? 5 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) Amount paid from filing organization's funds If none, enter -0- (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds if none, enter -0- (b) Address (c) EIN (d) Amount paid from enter -0- (c) Amount of political organization If not enter -0-	4a	-	,	,		<u> </u>
Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b 4 Did the filing organization fileForm 1120-POL for this year? 5 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) Amount paid from filing organization's funds If none, enter -0-directly delivered to separate political organization if norganization is not provided in the norganization in the norganization is not provided in the norganization in the norganiz	b					165 140
Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization fileForm 1120-POL for this year? 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) Amount paid from filing organization's funds. If none, enter -0- and promptly and directly delivered to a separate political organization. If not enter -0- and promptly and directly delivered to a separate political organization. If not enter -0- and promptly and directly delivered to a separate political organization. If not enter -0- and promptly and directly delivered to a separate political organization. If not enter -0- and promptly and directly delivered to a separate political organization.			ganization is exempt unde	r section 501(c), except section 50	01(c)(3).
a total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization fileForm 1120-POL for this year? 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) Amount paid from filing organization's funds. If none, enter -0- and promptly and directly delivered to separate political organization. If none enter -0- and promptly and directly delivered to separate political organization. If none enter -0-	1	Enter the amount directly expe	ended by the filing organization for s	section 527 exemp	ot function activities 🕨	\$
Did the filing organization fileForm 1120-POL for this year? 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) Amount paid from filing organization's funds. If none, enter -0- funds. If none, enter -0- and promptly and directly delivered to a separate political organization. If none enter -0- enter -0-	2		organization's funds contributed to	other organizations	for section 527	\$
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) Amount paid from filing organization's funds. If none, enter -0- and promptly and directly delivered to separate political organization. If not enter -0-	3	Total exempt function expendi	tures Add lines 1 and 2 Enter her	e and on Form 112	0-POL, line 17b ►	\$
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) Amount paid from filing organization's funds. If none, enter -0- and promptly and directly delivered to separate political organization. If not enter -0-	4	Did the filing organization file F	orm 1120-POL for this year?			Yes No
filing organization's funds. If none, enter -0 - and promptly and directly delivered to separate political organization. If none enter -0 - and promptly and directly delivered to separate political organization. If none enter -0 - and promptly and directly delivered to separate political organization. If none enter -0 - and promptly and directly delivered to separate political organization. If none enter -0 - and promptly and directly delivered to separate political organization. If none enter -0 - and promptly and directly delivered to separate political organization. If none enter -0 - and promptly and directly delivered to separate political organization. If none enter -0 - and promptly and directly delivered to separate political organization.	5	organization made payments l amount of political contribution	For each organization listed, enter the state of the stat	the amount paid fro directly delivered	m the filing organization's to a separate political org	s to which the filing funds Also enter the anization, such as a
4		(a) Name	(b) Address	(c) EIN	filing organization's	directly delivered to a separate political organization If none,
4	2					
	3					
5	1					
	5					
	5		1	ı	i	1

Sch	edule C (Form 990 or 990-EZ) 2015					Page 2	
P	complete if the organization under section 501(h)).	is exempt under	section 501(c	(3) and fil	ed Form 5768	(election	
A	Check Fifthe filing organization belongs to a expenses, and share of excess lobby		d list in Part IV ea	ch affiliated gr	oup member's nar	ne, address, EIN,	
В	Check 🕨 🗌 if the filing organization checked box	A and "limited conti	ol" provisions app	oly			
	Limits on Lobby i (The term "expenditures" mea	-			(a) Filing organization's totals	(b) Affiliated group totals	
1a	Total lobbying expenditures to influence public op	oinion (grass roots					
b	lobbying) Total lobbying expenditures to influence a legisla	tive body (direct lobb	yıng)				
c	Total lobbying expenditures (add lines 1a and 1b)					
d	Other exempt purpose expenditures						
e	Total exempt purpose expenditures (add lines 1c	and 1d)					
f	Lobbying nontaxable amount Enter the amount fr	om the following table	ın both columns				
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxa	ble amount is:				
	Not over \$500,000	20% of the amount on li	ne 1e				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of th	e excess over \$500,00	00			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of th	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	100			
	Over \$17,000,000	7,000,000 \$1,000,000					
g h i	Grassroots nontaxable amount (enter 25% of line Subtract line 1g from line 1a If zero or less, enter Subtract line 1f from line 1c If zero or less, enter	r - 0 -					
j	If there is an amount other than zero on either line reporting section 4911 tax for this year?	e 1h or line 1ı, did the	_	Form 4720	0		
			I '				
	4-Year Av (Some organizations that made a s columns below. See th		ection do not	havè to cor		ne five	
	Lobbying Expe	nditures During	4-Year Avera	ging Period			
	Calendar year (or fiscal year beginning in)	(a)2012	(b) 2013	(c) 2014	(d) 2015	(e) Total	
2a	Lobbying nontaxable amount						
	-						

Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures

		election under section 501(h)).	(a)		(b)	
or e ectiv	,	th 1: below, provide in Part IV a detailed description of the lobbying	Yes	No	A	mour	<u>ıt</u>
1		nization 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	compensation in expenses reported on lines 1c through 1i)?		No	1		
c	Media advertisements?			No	1		
d	Mailings to members, legislators,	or the public?		No			
е	Publications, or published or broad	dcast statements?		No			
f	Grants to other organizations for I	obbying purposes?		No			
g	Direct contact with legislators, the	eır staffs, government officials, or a legislative body?	Yes				81,75
h	Rallies, demonstrations, seminars	, conventions, speeches, lectures, or any similar means?		No			
i	Other activities?			No			
j	Total Add lines 1c through 1i						81,75
2a	Did the activities in line 1 cause t	he organization to be not described in section 501(c)(3)?		No			
b	If "Yes," enter the amount of any	tax incurred under section 4912					
c	If "Yes," enter the amount of any	tax incurred by organization managers under section 4912					
d	If the filing organization incurred a	a section 4912 tax, did it file Form 4720 for this year?					
	501(c)(6).	ganization is exempt under section 501(c)(4), section	•			Yes	No
1	, ,	ore) dues received nondeductible by members? -house lobbying expenditures of \$2,000 or less?		-	2		-
2	- · · · · · · · · · · · · · · · · · · ·			-	3		-
3		y over lobbying and political expenditures from the prior year? ganization is exempt under section 501(c)(4), section	F01/a	\		:-	
- (11)		ther (a) BOTH Part III-A, lines 1 and 2, are answered					
1	Dues, assessments and similar ar	mounts from members	1				
2	Section 162(e) nondeductible lob expenses for which the section 52	bying and political expenditures (do not include amounts of political 27(f) tax was paid).					
а	Current year		2a				
b	Carryover from last year		2b				
C	Total		2c				
3		tion 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4		int on line 2c exceeds the amount on line 3, what portion of the excess ryover to the reasonable estimate of nondeductible lobbying and	4				
5	'	olitical expenditures (see instructions)	5				
	rt IV Supplemental Info	1 '					
Pro	vide the descriptions required for P	lart I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated gro	up list),	Part II	-A, lıı	nes 1	and
- (Return Reference	Explanation					
SCH		ADELPHI UNIVERSITY HAS ENGAGED THE FIRM, DAVIDOFF, HUTASSIST WITH ITS STRATEGIC PLANNING GOAL AND TO FORMULA REGARD THE IMPLEMENTATION OF THIS PLAN INCLUDES THE FOUR FOR THE PREPARATION OF TESTIMATION, THE PREPARATION OF TESTIMATION OF THE NEW YORK STATE LEGISLATURE, THE DEVICT OF THE NEW YORK STATE LEGISLATURE, THE DEVICT OF THE NEW YORK STATE LEGISLATURE IN ADDITION MEMBERS OF THE NEW YORK STATE LEGISLATURE IN ADDITION	ATE A P INAL PI DNY BE ELOPMI MENT C	LAN IN REPARA FORE F ENT OF OF MEE	THIS TION ELEV LEGI TING	S N OF 'ANT SLAT S WI	ΓΙ V Ε

LOBBYING

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 2015-16, THE UNIVERSITY PAID \$81,102 TO THE FIRM, DAVIDOFF, HUTCHER AND CITRON, LLP IN ADDITION, THE UNIVERSITY PAID \$43,313 TO THE COMMISSION ON INDEPENDENT COLLEGES AND UNIVERSITIES OF WHICH \$650 IS ATTRIBUTABLE TO

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

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on 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.

OMB No 1545-0047

DLN: 93493179001447

Open to Public

Department of the Treasury

(Form 990)

SCHEDULE D

err	al Revenue Service	(Inspection
la	me of the organization LPHI UNIVERSITY		Emple	oyer identification number
			11-1	630741
a	rt I Organizations Maintaining Donor Complete if the organization answere	Advised Funds or Other Similar Formed "Yes" on Form 990, Part IV, line 6.	unds o	r Accounts.
		(a) Donor advised funds	(b)	unds and other accounts
	Total number at end of year			
	Aggregate value of contributions to (during year)			
	Aggregate value of grants from (during year)			
	Aggregate value at end of year			
	Did the organization inform all donors and donor a funds are the organization's property, subject to t		nor advis	ed Yes No
	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?	benefit of the donor or donor advisor, or for a	ny other	☐ Yes ☐ No
a	rt III Conservation Easements. Comple	ete if the organization answered "Yes" o	n Form	n 990, Part IV, line 7.
	Purpose(s) of conservation easements held by th	e organızatıon (check all that apply)		
	Preservation of land for public use (e.g., recreeducation)		n histori	cally important land area
	Protection of natural habitat	<u>'_</u>		d historic structure
	Preservation of open space	·		
	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conservation contribution in t	the form	of a conservation
				Held at the End of the Year
а	Total number of conservation easements		2a	
)	Total acreage restricted by conservation easeme		2b	
С	Number of conservation easements on a certified	` '	2c	
d	Number of conservation easements included in (o historic structure listed in the National Register	c) acquired after 8/17/06, and not on a	2d	
	Number of conservation easements modified, traitax year ▶	nsferred, released, extinguished, or terminate	ed by the	e organization during the
	Number of states where property subject to consi	ervation easement is located •		
	Does the organization have a written policy regar		—— dling of	
	violations, and enforcement of the conservation e	easements it holds?	_	☐ Yes ☐ No
	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations, and enforci	ing cons	ervation easements during the
	A mount of expenses incurred in monitoring, inspe	acting handling of violations, and enforcing o	oncorva	tion eacements during the year
	► \$	ecting, nanding of violations, and emorting to	onserva	tion easements during the year
	Does each conservation easement reported on III (B)(I) and section $170(h)(4)(B)(II)^7$	ne 2(d) above satisfy the requirements of sec	ction 17	0 (h)(4) Yes No
	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's financial		
a) i		tions of Art, Historical Treasures,	or Oth	er Similar Assets.
3	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footi	FAS 116 (ASC 958), not to report in its rever assets held for public exhibition, education,	or resea	rch in furtherance of public
b	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for public exhibition, education,		
(i) Revenue included on Form 990, Part VIII, line 1	L	> \$	
(i	i) Assets included in Form 990, Part X	1	▶ \$	

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Par	t III	Organizations Maintaining (continued)	g Collections of	Art, His	storic	al Tr	easures,	or Ot	her Similar A	sset	s	rage =
3		the organization's acquisition, acction items (check all that apply)	cession, and other r		nec k a n	y of th	he following t	hat ar	e a significant us	e of it	S	
а	▼ 1	Public exhibition		d		Loan	or exchange	progr	ams			
b	Γ 9	Scholarly research		е	Г	Other	r					
c		Preservation for future generations										
4	Provid Part X	de a description of the organization III	n's collections and e	explain ho	w they 1	urthe	r the organız	atıon's	exempt purpose	e in		
5		g the year, did the organization sol s to be sold to raise funds rather t								s [√ No	
Pa	rt IV	Escrow and Custodial Arr. Complete if the organization Part X, line 21.		on Form	990, P	art I\	V, line 9, o	r repo	orted an amour	nt on	Form	990,
1a		organization an agent, trustee, cu ed on Form 990, Part X?	ıstodıan or other ınt	ermediary	for cor	ntribut	tions or othe	rasse	ts not	s [No	
b	If"	Yes," explain the arrangement in F	Part XIII and compl	ete the fo	llowing	table			Am	ount		
c		jinning balance	·		,			1 c				
d	_	ditions during the year						1d				
е	Dis	tributions during the year						1e				
f	End	ling balance						1f				
2 a		e organization include an amount	on Form 990, Part >	(, line 21,	for esc	row or	ı r custodıal ad	ccoun	I liability? 🗆 🗸	<u> </u>	No	
h										•		
ט פס	If"Ye	s," explain the arrangement in Par Endowment Funds. Compl									•	Ш
14.		Lindowine it i unds. Comple	(a)Current year	(b) Prio			c)Two years ba		I)Three years back		ur vea	rs back
1 a	Begin	ning of year balance	165,664,071		74,477,34	_	149,312,	-	136,116,979	(-)		,107,043
b	•	 Ibutions	516,853		3,912,80)9	2,938,	232	1,122,030		5	,113,468
c	Net in											
	losse		9,231,068		-8,398,71		23,582,		13,247,927		10	,751,785
d	Grant	s or scholarships · · · ·	1,188,266		1,002,81	17	882,	046	754,376			547,322
e		expenditures for facilities rograms 	8,031,734		3,324,54	18	474,0	004	420,239			307,995
f	A dmı	nistrative expenses										
g	End o	f year balance	166,191,992	16	55,664,07	71	174,477,	346	149,312,321	136		,116,979
2	Provid	de the estimated percentage of the	current year end b	alance (lır	ne 1g, c	olumr	n (a)) held as					
а	Board	designated or quasi-endowment	74 030 %									
b	Perma	anent endowment ► 18 720 %										
С	'	orarily restricted endowment ▶ ercentages on lines 2a, 2b, and 2c	7 250 % : should equal 100%	%								
За		nere endowment funds not in the po	·		that are	e held	and adminis	tered	for the			
	organ	ization by	J						_		Yes	No
		related organizations								a(i)		No
h		lated organizations s" on 3a(ii), are the related organi		· · ·	 Schod	اماد			 	1(ii) 3b		No
ь 4		s on 3a(n), are the related organi libe in Part XIII the intended uses						•		טט		
	rt VI	Land, Buildings, and Equip	pment.									
		Complete if the organization	answered 'Yes' to	o Form 9		rt IV	_	see Fo	orm 990, Part >			
		Description of property			(a) st or othe (investm		(b) Cost or othe (other		(c)depreciation	"	l)Book	vaiue
1a	Land						2,1	.58,865			2	,158,865
b	Building	gs 					270,5	590,205	103,244,96	3	167	,345,242
c	Leaseh	old improvements					<u> </u>	72,243		+		140,457
d	Equipm	ent					37,6	49,971	29,537,57	1	8	,112,400
e	O ther						78.3	371.791			78	.371.791

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . .

256,128,755

(including name of security) (1)Financial derivatives (2)Closely-held equity interests	(b)Book value	(c)Method of valuation Cost or end-of-year market value
2)Closely-held equity interests		Cost of the of year market value
3)O ther		
otal. (Column (b) must equal Form 990, Part X, col (B) line 12) art VIII Investments—Program Related.	•	
Complete if the organization answered 'Yes' on Fo	orm 990, Part IV, line 11c.se	se Form 990 Part Y line 13
(a) Description of investment	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
_		
otal. (Column (b) must equal Form 990, Part X, col (B) line 13)	•	
Part IX Other Assets. Complete if the organization answered	'Yes' on Form 990, Part IV, line	11d See Form 990, Part X, line 15
(a) Description		(b) Book value
Part X Other Liabilities. Complete if the organization a		Part IV, line 11e or 11f.
Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.		· · ▶ Part IV, line 11e or 11f.
Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.		Part IV, line 11e or 11f.
Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability (b) Box		Part IV, line 11e or 11f.
Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability (b) Box	ok value	· ·▶ Part IV, line 11e or 11f.
Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability (b) Box	ok value	▶ Part IV, line 11e or 11f.
Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability (b) Box	ok value	▶ Part IV, line 11e or 11f.
Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability (b) Box	ok value	Part IV, line 11e or 11f.
Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability (b) Box	ok value	Part IV, line 11e or 11f.
Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability (b) Box	ok value	Part IV, line 11e or 11f.
Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability (b) Box	ok value	Part IV, line 11e or 11f.
Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability (b) Box	ok value	Part IV, line 11e or 11f.
Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability (b) Box	ok value	Part IV, line 11e or 11f.
Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability (b) Box	ok value	Part IV, line 11e or 11f.
Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability (b) Box	ok value	Part IV, line 11e or 11f.
	ok value	Part IV, line 11e or 11f.
Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability (b) Box	ok value	Part IV, line 11e or 11f.

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per R	Return
1	Total revenue, gains, and other support per audited financial statements	1	199,019,097
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a 3,691,169		
b	Donated services and use of facilities		
c	Recoveries of prior year grants	1	
d	Other (Describe in Part XIII)	1	
е	Add lines 2a through 2d	2e	3,819,268
3	Subtract line 2e from line 1	3	195,199,829
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 323,841	1	
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	55,110,753
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)	5	250,310,582
Part	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per	Return.
1	Total expenses and losses per audited financial statements	1	196,519,595
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	128,099
3	Subtract line 2e from line 1	3	196,391,496
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 323,841		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	55,110,753
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	251,502,249
Part	XIII Supplemental Information		
		· 1-	
Part \	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2 /, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part (nation		de any additional
	Return Reference Explanation		
See Ac	iditional Data Table		

Page 5	chedule D (Form 990) 2015						
	Part XIII Supplemental Information (continued)						
	Explanation	Return Reference	Ret				
	1	L					

Additional Data

Software ID: Software Version:

EIN: 11-1630741

Name: ADELPHI UNIVERSITY

Supplemental Information

Return Reference

Schedule D.

Explanation The University maintains an inventory of works of art. The works of art are primarily comp Part III, Line rised of paintings and sculptures and are displayed throughout the campus. Under the provi 1 a and 4 sions of SFAS 116, the University is not required to and does not report these items in it s financial statements

Return Reference	Explanation
	"The University follows ASC 740-10 which clarifies the accounting for uncertainty in tax p ositions 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 auth ority. The assessment of the tax position is based solely on the technical merits of the position, without regard to the likelihood that the tax position may be challenged. The Uni

Supplemental Information

ority The assessment of the tax position is based solely on the technical merits of the position, without regard to the likelihood that the tax position may be challenged. The University is exempt from federal income taxation by virtue of being an organization describe d in Section 501(c)(3) of the Internal Revenue Code. Nevertheless, the University may be subject to tax on income unrelated to its exempt purpose, unless that income is otherwise excluded by the Code. The tax years ended August 31, 2013, 2014, 2015 and 2016 are still open to audit for both federal and state purposes. Management has determined that there are

no material uncertain tax positions within its consolidated financial statements "

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XI & Part XII, Lines 2d	RENT EXPENSE TOTALING \$128,099 IS INCLUDED ON THE 990, PART VIII, LINE 6B RENT EXPENSE IS INCLUDED WITH EXPENDITURES IN THE FINANCIAL STATEMENTS AND IS SHOWN NET WITH REVENUE ON THE 990

Supplemental Information Return Reference Explanation ISCHEDULE D. LINES 4B IN PARTS XI AND XII ON SCHEDULE D SHOW \$54,786,912 AS "OTHER" THIS AMOUNT REPRES

ND SCHOLARSHIPS (SHOWN NET ON FINANCIAL STATEMENTS) TOTALING \$54.681.053

PARTS XI ENTS PROFESSIONAL FUNDRAISING FEES (SHOWN NET ON FINANCIAL STATEMENTS) TOTALING \$105,859 A

LINES 4B

Return Reference	Explanation
SCHEDULE D, PART V, LINE	THE UNIVERSITY'S ENDOWMENT IS AN AGGREGATION OF GIFTS PROVIDED BY DONORS WITH THE REQUIREM
4	ENT 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 B
	Y THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENT EARNINGS FROM ENDOWMENT INVESTMENTS SUPP
	ORT SCHOLARSHIPS, CHAIRS, PROFESSORSHIPS, FELLOWSHIPS, BASIC RESEARCH AS WELL AS ACADEMIC

AND PUBLIC SERVICE PROGRAMS

Supplemental Information

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As Filed Data -

DLN: 93493179001447

Schools

OMB No 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

SCHEDULE E

(Form 990 or 990-EZ)

► Complete if the organization answered "Yes" on 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.

Name of the organization ADELPHI UNIVERSITY

Employer identification number

11-1630741

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II	3	Yes	
4	Describe organization maintain the following?	-		
4 a	Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II			
	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5 c		No
d	Scholarships or other financial assistance?	5d		No
е	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II	5h		No
	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
b	Has the organization's right to such aid ever been revoked or suspended?	6b	<u> </u>	No
7	If you answered "Yes" to either line 6a or line 6b, explain on Part II 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	7	Yes	

Schedule E (Form 990 or 990EZ) (2015)

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

Page 2

efile GRAPHIC print - DO NO	T PROCESS	As Filed Dat	a -		DLN: 9	93493179001447
SCHEDULE F Sta	tement of	Activities O	outside the Unit	ed St	ates	OMB No 1545-0047
Nenartment of the Treasury		Part IV, line 1 ► Attach to			ov/form990.	2015 Open to Public Inspection
Name of the organization ADELPHI UNIVERSITY					Employer ident	ification number
Part I General Information Complete if the organ				14b.		
 For grantmakers. Does the and other assistance, the gused to award the grants or For grantmakers. Describe 	rantees' eligibil assistance?	lity for the grant	ts or assistance, and	the sele	ection criteria	✓ Yes No
assistance outside the Unite Activites per Region (The follo	ed States			-		
(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)	program spe	vity listed in (d) is a i service, describe ecific type of ce(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data			<i>y</i>			
(2)						
(3)						
(4)						
(5)						
3a Sub-total b Total from continuation sheets to Part I						37,897,722 288,743
c Totals (add lines 3a and 3b) For Paperwork Reduction Act Notice, se	 e the Instructions	for Form 990	Cat	No 500	82W Schedu	38,186,465 ule F (Form 990) 2015

Schedule F (Form 990) 2015

	and EIN (if applicable)	5	dıs burs ement	assistance	assistance	(book, FMV, appraisal, other)
(1)						
(2)						
(3)						
(4)						

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Page 2

Schedule F (Form 990) 2015	ı						Page 3
	Other Assistance to de duplicated if addition			ed States. Complete	if the organization a	enswered "Yes" to Form	990, Part IV, line 16.
(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	8,500	CREDIT ACCT	,		,
(2) SCHOLARSHIPS - STUDY ABROAD	Europe (Including Iceland and Greenland)	22	157,875	CREDT ACCT			
(3) Scholarships - Study Abroad	South America	1	4,250	CREDIT ACCT	!		!
(4)				'	,		
(5)			,	'	1		
(6)		1		'	<u> </u>		ļ ,
(7)				'	1		
(8)		+ +		,			
(9)		+ +		 	+		
(10)		+ +		 	+		
(11)		+ +		 	+		
(12)		+ +		 	+		
(13)				 			
(14)		+ +		 			
(15)		+ +		 	 		
(16)		+ +		<u> </u>	 		
(17)							

(18)

Page 5

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

Schedule F (Form 990) 2015

20 Contention () Cupping managements						
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					

Return Reference Explanation SCHEDULE F, PART 1, LINE 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 A DELPHIWHO ARE PARTICIPATING IN THE

990 Schedule F, Supplemental Information

PROGRA

Return Reference Explanation

SCHEDULE F, PART 1, LINE 2 AND PART III

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

990 Schedule F. Supplemental Information

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		27,000
East Asia and the Pacific			Investments		13,592,000
Europe (Including Iceland and Greenland)			Investments		16,966,000

(a) Region (b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (d) Activities offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, service, describe agents in region specific type of service region program services, grants to recipients (s) in region located in the region) Middle East and North Africa 500,000 lInvestments North America 1.937.000 IInvestments

Investments

552,000

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

Russia and the Newly

Independent States

Form 990 Schedule F Part I - Activities Outside The United States (c) Number of (a) Region (b) Number of (d) Activities (e) If activity listed in (f) Total expenditures offices in the employees or conducted in region (by (d) is a program for region agents in type) (i e , fundraising, service, describe region specific type of service region program services, grants to recipients (s) in region located in the region) South America lInvestments 1,116,000 South Asia Investments 2.025.000

Investments

600,000

Sub-Saharan Africa

(a) Region (b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (d) Activities offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, service, describe agents in region specific type of service region program services, grants to recipients (s) in region located in the region) Central America and the Program Services TRAVEL AND 173,496 RECRUITING Caribbean East Asia and the Pacific Program Services TRAVEL AND 102.247 RECRUITING

Program Services

TRAVELAND

RECRUITING

235,594

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

Europe (Including Iceland

and Greenland)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities (e) If activity listed in (f) Total expenditures offices in the employees or conducted in region (by (d) is a program for region type) (i e , fundraising, service, describe agents in reaion specific type of service region program services. (s) in region grants to recipients located in the region) Middle East and North Program Services TRAVELAND 10,094 A frica IRECRUITING North America Program Services TRAVEL AND 16.643 RECRUITING South America Program Services TRAVELAND 37,303

RECRUITING

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (d) Activities offices in the employees or conducted in region (by (d) is a program service, for region type) (i.e., fundraising, describe specific type of agents in region service(s) in region region program services, grants to recipients located in the region) South Asia Program Services TRAVELAND 1,656 IRECRUITING Sub-Saharan Africa Program Services ITRAVEL AND 5.689 RECRUITING East Asia and the Pacific Program Services ISTUDENT STUDY 33,578

ABROAD

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (d) A ctivities offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, service, describe agents in region specific type of service region program services, grants to recipients (s) in region located in the region) Europe (Including Iceland Program Services STUDENT STUDY 247,195 IA BROAD and Greenland) South America ISTUDENT STUDY 7.970 lProgram Services

IA BROAD

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on 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

OMB No 1545-0047

Open to Public Inspection

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

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

- Indicate whether the organization raised funds through any of the following activities. Check all that apply
- ✓ Mail solicitations
- ▼ Internet and email solicitations
- ▼ Phone solicitations

- **▼** Solicitation of non-government grants
 - ▼ Solicitation of government grants
 - ▼ Special fundraising events
- Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising ✓Yes No
- If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai: custi cont	Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No			
1 RUFFALO NOEL LEVITZ	PHONATHON		No	97,269	135,258	
2 JEROLD PANASLINZYPARTNERS	CONSULTING		No		44,254	
3						
4						
5						
6						
7						
8						
9						
10						
Total)	•	97,269	179,512	

3	List all states in which the organization is	registered or	licensed to s	olicit contributions	or has	been notified i	t is e	exempt from
	registration or licensing							

Part II	Fundra	isina	Events
---------	--------	-------	--------

Fundraising Events.

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross

A contributions Contributi			(a)Event #1	(b) Event #2	(c)O ther events	(d)
Total number Col (c)			GALA	GOLF CLASSIC	2	Total events (add col (a) through
2 Less Contributions					(total number)	
2 Less Contributions 90,369 37,635 29,461 157,465 3 Gross income (line 1 minus 466,166 125,476 100,185 691,827 4 Cash prizes 2,370 3,420 5,990 5 Noncash prizes 4 Cash prizes 4						
2 Less Contributions 90,369 37,635 29,461 157,465 3 Gross income (line 1 minus 466,166 125,476 100,185 691,827 4 Cash prizes 2,370 3,420 5,990 5 Noncash prizes 4 Cash prizes 4						
2 Less Contributions 90,369 37,635 29,461 157,465 3 Gross income (line 1 minus 466,166 125,476 100,185 691,827 4 Cash prizes 2,370 3,420 5,990 5 Noncash prizes 4 Cash prizes 4	Ĕ					
2 Less Contributions 90,369 37,635 29,461 157,465 3 Gross income (line 1 minus 466,166 125,476 100,185 691,827 4 Cash prizes 2,370 3,420 5,990 5 Noncash prizes 4 Cash prizes 4	eve	1 Gross receipts	556,535	163,111	129,646	849,292
Cash prizes	~	2 Less Contributions	90,369	37,635	29,461	157,465
4 Cash prizes 2,570 3,420 5,990 5 Noncash prizes 2,570 3,420 5,990 6 Rent/facility costs						
5 Noncash prizes		Ine 2)	466,166	125,476	100,185	691,827
Food and beverages 124,156 57,265 47,069 228,490 7 Food and beverages 124,156 57,265 47,069 228,490 9 Other direct expenses		4 Cash prizes		2,570	3,420	5,990
7 Food and beverages		5 Noncash prizes				
9 Other direct expenses	တ္	6 Rent/facility costs				
9 Other direct expenses	ense.	7 Food and beverages	124,156	57,265	47,069	228,490
9 Other direct expenses	ă	8 Entertainment	8,000			8,000
11 Net income summary. Subtract line 10 from line 3, column (d). 278,515		9 Other direct expenses	43,395	14,562	12,875	70,832
Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/Instant bingo/progressive bingo (c) Other gaming (add col (a) through col (c)) 1 Gross revenue	ă	10 Direct expense summary Add lines 4	l through 9 in column (d)		313,312
Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a)Bingo (b)Pull tabs/Instant bingo/progressive bingo (c)Other gaming (add col (a) through col (c)) 1 Gross revenue		11 Net income summary Subtract line 1	0 from line 3, column (d)		378.515
Total gaming (ad) Color gaming (ad) Total gaming (add color gaming	Par	t III Gaming.	<u> </u>	<u>·</u>		
bingo/progressive bingo Total gaming (add col (a) through col (c)) 1 Gross revenue			answered "Yes" on F	Form 990, Part IV, line	: 19, or reported mor	e than \$15,000 on
2 Cash prizes	verme		(a)Bingo	1	(c)O ther gaming	Total gaming (add col
4 Rent/facility costs	æ	1 Gross revenue				
4 Rent/facility costs	"					
4 Rent/facility costs	JSes	2 Cash prizes				
Tyes % Yes % Yes % No	A A A	3 Noncash prizes				
Tyes % Yes % Yes % No	<u>Jred</u>	4 Rent/facility costs				
6 Volunteer labor		5 Other direct expenses				
7 Direct expense summary Add lines 2 through 5 in column (d)			Yes%	│	☐ Yes %	
8 Net gaming income summary Subtract line 7 from line 1, column (d)		6 Volunteer labor	No	│ No	☐ No	
9 Enter the state(s) in which the organization conducts gaming activities a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain		7 Direct expense summary Add lines 2	2 through 5 ın column (d)		
a Is the organization licensed to conduct gaming activities in each of these states? Yes No If "No," explain Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No		8 Net gaming income summary Subtra	ct line 7 from line 1, col	umn (d)		
a Is the organization licensed to conduct gaming activities in each of these states? Yes No If "No," explain Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No	9	Enter the state(s) in which the organization	tion conducts gaming as			
Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No		• • • • • • • • • • • • • • • • • • • •		<u> </u>		Yes No
	b					
The state of the s						
b If "Yes," explain	.0a	Were any of the organization's gaming li	censes revoked, suspe	nded or terminated during	the tax year?	Yes No
		75 NV				

SCHE	dule G (Form 990 or 990-EZ) 2	015		Page
11	Does the organization conduct	gaming activities with nonmem	bers?	Yes No
12	Is the organization a grantor, b	peneficiary or trustee of a trust o	or a member of a partnership or other	entity
	formed to administer charitable	e gamıng?		Yes No
13	Indicate the percentage of gam	ning activity conducted in		
а	The organization's facility			13a 9
b	An outside facility			13b
14	Enter the name and address of	the person who prepares the or	ganızatıon's gamıng/specıal events l	books and records
	Name ▶			
	Address ►			
15a			hom the organization receives gami	
	revenue?			Yes No
b	If "Yes," enter the amount of g	aming revenue received by the	organization 🕨 \$	and the
	amount of gaming revenue reta	nined by the third party $ hildsymbol{ hinspace}$ \$		
c	If "Yes," enter name and addre	ess of the third party		
	Name ▶			
	Address ▶			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation	n ▶ \$		
	Description of services provide	ed		
	Director/officer	Employee	☐ Independent contracto	r
17	Mandatory distributions			
а	Is the organization required un	ider state law to make charitable	e distributions from the gaming proce	eeds to
	retain the state gaming license	e?		□Yes □No
b	Enter the amount of distributio	ns required under state law dist	ributed to other exempt organization	· · ·
	in the organization's own exem	pt activities during the tax year	> \$	
Par		10b, 15b, 15c, 16, and 17b,	anations required by Part I, line as applicable. Also complete th	
		(5555557.		

Treasury

Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

DLN: 93493179001447OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number

ADELPHIUNIVERSITY	THI UNIVERSITY						
Part I General Information	on on Grants an	d Assistance					
the selection criteria used to a Describe in Part IV the organiz	ward the grants or a ation's procedures i ance to Domestic O	ssistance? or monitoring the use	of grant funds in the Ur	ited States			✓ Yes No. , for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	ete if the organization answered "Yes" on Form 990, Part IV, line 21, for any rec (e) Amount of non- cash assistance (book, FMV, appraisal, other) (g) Description of non-cash assistance (h) Purpos or assistan	(h) Purpose of grant or assistance		
2 Enter total number of section 53 Enter total number of other organization							
For Paperwork Reduction Act Notice, se				Cat No 50055P			le I (Form 990) 2015

Schedule I (Form 990) 2015

(1) SCHOLARSHIPS TO STUDENTS	4389	54,510,428			
-					
Part IV Supplemental Informat	tion. Provide the infor	mation required in Pa	art I. line 2. Part III.	column (b), and any other	additional information.

Part IV Supplemen	tal Information. Provide	the information required	ın Part I, line 2, Part III,	column (b), and any other	l additional information.
Return Reference	Explanation				
Schedule I, Part I, Line 2	PRIVATE GIFTS AND VAO OBJECTIVE AND NOND THE UNIVERSITY MAIN	ARIOUS FEDERAL, STATE A ISCRIMINATORY BASIS US TAINS SEPARATE ACCOUN	ND LOCAL GOVERNMENT ING ACADEMIC ACHIEVE ITING FOR ALL GRANTS AI	AGENCIES SCHOLARSHIPS MENT, FINANCIAL NEED, AN ND STRICTLY MONITORS TH	S FINANCIAL AID FUNDED FROM ARE AWARDED ON AN EQUAL, ND OTHER SIMILAR STANDARDS HAT ANY DISBURSEMENTS ARE UIREMENTS AN AUDIT OF THE

REQUIREMENTS FOR FEDERAL AWARDS AND GOVERNMENT AUDITING STANDARDS AND RELATED INFORMATION

UNIVERSITY'S FEDERALLY FUNDED PROGRAMS IS CONDUCTED ANNUALLY BY THE UNIVERSITY'S EXTERNAL AUDITORS, AS REQUIRED BY

Page **2**

ata - DLN: 93493179001447

Schedule J (Form 990)

Department of the

Compensation Information

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

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

► Attach to Form 990.

OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number

Treasury
Internal Revenue Service
Name of the organization

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

ADELPHI UNIVERSITY 11-1630741 **Questions Regarding Compensation** No Yes Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e g, maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Nο 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Yes 4c Participate in, or receive payment from, an equity-based compensation arrangement? Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? **5**a Νo Any related organization? 5b Νo If "Yes," on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a Νo Any related organization? 6b Νo If "Yes," on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Yes If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

(A) Name and Title	(A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation		(C) Retirement and	(D) Nontaxable	(E) Total of columns	• •	
	_	(ii)	(iii)	other deferred	benefits	(B)(ı)-(D)	column(B) reported
	Base	Bonus & incentive	Other reportable	compensation			as deferred on prior
	(I) compensation	compensation	compensation				Form 990

FUIIII 990

See Additional Data Table

Page 3

Schedule J (Form 990) 2015

COMPENSATION FOR COURSES TAUGHT AND ADDITIONAL RESPONSIBILITIES BEYOND THE REOUIRED FULL-TIME FACULTY COURSE LOAD (III) IN ADDITION, EMPLOYEE CONTRIBUTIONS INTO A 457(B) PLAN ARE INCLUDED IN COLUMN B (III) SCHEDULE J, PART II AND 990 PART VII

Schedule J (Form 990) 2015

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 IS A TRUSTEE, OFFICER OR KEY EMPLOYEE, BUT ARE LISTED DUE TO THEIR FORMER LISTING AS OFFICER AND KEY EMPLOYEE AND BECAUSE EACH WERE PAID DURING CALENDAR 2015 FOR ITHEIR EMPLOYMENT IN OTHER ADMINISTRATIVE AND TEACHING POSITIONS AT THE UNIVERSITY

THE UNIVERSITY'S FORMER PRESIDENT, ROBERT SCOTT, ENDED HIS PRESIDENCY AS OF JUNE 30, 2015 SINCE THE 990 REQUIRES THE REPORTING OF COMPENSATION AS FILED ON THE 2015 IRS FORM W-2, AMOUNTS EARNED DURING THE 2015 CALENDAR YEAR BY THE FORMER PRESIDENT ARE SHOWN ON SCHEDULE J AND PART VII OF THE 990

SCHEDULE J, PART II AND 990 PART VII

SCHEDULE J, PART II AND 990 SAM GROGG, INTERIM PROVOST AND EXECUTIVE VP (FORMER DEAN) AND PERRY GREENE, VP FOR DIVERSITY AND INCLUSION (FORMER PART VII

ASSOCIATE PROVOST) BEGAN THEIR ROLES AS VICE PRESIDENTS FOR THE UNIVERSITY ON JULY 1,2016 COMPENSATION FOR THE CALENDAR YEAR 2015, SHOWN ON SCHEDULE JAND PART VII OF THE 990, INCLUDES AMOUNTS PAID FOR THEIR EMPLOYMENT AS DEAN

AND ASSOCIATE PROVOST

19JACK CHEN CHIEF INFORMATION

OFFICER

185.578

(1)

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 (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (A) Name and Title (E) Total of columns (F) Compensation in (ii) Bonus & other deferred benefits (B)(ı)-(D) column (B) (i) (iii) reported as deferred Other compensation Base on prior Form 990 Compensation ıncentive reportable compensation compensation 1CHRISTINE RIORDAN PRESIDENT (EFFECTIVE 7-1-15) (1) 134,429 26,817 32,306 453,419 (11) 1TIMOTHY BURTON EXECUTIVE VP-FINANCE AND ADMIN (1) 319,207 18,000 30,475 29,011 396,693 (II)**2**SAM GROGG-EFF 7-1-16 INTERIM PROVOST-(1) 236,384 23,603 32,588 292,575 EXECUTIVE VP (II) n 0 151,315 (1) 15,242 27,712 194,269 VP FOR DIVERSITY AND INCLUSION (11) 0 GAYLE INSLER-PROVOST-VP (1) 307,565 30,475 2,558 358,598 18.000 **4**0F ACADEMIC AFFAIRS-THRU 6-30-16 (II) 0 5CHRIS VAUPEL-VP FOR (1) 243,240 24,070 28,353 295,663 UNIV ADVANCEMENT-THRU (11) 0 6LAUREN MOUNTY-VP FOR 219,638 () 21.850 63,031 304,519 ENROLLMENT MGMT THRU 5-23-16 (11) 0 7LORI DUGGANGOLD-VP FOR COMMUNICATIONS-THRU 1-203,033 (1 20,411 51,908 275,352 6-17 (11) 0 8PATRICK COONAN DEAN,SCHOOL OF NURSING 242,462 () 7,500 23,034 35,398 308,394 (11) 0 9ANDREW SAFYER DEAN, SCHOOL OF SOCIAL WORK (1 213,814 27,040 21,310 28,730 290,894 (11) 0 10ANTHONY LIBERTELLA (1) 205,697 20,926 26,451 268,991 15,917 DEAN, BUSINESS-THROUGH 5-31-15 (II) 0 11ROBERT DECARLO 210,336 (1 24,846 14,036 249,218 ASSOCIATE VP & CO-TREASURER (11) 12JANE ASHDOWN DEAN, SCHOOL OF EDUCATION (1) 198,473 17,534 26,036 242,043 (II) 13AUDREY BLUMBERG DEPUTY PROVOST (i) 176,200 21,477 28,780 226,457 (11) 0 14RAJIB SANYAL-EFF6-1-15 DEAN, SCHOOL OF BUSINESS 153.543 (1) 4,125 15,200 13,996 186,864 (II) 0 15SAMUEL NATALE (1) 162,717 54,062 16,325 27,723 260,827 PROFESSOR (11) 0 16RICHARD GARNER (1) 190,947 16,900 24,209 11,062 243,118 DEAN, HONORS COLLEGE (II) C 171ANE WHITE (1) 192,775 14,041 18,621 21,458 246,895 ASSOCIATE DEAN, NURSING (11)0 18JACQUES BARBER DEAN, IAPS DERNER INSTITUTE 195,092 (1) 10,400 24,846 28,780 259,118 (11) 0

18,000

20,468

0

30,512

254,558

(A) Name and Title (E) Total of columns (F) Compensation in (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable other deferred benefits (B)(I)-(D)column (B) (ii) (iii) reported as deferred compensation Base Bonus & Other on prior Form 990 reportable Compensation incentive compensation compensation 21ROBERT SCOTT-FORMER (ı) 532,713 30,475 58,798 27,689 649,675 OFFICER-THRU 6-30-15-SEE NOTE [(II) 1RAKESH GUPTA (1) 160,505 25,933 19,234 15,986 221,658 FORMER DEAN-SEE NOTE SCH J [(II)] 2ANGELO PROTO (ı)l 157,316 17,650 174,966 FORMER OFFICER-SEE NOTE SCH J

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

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Schedule K

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.

DLN: 93493179001447 OMB No 1545-0047

2015

Name of the organization

Department of the Treasury

(Form 990)

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

Employer identification number

A D	ELPHI UNIVERSITY									11-	16307	41																																	
E	art I Bond Issues																																												
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issue	price	(f	f) Descriptio	on of purpose	(g) De	efeased	(h) beha	lf of		Pool ncing																														
										Yes	No	Yes	No	Yes	No																														
A	TOWN OF HEMPSTEAD INDUSTRIAL DEVELOPMENT AGENCY	11-2798949	424682AW2	09-30-2009	31,80	7,584		STRUCT MITORY/AD	V REFUNDING	i	х		Х		X																														
В	TOWN OF HEMPSTEAD LOCAL DEVELOPMENT CORPORATION	11-2798949	424682CF7	06-15-2011	25,31	.8,662		STRUCT MITORY/AD)V REFUNDING	i	Х		Х		X																														
c	TOWN OF HEMPSTEAD LOCAL DEVELOPMENT CORPORATION	11-2798949	424682EY4	11-14-2013	46,00	3,624		STRUCTION	N NEXUS &		X		Х		X																														
D	TOWN OF HEMPSTEAD LOCAL DEVELOPMENT CORPORATION	11-2798949	434682FT4	09-30-2014	36,41	9,001		REFUNDIN ES BONDS	G - 2005		Х		Х		X																														
P	Proceeds			1																																									
	A manage of boundary as bound					A		ı	В		С			D																															
_1	A mount of bonds retired						0		0			0			0																														
	A mount of bonds legally defeas	sed					0		0			0			0																														
3	Total proceeds of issue					31,814	,560	;	25,318,662		46,09	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	0 0																																	
7	Issuance costs from proceeds					492	,134		406,940		767		7,266		635,842																														
8	Credit enhancement from proce	eeds					0 0		0 0 0		0		0																																
9	Working capital expenditures fi						0		0			0			0																														
10	Capital expenditures from proc					24,768	768,		10,182,015		45,32	5,518			0																														
11	Other spent proceeds					6,553	658,8		14,729,707			0		35	783,159																														
12							0		0			0			0																														
13	Year of substantial completion				20	010		20	11	2016		2016		2016		2016		2016		2016		2016		2016		2016		2016		2016		2016		2016		2016		2016		2016				2014	
_					Yes	No	0	Yes	No	Yes	N	О	Yes		No																														
14	Were the bonds issued as part	of a current refundi	ngıssue?	•		X			X		>	(Х																														
15	Were the bonds issued as part	of an advance refur	nding issue?		X			X			>	(Х																																
16	Has the final allocation of proc	eeds been made? .			X			X		Χ			X																																
17	Does the organization maintain allocation of proceeds?	·		ort the final	×			×		×			Х																																
Pa	rt IIII Private Business U				1	1		1	1																																				
						A		ı	В		С			D																															
					Voc	l Na	. I	Voc	No	Voc	l N	_	Vac	. 1	No																														

			4	В		С			D
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		×		х		×		×
2	Are there any lease arrangements that may result in private business use of bond-financed property?	Х		x			Х	Х	

			A		В		С			D	
		•	Yes	No	Yes	No	Yes	No	Yes	No	
3a	Are there any management or service contracts that may result in private busines of bond-financed property?			×		х		х		×	
b	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										
prope	,								-	<u> </u>	
С	Are there any research agreements that may result in private business use of bond- inanced property?			x		×		×		×	
d	f "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?										
4	nter the percentage of financed property used in a private business use by entities ther than a section 501(c)(3) organization or a state or local government		0 780 %		1 213 %		0 %		%	0 651 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government									0 020 %	
6	tal of lines 4 and 5			0 780 %	1 213 %					0 671 %	
7	es the bond issue meet the private security or payment test?		Х		Х		Х		Х		
8a	as there been a sale or disposition of any of the bond-financed property to a ongovernmental person other than a 501(c)(3) organization since the bonds were sued?			х		Х		х		×	
b	"Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of					•		•			
С	f "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections			×		×		х		X	
9	s the organization established written procedures to ensure that all nonqualified nds of the issue are remediated in accordance with the requirements under gulations sections 1 141-12 and 1 145-2?		Х		х		Х		Х		
Par	t IV Arbitrage										
		А			В		С		D		
		Yes	No	Yes	No	Ye	s	No	Yes	No	
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		Х		х			Х		Х	
2	If "No" to line 1, did the following apply?										
а	Rebate not due yet?					Х					
b	Exception to rebate?										
c	No rebate due?	Х		Х					Х		
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed										
3	Is the bond issue a variable rate issue?		Х		X			Х		×	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х		Х			Х		Х	
b	Name of provider	0		0		0		С			
С	Term of hedge										
d	Was the hedge superintegrated?										
e	Was the hedge terminated?										
				•	•		-	6-1-	-ll 16 65	2001 2015	

Page **3**

			Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds inv contract (GIC)?	vested in a guaranteed investment		х		×		x		Х
b	Name of provider		0		0		0		0	
С	Term of GIC									_
d		harbor for establishing the fair market								
6	Were any gross proceed period?	s invested beyond an available temporary		х		×		Х		Х
7	Has the organization est the requirements of sect	tablished written procedures to monitor tion 148?	×		X		×		×	
Pai	rt V Procedures To	Undertake Corrective Action								
				A B						
			Α		В		С		D	
			Yes	No	Yes	No	C Yes	No	D Yes	No
	that violations of federal and corrected through th	tablished written procedures to ensure I tax requirements are timely identified ne voluntary closing agreement program if available under applicable regulations?		No	-	No		No	_	_
	that violations of federal and corrected through th self-remediation is not a	tax requirements are timely identified ne voluntary closing agreement program if	Yes		Yes		Yes		Yes	_
	that violations of federal and corrected through th self-remediation is not a	tax requirements are timely identified ne voluntary closing agreement program if available under applicable regulations?	Yes		Yes		Yes		Yes	_

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

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► 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.

Transactions with Interested Persons

▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at $\underline{www.irs.qov/form990}$.

OMB No 1545-0047

DLN: 93493179001447

2015

Open to Public

Department of the Treasury Internal Revenue Service

Schedule L (Form 990 or 990-EZ)

ernal Revenue Se	ervice									ļ	TI	<u>12 12 01 </u>	on	
Name of the or	ganızatıon							En	nploye	r identi	fication	numbe	r	
DELPHI UNIVERS	117							11	163	0741				
							(4), and 501((29)	organı	zations				
							25a or 25b, or							
1 (a) Nam	ne of disqual	lified p	person	(b) Rel	•	ween disquali ganization	fied person an	a (•	cription saction	of	(d) Cori		
						gamzation			cium	3 de cron	+	Yes	No	
2 Enter the a 4958 .	amount of ta	x incl	ırred by orga	nization ma	anagers or dis	•	ons during the	,	under	section •				
	· · · · ·	v ıfa	ny on line 2	above reu	mbursed by th		n		•	▶ \$				
J Linter the a	aniount of ta	x, 11 a	ny, on the 2	, above, ren	inbursed by th	ie organizacio		• •	•	Ъ				
			r From In											
							line 38a, or F	orm 99	0, Par	t IV, lın	e 26, c	rıfthe		
org	janization re	porte	a an amount	on Form 95	90, Part X, line	25,6,0122								
a) Name of	a) Name of (b) Relationship (c) (d) Lo		(d) Loan	to	(e)O riginal	(f)Balance	(g) In (l)	(i)Wr	itten		
interested	with		Purpose of			principal	due	defa	ult?	Appro		agreen	nent?	
person	organizatio	organization	organization	loan	organizatio	on?	amount				by boa			
				То	From	1		Yes	No	Yes	No	Yes	No	
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tal			▶ \$											
					terested P		TV D=	,						
(a) Name of i			ganization Relationshi			of assistance	rt IV, line 27		ctance	. (0)	Durnos	e of ass	ıctanc	
perso			rested pers		(C) Amount	UI assistance	(a) Type	01 4551	Stalle	(e)	Pulpos	e ui ass	istalic	
			organızat											
			NOTE SCH	L, PART		114,06	TUITION R	EMISS	ION	EMP	LOYE	BENEF	ΙT	
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Schedule L (Form 990 or 990-EZ) 2015

Business Frans	actions involving	g Interested Pe	ersons.			
Complete if the o	organization answei	red "Yes" on Forr	n 990, Part IV, line 28	3a, 28b	, or 28c.	
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh organiz reven	f zatıon's	
				Yes	No	
See Additional Data Table						
-					<u> </u>	
Part V Supplemental 1 Provide additional i		ses to questions on	Schedule L (see instruc	tions)		
Return Reference			Explanation	•	•	

Return Reference	Explanation
SCHEDULE L, PART IV	THE SON OF A FORMER OFFICER, THE DAUGHTER OF AN OFFICER AND SPOUSE OF A KEY EMPLOYEE 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 EMPLOYEE
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 THE FAMILY MEMBERS OF CERTAIN OFFICERS AND KEY EMPLOYEES THIS WAS PROVIDED CONSISTENTLY WITH THE UNIVERSITY'S TUITION REMISSION POLICIES

Additional Data

(2) FINANCEADMN

Software ID: Software Version:

Form 990 Schedule I Part IV - Rusiness Transactions Involving Interested Persons

EIN: 11-1630741

Name: ADELPHI UNIVERSITY

UNIVERSITY

Form 990, Schedule L, Part IV - Bi	usiness transaction	is involving intere	estea Persons			
(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's revenues?		
				Yes	No	
(1) ANDREW SAFYER DEAN	SPOUSE	102,259	EMPLOYMENT AT THE UNIVERSITY		No	
(1) ANGELO PROTO FORMER OFFICER	SON	84,297	EMPLOYMENT AT THE UNIVERSITY		No	
TIMOTHY BURTONEXEC VP	DAUGHTER	58,527	EMPLOYMENT AT THE		Νo	

Form 990, Schedule L. Part IV - Business Transactions Involving Interested Persons (a) Name of interested person (b) Relationship (c) A mount of (d) Description of transaction (e) Sharing between interested transaction person and the organization's organization revenues? Yes No (4) SEE NOTES SCHEDULE L PART V

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

DLN: 93493179001447

SCHEDULE M

21 Taxidermy 22 Historical artifacts 23 Scientific specimens . 24 Archeological artifacts . . .

25 Other ▶ (PLEDGES AND BEQUESTS)

(Form 990)

Department of the Treasury

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

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** ADELPHI UNIVERSITY 11-1630741 Part I Types of Property (a) (b) (c) (d) Number of contributions Noncash contribution Method of determining Check ١f or items contributed amounts reported on noncash contribution amounts applicable Form 990, Part VIII, line 1 g 1 Art-Works of art . . . 2 Art—Historical treasures Art—Fractional interests Books and publications Clothing and household aoods Cars and other vehicles Boats and planes . . . Intellectual property . . . Securities—Publicly traded . Χ 12 108,784 MARKET QUOTATION Securities—Closely held stock 11 Securities—Partnership, 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 .

26 Other ▶ (_____ **27** Other ▶ (_____ 28 Other ▶ (Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement

Yes No 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? 30a **b** If "Yes," describe the arrangement in Part II 31 Yes 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a b If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

1,257,341 DISCOUNTED VALUE

Schedule M (Form 990) (2015)

efile GRAPH	IC print - DO NOT PROCESS As Filed Data -	DLN: 93493179001447
SCHEDULE (Form 990 of 990-EZ) Department of th Treasury Internal Revenue Service	Complete to provide information for responses to specific Form 990 or 990-EZ or to provide any additional information about Schedule O (Form 990 or 990-EZ) and information about Schedule O (Formation About Schedule O (Format	fic questions on formation. 2015 Open to Public
Name of the orga ADELPHI UNIVERSITY 990 Schedule		Employer identification number
Return Reference	Explanation	
990, PART VI, SECTION B, LINE 12C	THE UNIVERSITY HAS A CONFLICT OF INTEREST POLICY ALL TRUSTEES, THE UNIVERSITY MUST SIGN A CONFLICT OF INTEREST STATEMENT ANNUVERSITY'S AUDIT COMMITTEE AND THE CHAIRMAN OF THE TRUSTEE AFF E UNIVERSITY'S GOVERNING BOARD ANNUALLY REGARDING ANY POTEI ADDITION, ANNUALLY IN PREPARATION OF THE 990, QUESTIONNAIRES A, OFFICERS, AND KEY EMPLOYEES REGARDING TRUSTEES' INDEPENDENCES, OFFICERS, AND KEY EMPLOYEES, AND TRANSACTIONS INVOLVING A ST ANY POTENTIAL TRANSACTIONS OR RELATIONSHIPS ARE REVIEWED SCHEDULE L	JALLY THE CHAIRMAN OF THE UN FAIRS COMMITTEE, REPORT TO TH NTIAL CONFLICTS OF INTEREST IN RE COMPLETED BY ALL TRUSTEES E, RELATIONSHIPS AMONG TRUSTE A POTENTIAL CONFLICT OF INTERE

990 Schedule O, Supplemental Information

Return

SECTION B.

Reference 990, PART VI, AN INDEPENDENT COMPENSATION CONSULTANT HAS BEEN HIRED BY THE UNIVERSITY TO REVIEW THE COMP

Explanation

LINE 15B VFRSITY'S OFFICERS IN COMPARISON TO THOSE OFFICERS OF OTHER COLLEGES AND UNIVERSITIES WITH IN OUR SUPPORTED PEER GROUP OF OTHER UNIVERSITIES. THEIR RECOMMENDATIONS AND REPORT ARE PR ESENTED TO THE UNIVERSITY'S BOARD OF TRUSTEES FOR APPROVAL. THE DATE OF THE LAST REPORT OF THE INDEPENDENT CONSULTANTS WAS 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 UNIVERSI TY'S FORM 990. COMPENSATION OF KEY EMPLOYEES IS PRESENTED TO THE UNIVERSITY'S BOARD OF TRUI USLY DOCUMENTED IN THE MINUTES TO THOSE MEETINGS

ENSATION OF THE UNIVERSITY'S OFFICERS THE CONSULTING FIRM REVIEWS COMPENSATION OF THE UNI

STEES ANNUALLY FOR APPROVAL DETERMINATIONS OF COMPENSATION BY THE BOARD ARE CONTEMPORANEO

990 Schedule O. Supplemental Information Return Explanation Reference 990. PART VI. THE UNIVERSITY'S GOVERNING DOCUMENTS. CONFLICTS OF INTEREST POLICY. AND FINANCIAL STATEMENTS ARE SECTION C. AVAILABLE UPON REQUEST

LINE 19

990 Schedule O. Supplemental Information Return Explanation Reference 990. PART VI. FORM 990 AND ALL SCHEDULES AND FORM 990T ARE PREPARED ANNUALLY BY MANAGEMENT. REVIEWED BY

990, PART VI, FORM 990 AND ALL SCHEDULES AND FORM 990T ARE PREPARED ANNUALLY BY MANAGEMENT, REVIEWED BY
SECTION B, AN EXTERNAL AUDITING FIRM, REVIEWED BY THE BOARD OF TRUSTEES AUDIT COMMITTEE AND PROVIDED
LINE 11B TO THE FULL BOARD OF TRUSTEES PRIOR TO FILING THE FORMS WITH THE IRS

990 Schedule O. Supplemental Information Return Explanation Reference 990. PART V. THE UNIVERSITY REPORTED 4.875 EMPLOYEES ON FORM W-3. TRANSMITTAL OF WAGE AND TAX STATEMENT LINE 2A FOR 2015 THIS INCLUDES APPROXIMATELY 2.200 STUDENT EMPLOYEES AND GRADUATE ASSISTANTS WHO WORKED AT THE UNIVERSITY DURING 2015

990 Schedule O. Supplemental Information Return Explanation Reference 990. PART X1. I "OTHER CHANGES IN NET ASSETS OR FUND BALANCES" INCLUDED IN THE RECONCILIATION OF NET ASSET LINE 9 S TOTALING \$99.449 IS AN INCREASE IN NET ASSETS FOR POSTRETIREMENT CHANGES OTHER THAN NET PERIODIC BENEFIT COSTS

SCHEDULE R Polated O

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Polated Organizations and Unrolated Partnersh

Related Organizations and Unrelated Partnerships

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

| |

Employer identification number

11-1630741

2015

DLN: 93493179001447

Open to Public Inspection

Schedule R (Form 990) 2015

Department of the Treasury
Internal Revenue Service
Name of the organization

(Form 990)

ADELPHI UNIVERSITY

► Attach to Form 990.

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

Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33. Part I (b) (c) (d) (f) Name, address, and EIN (if applicable) of disregarded entity Direct controlling Primary activity Legal domicile (state Total income End-of-year assets or foreign country) entity (1) BLACKCAT ADVERTISING AGENCY LLC **ADVERTISING** NY 0 ADELPHI C/O ADELPHI UNIVERSITY SOUTH AVENU GARDEN CITY, NY 11530 41-2109172 Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (g) 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) controlled entity? Yes No

Cat No 50135Y

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form	990, Pa	art IV, I	line 34
	because it had one or more related organizations treated as a partnership during the tax year.			

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h Disprop alloca) rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		General or I managing partner?		General or managing partner?		(k) Percentage ownership
] 3117			Yes	No	1	Yes	No					
Part TV Identification of Polated Organizations Tayable a	<u> </u>			<u> </u>												

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

chedule R (Form 990) 2015					Рa	ge 3
Part V Transactions With Related Organizations Complete if the organization answer	ered "Yes" on Form	990, Part IV, line	34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more re	elated organizations li	sted in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		
b Gift, grant, or capital contribution to related organization(s)				1 b		
c Gift, grant, or capital contribution from related organization(s)				1 c		
Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. The Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule gine tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule gine tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts III-IV? Complete line 1 if any entity is listed in Parts III, III, or IV of this schedule gine tax year, did the organization is listed in Parts III-IV? Complete line 1 if any entity is listed in Parts III-IV? Complete line 1 if any entity is listed in Parts III-IV? Complete line 1 if any entity is listed in Parts III-IV? Complete line 1 if any entity is listed in Parts III-IV? Complete line 1 if any entity is listed in Parts III-IV? Complete line 1 if any entity is listed in Parts III-IV? Complete line 1 if any entity is listed in Parts III-IV? Complete line 1 if any entity is listed in Parts III-IV? Complete line 1 if any entity is listed in Parts III-IV? Complete line 1 if any entity is listed in Parts III-IV? Complete line 1 if any entity is listed in Parts III-IV? Complete line 1 if any entity is listed in Parts III-IV? Complete line 1 if any entity III-IV: Complete In Parts III-IV:			1 d			
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)				1 g		
h Purchase of assets from related organization(s)				1h		
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule uring the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Receipt of (I) interest, (Il) annuties, (Ill') roughts, or (In) renation from a controlled entity. Sale of any interest, (Il) annuties, (Ill') roughts, or (In) renation (In) and interest, (Ill) annuties, (Ill') roughts, or (In) renation (In) and interest, (Ill) annuties, (Ill') roughts, or (In) renation (In) and interest, (Ill) annuties, (Ill') roughts, or (Ill interest, Ill) annuties, (Ill') roughts, or (Ill interest, Ill interest						
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		
l Performance of services or membership or fundraising solicitations for related organization(s)				11		
				1m		1
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		
$oldsymbol{o}$ Sharing of paid employees with related organization(s)				10		
p Reimbursement paid to related organization(s) for expenses				1n		
				<u> </u>		\vdash
q Reimbursement paid by related organization(s) for expenses				-4		
${f r}$ Other transfer of cash or property to related organization(s)				1r		
s Other transfer of cash or property from related organization(s)				1 s		
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including co	overed relationships	and transaction thresholds			
	Transaction			ount in	volved	1
	1					

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

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

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

