

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

Open to Public Inspection

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.
Information about Form 990 and its instructions is at www.irs.gov/form990

A For the 2013 calendar year, or tax year beginning 09-01-2013, 2013, and ending 08-31-2014

- B Check if applicable:
 - Address change
 - Name change
 - Initial return
 - Terminated
 - Amended return
 - Application pending

C Name of organization
LONG ISLAND UNIVERSITY

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
700 NORTHERN BLVD Suite

City or town, state or province, country, and ZIP or foreign postal code
BROOKVILLE, NY 115481326

D Employer identification number
11-1633516

E Telephone number
(516) 299-2535

G Gross receipts \$ 508,184,312

F Name and address of principal officer
Dr Kimberly Cline
700 Northern Blvd
Brookville, NY 11548

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527

J Website: www.liu.edu

K Form of organization Corporation Trust Association Other

L Year of formation 1926 **M** State of legal domicile NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities THROUGH ITS MISSION OF ACCESS AND EXCELLENCE, EDUCATING AND EMPOWERING STUDENTS TO REALIZE THEIR FULL POTENTIAL FOR MORE INFORMATION, SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	30
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	29
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	6,951
	6 Total number of volunteers (estimate if necessary)	6	42
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-31,057
b Net unrelated business taxable income from Form 990-T, line 34	7b	-32,307	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	33,370,528	18,257,282
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	472,625,830	481,387,526
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,375,753	2,240,640
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-110,448	-233,679
		507,261,663	501,651,769
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	103,883,255	104,553,253
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	256,028,872	244,383,822
	16a Professional fundraising fees (Part IX, column (A), line 11e)	228,379	71,946
	b Total fundraising expenses (Part IX, column (D), line 25) 2,565,829		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	116,180,014	111,285,604
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	476,320,520	460,294,625
19 Revenue less expenses Subtract line 18 from line 12	30,941,143	41,357,144	
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	565,292,501	593,150,804
	21 Total liabilities (Part X, line 26)	322,608,091	302,144,858
22 Net assets or fund balances Subtract line 21 from line 20	242,684,410	291,005,946	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer
CHRISTOPHER R FEVOLA VP FOR FINANCE, TREASURER
Date 2015-06-18
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: KPMG LLP
Preparer's signature: _____
Date: _____
Check if self-employed
PTIN: P01249521
Firm's name: KPMG LLP
Firm's EIN: _____
Firm's address: 345 Park Avenue
New York, NY 101540102
Phone no: (516) 299-2535

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

LONG ISLAND UNIVERSITY WAS FOUNDED ON THE PRINCIPLE OF EDUCATING AND EMPOWERING MEN AND WOMEN FROM ALL WALKS OF LIFE FOR FULL MISSION STATEMENT, SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 321,092,838 including grants of \$ 104,553,253) (Revenue \$ 453,679,980)

INSTRUCTION, ACADEMIC SUPPORT, AND INSTITUTIONAL SUPPORT - THE UNIVERSITY OFFERS BOTH CREDIT AND NONCREDIT COURSES FOR ACADEMIC AND VOCATIONAL INSTRUCTION THE UNIVERSITY OFFERS 518 DEGREE AND CERTIFICATE PROGRAMS TO OVER 23,000 STUDENTS, AND EMPLOYS CLOSE TO 600 FULL-TIME FACULTY OVER SIX CAMPUSES ACTIVITIES IN THIS CATEGORY ALSO INCLUDE SUPPORT SERVICES SUCH AS LIBRARIES, EDUCATIONAL MEDIA SERVICES, ACADEMIC COMPUTING SUPPORT, ACADEMIC ADMINISTRATION, ETC THE UNIVERSITY'S LIBRARIES HOUSE APPROXIMATELY 2.6 MILLION PRINT BOOKS AND SHARE OVER 90,000 ONLINE JOURNALS, MORE THAN 200 ONLINE DATABASES AND 120,000 ELECTRONIC BOOKS

4b (Code) (Expenses \$ 79,930,955 including grants of \$) (Revenue \$ 27,491,687)

STUDENT SERVICES AND AUXILIARY ENTERPRISES - REPRESENTS THE ACTIVITIES THAT CONTRIBUTE TO STUDENTS' EMOTIONAL AND PHYSICAL WELL-BEING AND INTELLECTUAL, CULTURAL, AND SOCIAL DEVELOPMENT OUTSIDE THE CONTEXT OF THE FORMAL INSTRUCTION PROGRAM ACTIVITIES IN THIS CATEGORY INCLUDE EXPENSES FOR RESIDENCE HALLS, STUDENT ACTIVITIES, CULTURAL EVENTS, STUDENT NEWSPAPERS, INTRAMURAL ATHLETICS, STUDENT ORGANIZATIONS, INTERCOLLEGIATE ATHLETICS, COUNSELING AND CAREER GUIDANCE, STUDENT AID ADMINISTRATION AND STUDENT HEALTH SERVICE APPROXIMATELY 2,345 STUDENTS RESIDE IN THE DORMS

4c (Code) (Expenses \$ 4,899,300 including grants of \$) (Revenue \$ 215,859)

RESEARCH AND PUBLIC SERVICE - REPRESENTS ACTIVITIES SPECIFICALLY ORGANIZED TO PRODUCE RESEARCH, WHETHER COMMISSIONED BY AN AGENCY EXTERNAL TO THE INSTITUTION OR SEPARATELY BUDGETED BY AN ORGANIZATIONAL UNIT WITHIN THE INSTITUTION THIS CATEGORY ALSO INCLUDES ACTIVITIES ESTABLISHED PRIMARILY TO PROVIDE NON-INSTRUCTIONAL SERVICES BENEFICIAL TO INDIVIDUALS AND GROUPS EXTERNAL TO THE INSTITUTION THESE ACTIVITIES INCLUDE COMMUNITY SERVICE PROGRAMS

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 405,923,093

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	Yes	
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	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? <i>If "Yes," complete Schedule G, Part II</i>	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If so, complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1a 570		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1b 0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 6,951		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	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
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	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?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	Yes	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year. 7d		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12. 10a		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders. 11a		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 13a		
13b	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. 13b		
13c	Enter the amount of reserves on hand. 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	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		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	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?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed <input checked="" type="checkbox"/> NY
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization <input checked="" type="checkbox"/> MARK SCHMOTZER 700 NORTHERN BLVD BROOKVILLE, NY 11548 (516) 299-2535

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c	1,778,212				
	d	Related organizations 1d					
	e	Government grants (contributions) 1e	11,204,661				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	5,274,409				
	g	Noncash contributions included in lines 1a-1f \$	97,976				
	h	Total. Add lines 1a-1f	18,257,282				
Program Service Revenue			Business Code				
	2a	Tuition & Fees	900099	442,725,763	442,725,763		
	b	SALES AND SVCS OF AUXILIARY ENTERPRISES	900099	27,491,687	27,491,687		
	c	Concert Theatre	900099	3,885,575	3,885,575		
	d	COMMISSIONS	900099	1,102,121	1,102,121		
	e	University Fees	900099	828,113	828,113		
	f	All other program service revenue		5,354,267	5,354,267		
g	Total. Add lines 2a-2f		481,387,526				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,752,966		-31,057	1,784,023
	4	Income from investment of tax-exempt bond proceeds		5,742			5,742
	5	Royalties		0			
	6a	(i) Real		(ii) Personal			
			Gross rents	269,525			
		b	Less rental expenses	305,523			
		c	Rental income or (loss)	-35,998	0		
	d	Net rental income or (loss)		-35,998			-35,998
	7a	(i) Securities		(ii) Other			
			Gross amount from sales of assets other than inventory	5,830,206			
		b	Less cost or other basis and sales expenses	5,348,274			
		c	Gain or (loss)	481,932			
	d	Net gain or (loss)		481,932			481,932
	8a	Gross income from fundraising events (not including \$ <u>1,778,212</u> of contributions reported on line 1c) See Part IV, line 18					
	a		681,065				
b	Less direct expenses b	878,746					
c	Net income or (loss) from fundraising events		-197,681			-197,681	
9a	Gross income from gaming activities See Part IV, line 19						
a							
b	Less direct expenses b						
c	Net income or (loss) from gaming activities		0				
10a	Gross sales of inventory, less returns and allowances						
a							
b	Less cost of goods sold b						
c	Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		0				
12	Total revenue. See Instructions		501,651,769	481,387,526	-31,057	2,038,018	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	104,553,253	104,553,253		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	2,632,393	389,701	2,242,692	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	674,141	674,141		
7	Other salaries and wages	173,819,036	154,014,544	18,264,796	1,539,696
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	11,706,676	10,241,297	1,341,106	124,273
9	Other employee benefits	43,325,662	37,098,036	5,779,672	447,954
10	Payroll taxes	12,225,914	10,425,179	1,675,075	125,660
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	167,241		167,241	
c	Accounting	713,361		713,361	
d	Lobbying	64,426	64,426		
e	Professional fundraising services. See Part IV, line 17	71,946			71,946
f	Investment management fees	873,581		873,581	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	7,736,509	6,473,924	1,262,585	
12	Advertising and promotion	3,080,751	459,542	2,612,587	8,622
13	Office expenses	7,645,691	3,677,522	3,901,027	67,142
14	Information technology	5,140,377	3,357,743	1,722,773	59,861
15	Royalties	0			
16	Occupancy	27,061,896	25,224,168	1,809,573	28,155
17	Travel	4,402,978	4,312,596	87,837	2,545
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	921,566	815,045	101,979	4,542
20	Interest	5,523,125	5,249,529	260,463	13,133
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	17,135,499	16,350,927	746,912	37,660
23	Insurance	1,027,674	832,837	194,680	157
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	Bad debts	7,379,832		7,379,832	
b	Food service	10,774,871	10,413,108	355,201	6,562
c	BOOKS & SUBSCRIPTIONS	1,923,237	1,906,716	16,521	
d	SUPPLIES & MINOR EQUIPMENT	1,572,574	1,424,931	147,643	
e	All other expenses	8,140,415	7,963,928	148,566	27,921
25	Total functional expenses. Add lines 1 through 24e	460,294,625	405,923,093	51,805,703	2,565,829
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	117,238,107	2	129,137,944
	3 Pledges and grants receivable, net	13,260,277	3	11,173,510
	4 Accounts receivable, net	15,910,879	4	15,214,433
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	15,196,437	7	16,536,867
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	3,140,059	9	4,299,156
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 546,932,493		
	b Less accumulated depreciation	10b 241,133,586	310,625,055	10c 305,798,907
	11 Investments—publicly traded securities	2,016,826	11	2,041,439
	12 Investments—other securities See Part IV, line 11	77,269,442	12	98,258,080
	13 Investments—program-related See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets See Part IV, line 11	10,635,419	15	10,690,468
16 Total assets. Add lines 1 through 15 (must equal line 34)	565,292,501	16	593,150,804	
Liabilities	17 Accounts payable and accrued expenses	16,170,822	17	14,700,457
	18 Grants payable	13,005,305	18	13,088,441
	19 Deferred revenue	90,194,761	19	72,716,979
	20 Tax-exempt bond liabilities	126,079,118	20	122,040,469
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	546,305	23	118,549
	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	76,611,780	25	79,479,963
	26 Total liabilities. Add lines 17 through 25	322,608,091	26	302,144,858
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	173,984,366	27	214,476,084
	28 Temporarily restricted net assets	13,976,471	28	19,206,460
	29 Permanently restricted net assets	54,723,573	29	57,323,402
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	242,684,410	33	291,005,946	
34 Total liabilities and net assets/fund balances	565,292,501	34	593,150,804	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	501,651,769
2	Total expenses (must equal Part IX, column (A), line 25)	2	460,294,625
3	Revenue less expenses Subtract line 2 from line 1	3	41,357,144
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	242,684,410
5	Net unrealized gains (losses) on investments	5	12,210,358
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-5,245,966
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	291,005,946

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Additional Data

Software ID:
Software Version:
EIN: 11-1633516
Name: LONG ISLAND UNIVERSITY

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LINDA E AMPER TRUSTEE	10 00	X						0	0	0
RAO SUBBA ANUMOLU TRUSTEE	10 00	X						0	0	0
ROGER L BAHNIK TRUSTEE	10 00	X						0	0	0
STANLEY F BARSHAY TRUSTEE	20 00	X						0	0	0
MARK A BOYAR TRUSTEE	10 00	X						0	0	0
JOHN R BRANSFIELD JR TRUSTEE (THRU 1/14)	10 00	X						0	0	0
MICHAEL DEVINE TRUSTEE	20 00	X						0	0	0
MICHAEL N EMMERMAN TRUSTEE	30 00	X						0	0	0
DANIEL B FISHER TRUSTEE	20 00	X						0	0	0
PETER W GIBSON TRUSTEE	10 00	X						0	0	0
MICHAEL P GUTNICK TRUSTEE	30 00	X						0	0	0
STEVEN S HORNSTEIN TRUSTEE	10 00	X						0	0	0
ALFRED R KAHN TRUSTEE	20 00	X						0	0	0
SHIRLEY STRUM KENNY TRUSTEE (thru 6/14)	20 00	X						0	0	0
ERIC KRASNOFF TRUSTEE (CHAIRMAN BEG 1/14)	50 00	X						0	0	0
STEVEN J KUMBLE SECRETARY	40 00	X						0	0	0
LEON LACHMAN CHANCELLOR-COL OF PHARM	30 00	X						0	0	0
BRIAN K LAND TRUSTEE	20 00	X						0	0	0
HOWARD M LORBER TRUSTEE	10 00	X						0	0	0
MICHAEL MELNICKE TRUSTEE	10 00	X						0	0	0
THERESA MALL MULLARKEY CHANCELLOR-POST	30 00	X						0	0	0
SALVATORE NARO TRUSTEE	10 00	X						0	0	0
RICHARD P NESPOLA TRUSTEE	10 00	X						0	0	0
WILLIAM R NUTI TRUSTEE	10 00	X						0	0	0
JOEL PRESS CHANCELLOR-BROOKLYN	30 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
THOMAS L PULLING	4 0	X						0	0	0
SENIOR VICE CHAIR	0 0									
ROSSANA ROSADO	1 0	X						0	0	0
TRUSTEE (thru 1/14)	0 0									
DANIEL SIMMONS	1 0	X						0	0	0
TRUSTEE	0 0									
HARVEY SIMPSON	2 0	X						0	0	0
TRUSTEE	0 0									
MARTIN L SPERBER	1 0	X						0	0	0
TRUSTEE (thru 10/13)	0 0									
SHARON STERNHEIM	1 0	X						0	0	0
TRUSTEE	0 0									
RONALD J SYLVESTRI	3 0	X						0	0	0
CHANCELLOR-HUDSON	0 0									
EDWARD TRAVAGLIANTI	5 0	X						0	0	0
CHAIRMAN (thru 1/14)	0 0									
ROSALIND WALTER	1 0	X						0	0	0
TRUSTEE (thru 10/13)	0 0									
CHARLES M ZEGAR	1 0	X						0	0	0
TRUSTEE	0 0									
DR KIMBERLY CLINE	40 0	X		X				476,232	0	120,286
PRESIDENT	0 0									
BASHAR BAROUDI	40 0			X				293,293	0	64,391
VP INFO TECH (THRU 1/14)	0 0									
Christopher Fevola	40 0			X				256,595	0	69,290
VP and Chief Financial Officer	0 0									
GALE STEVENS HAYNES	40 0			X				358,001	0	42,436
COO & UNIVERSITY COUNSEL	0 0									
JEFFREY KANE	40 0			X				324,102	0	64,251
VP ACADEMIC AFFAIRS	0 0									
ANTHONY CUTIE	40 0									
DIRECTOR-DIV OF PHARMACY	0 0					X		264,839	0	47,347
DONNA DOLINSKY	40 0									
PROFESSOR OF PHARMACY-RETIRED	0 0					X		241,983	0	2,969
HARVEY KUSHNER	40 0									
PROF-CRIMINAL JUSTICE	0 0					X		351,991	0	38,277
ANDREW ROSMAN	40 0									
DEAN - COLLEGE OF MGMT	0 0					X		250,143	0	28,663
MARK SCHMOTZER	40 0									
Assoc VP, Finance & Controller	0 0					X		242,133	0	46,470
ROBERT ALTHOLZ	40 0									
VP FINANCE & TREASURER	0 0						X	287,785	0	52,985
PAUL FORESTELL	40 0									
PROVOST LIU POST	0 0						X	231,723	0	63,430
LYNETTE PHILLIPS	40 0									
VP LEGAL SVC & UNIV COUNSEL	0 0						X	317,017	0	30,351
DANIEL RODAS	40 0									
VICE PRESIDENT PLANNING/HR	0 0						X	207,383	0	30,408
DAVID J STEINBERG	40 0									
PRESIDENT (THRU 06/13)	0 0						X	506,232	0	94,784

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

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

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

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
LONG ISLAND UNIVERSITY

Employer identification number
11-1633516

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 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 _____
- 5 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)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% 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 33 1/3% 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 See **section 509(a)(2).** (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	18,465,052	25,660,925	17,251,567	33,370,528	18,257,282	113,005,354
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	18,465,052	25,660,925	17,251,567	33,370,528	18,257,282	113,005,354
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						7,570,528
6 Public support. Subtract line 5 from line 4						105,434,826

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	18,465,052	25,660,925	17,251,567	33,370,528	18,257,282	113,005,354
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,837,208	1,615,412	1,097,937	1,889,438	2,028,233	8,468,228
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
11 Total support (Add lines 7 through 10)						121,473,582
12 Gross receipts from related activities, etc. (see instructions)					12	2,284,057,302

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	86.796%
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	86.850%

16a 33 1/3% support test—2013. 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—2012. 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—2013. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2012. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 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 paid to or expended on its behalf						
5 The value of services or facilities 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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, 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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test	
Return Reference	Explanation
FORM 990, SCHEDULE A, PART II	PUBLIC SUPPORT LONG ISLAND UNIVERSITY IS A SCHOOL DESCRIBED IN SECTION 170(B)(1)(A)(II) AND COMPLETES SCHEDULE A, PART II TO DEMONSTRATE THAT IT MEETS THE 33 1/3 % SUPPORT TEST OF THE REGULATIONS UNDER SECTIONS 509(A)(1) AND 170(B)(1)(A)(VI)

Schedule A (Form 990 or 990-EZ) 2013

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2013

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

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

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
Section 527 organizations Complete Part I-A only

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Table with 2 columns: Name of the organization (LONG ISLAND UNIVERSITY) and Employer identification number (11-1633516)

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?
4a Was a correction made?
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
4 Did the filing organization file Form 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

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
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 from the following table in both columns														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a If zero or less, enter -0-														
i Subtract line 1f from line 1c If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		148,270
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		3,563
j Total Add lines 1c through 1i			151,833
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
LOBBYING EXPENSES	FORM 990, SCHEDULE C, PART II-B, LINE 1G GIVEN THE IMPACT OF HIGHER EDUCATION FUNDING AND REGULATIONS, IT IS VITAL FOR LONG ISLAND UNIVERSITY TO BE WELL-REPRESENTED IN WASHINGTON, DC, OUR STATE CAPITAL IN ALBANY, NY AND IN CITY HALL AS PART OF A LARGER COMMUNITY OF HIGHER EDUCATION INSTITUTIONS, LONG ISLAND UNIVERSITY ACTIVELY ADVOCATES FOR INCREASED STUDENT FINANCIAL AID, RESEARCH FUNDING, ECONOMIC DEVELOPMENT AID AND FOR SPECIFIC PROGRAMS THAT ASSIST OUR NEIGHBORING COMMUNITIES WE OCCASIONALLY ENGAGE THE EXPERTISE OF OUR INTERNAL STAKEHOLDERS - OUR WORLD-CLASS FACULTY, PROFESSIONAL ADMINISTRATORS, UNIVERSITY OFFICERS AND THE LEADERSHIP OF OUR TRUSTEES, TO ASSIST WITH OUR ADVOCACY EFFORTS LONG ISLAND UNIVERSITY'S GOVERNMENT RELATIONS EFFORTS HAVE HELPED SECURE MILLIONS OF DOLLARS IN PUBLIC SUPPORT FOR A WIDE RANGE OF UNIVERSITY PROGRAMS INCLUDING THE LIU HOMELAND SECURITY MANAGEMENT INSTITUTE, THE LIU BROOKLYN BRENDA PILLORS ASTHMA EDUCATION PROGRAM, THE LIU POST GROW YOUR OWN TEACHER PROGRAM, THE TILLES CENTER FOR THE PERFORMING ARTS, THE LIU BROOKLYN WELLNESS, RECREATION AND ATHLETIC CENTER AND MANY OTHER ENDEAVORS THAT SERVE OUR COMMUNITY, OUR STUDENTS, OUR STATE AND OUR NATION
FORM 990, SCHEDULE C, PART II-B, LINE 1I	LONG ISLAND UNIVERSITY PAYS MEMBERSHIP DUES TO THE COMMISSION ON INDEPENDENT COLLEGES AND UNIVERSITIES \$3,563 IS THE PORTION OF DUES PAID TO CICU ATTRIBUTABLE TO LOBBYING

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization LONG ISLAND UNIVERSITY

Employer identification number 11-1633516

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year, and questions about donor advised funds and grant purposes.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table for Part II Conservation Easements. Includes questions about purpose(s) of easements, total acreage, and monitoring expenses. Includes a sub-table for 'Held at the End of the Year' with rows 2a, 2b, 2c, 2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and historical treasures, and amounts required to be reported.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	94,265,599	82,442,726	81,103,213	77,008,980	75,358,131
b Contributions	2,797,840	6,828,806	2,897,826	3,697,897	2,391,041
c Net investment earnings, gains, and losses	12,872,023	7,999,612	1,830,794	3,751,862	2,680,122
d Grants or scholarships	367,189	330,258	415,244	333,358	343,611
e Other expenditures for facilities and programs	2,464,491	2,675,287	2,973,863	3,022,168	3,076,703
f Administrative expenses					
g End of year balance	107,103,782	94,265,599	82,442,726	81,103,213	77,008,980

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment 37.785 %
 - b** Permanent endowment 53.209 %
 - c** Temporarily restricted endowment 9.006 %
- The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? **3b**

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		16,084,041		16,084,041
b Buildings		442,387,441	195,120,485	247,266,956
c Leasehold improvements		19,132,006	6,843,220	12,288,786
d Equipment		47,330,458	39,169,881	8,160,577
e Other		21,998,547		21,998,547
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				305,798,907

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	404,373,596
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	12,210,358
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	-109,799,219
e	Add lines 2a through 2d	2e	-97,588,861
3	Subtract line 2e from line 1	3	501,962,457
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	873,581
b	Other (Describe in Part XIII)	4b	-1,184,269
c	Add lines 4a and 4b	4c	-310,688
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	501,651,769

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	356,052,060
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	1,184,269
e	Add lines 2a through 2d	2e	1,184,269
3	Subtract line 2e from line 1	3	354,867,791
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	873,581
b	Other (Describe in Part XIII)	4b	104,553,253
c	Add lines 4a and 4b	4c	105,426,834
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	460,294,625

Part XIII Supplemental Information

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

Return Reference	Explanation
COLLECTION OF ART AND HISTORICAL TREASURES	FORM 990, SCHEDULE D, PART III, line 4 LONG ISLAND UNIVERSITY HAS COLLECTIONS OF ART, HISTORICAL TREASURES, AND OTHER SIMILAR ASSETS HELD FOR RESEARCH, EDUCATION, AND PUBLIC EXHIBITION IN FURTHERANCE OF PUBLIC SERVICE WHICH ARE MAINTAINED UNDER CURATORIAL CARE IN ACCORDANCE WITH ASC 958, THE UNIVERSITY DOES NOT CAPITALIZE ITS COLLECTIONS
INTENDED USE OF ENDOWMENT FUNDS	FORM 990, SCHEDULE D, PART V, LINE 4 ENDOWMENT FUND REVENUE IS USED FOR GENERAL OPERATING SUPPORT UNLESS IT IS RESTRICTED BY THE DONOR FOR A SPECIFIC PURPOSE
UNCERTAIN TAX POSITIONS	FORM 990, SCHEDULE D, PART X, LINE 2 THE UNIVERSITY HAS RECEIVED A DETERMINATION LETTER FROM THE INTERNAL REVENUE SERVICE AND IS CONSIDERED EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, EXCEPT FOR ANY UNRELATED BUSINESS INCOME ACTIVITIES NO PROVISION FOR INCOME TAXES HAS BEEN MADE AS THE UNIVERSITY HAS NOT REPORTED ANY TAXABLE UNRELATED BUSINESS INCOME THE UNIVERSITY EVALUATES, ON AN ANNUAL BASIS, THE EFFECTS OF ANY UNCERTAIN TAX POSITIONS ON ITS FINANCIAL STATEMENTS USING A THRESHOLD OF MORE LIKELY THAN NOT AS OF AUGUST 31, 2014, and 2013, THE UNIVERSITY HAS NOT IDENTIFIED OR PROVIDED FOR ANY SUCH POSITIONS
RECONCILIATION OF REVENUE PER AUDITED FINANCIALS WITH REVENUE PER RETURN	FORM 990, SCHEDULE D, PART XI, LINE 2D CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS \$ 72,024 POSTRETIREMENT CHANGES \$ (1,807,996) CHANGE IN FMV OF INTEREST RATE SWAP AGREEMENTS \$ (3,498,273) OTHER NONOPERATING CHANGE IN NET ASSETS \$ (6,721) RECLASS OF SCHOLARSHIP EXPENSES \$ (104,553,253) PROVISION FOR UNCOLLECTIBLE CONTRIBUTIONS RECEIVABLE \$ (5,000) ----- \$(109,799,219)
RECONCILIATION OF REVENUE PER AUDITED FINANCIALS WITH REVENUE PER RETURN	FORM 990, SCHEDULE D, PART XI, LINE 4B RECLASS OF SPECIAL EVENT EXPENSES \$ (878,746) RECLASS OF RENTAL EXPENSES \$ (305,523) ----- \$ (1,184,269)
RECONCILIATION OF EXPENSES PER AUDITED FINANCIALS WITH EXPENSES PER RETURN	FORM 990, SCHEDULE D, PART XII, LINE 2D RECLASS OF SPECIAL EVENT EXPENSES \$ 878,746 RECLASS OF RENTAL EXPENSES \$ 305,523 - ----- \$ 1,184,269
RECONCILIATION OF EXPENSES PER AUDITED FINANCIALS WITH EXPENSES PER RETURN	FORM 990, SCHEDULE D, PART XII, LINE 4B RECLASS OF SCHOLARSHIP EXPENSES \$ 104,553,253

SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No 1545-0047

2013

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
LONG ISLAND UNIVERSITY

Employer identification number

11-1633516

Part I

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?

	YES	NO
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 Does the organization maintain the following?

a Records indicating the racial composition of the student body, faculty, and administrative staff?

4a	Yes	
-----------	-----	--

b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?

4b	Yes	
-----------	-----	--

c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?

4c	Yes	
-----------	-----	--

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.

5 Does the organization discriminate by race in any way with respect to

a Students' rights or privileges?

5a		No
-----------	--	----

b Admissions policies?

5b		No
-----------	--	----

c Employment of faculty or administrative staff?

5c		No
-----------	--	----

d Scholarships or other financial assistance?

5d		No
-----------	--	----

e Educational policies?

5e		No
-----------	--	----

f Use of facilities?

5f		No
-----------	--	----

g Athletic programs?

5g		No
-----------	--	----

h Other extracurricular activities?

5h		No
-----------	--	----

If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.

6a Does the organization receive any financial aid or assistance from a governmental agency?

6a	Yes	
-----------	-----	--

b Has the organization's right to such aid ever been revoked or suspended?

6b		No
-----------	--	----

If you answered "Yes" to either line 6a or line 6b, explain on Part II.

7 Does the organization certify that it has complied with the applicable requirements of sections 401 through 405 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II.

7	Yes	
----------	-----	--

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

Return Reference	Explanation
RACIALLY NONDISCRIMINATION POLICY	FORM 990, SCHEDULE E THE FOLLOWING POLICY APPEARS ON LONG ISLAND UNIVERSITY'S WEBSITE AND UNIVERSITY BULLETINS LONG ISLAND UNIVERSITY IS COMMITTED TO MAINTAINING A LEARNING AND WORKING ENVIRONMENT THAT IS FREE OF BIAS, PREJUDICE, DISCRIMINATION AND HARASSMENT AND AN ENVIRONMENT THAT SUPPORTS, NURTURES, AND REWARDS CAREER AND EDUCATIONAL ADVANCEMENT PURELY ON THE BASIS OF ABILITY AND PERFORMANCE. DISCRIMINATION OR HARASSMENT BASED UPON RACE, COLOR, RELIGION, SEXUAL ORIENTATION, GENDER AND/OR GENDER IDENTITY OR EXPRESSION, MARITAL OR PARENTAL STATUS, NATIONAL ORIGIN, ETHNICITY, CITIZENSHIP STATUS, VETERAN OR MILITARY STATUS, AGE, DISABILITY OR ANY OTHER LEGALLY PROTECTED BASIS IS PROHIBITED BY LAW AND UNDERMINES THE CHARACTER AND PURPOSE OF THE UNIVERSITY. SUCH DISCRIMINATION OR HARASSMENT IS ILLEGAL, AGAINST UNIVERSITY POLICY, AND WILL NOT BE TOLERATED. THIS POLICY COVERS ALL MEMBERS OF THE UNIVERSITY COMMUNITY- STUDENTS, FACULTY AND STAFF-AS WELL AS THOSE WHO INTERACT WITH MEMBERS OF THE UNIVERSITY COMMUNITY SUCH AS VENDORS OR VISITORS. THE UNIVERSITY ENCOURAGES EVERYONE TO REPORT ALL INCIDENTS OF DISCRIMINATION OR HARASSMENT, REGARDLESS OF WHO THE OFFENDER MAY BE.
GOVERNMENT GRANTS	FORM 990, SCHEDULE E, LINE 6A THE UNIVERSITY RECEIVES GRANTS FROM THE FOLLOWING GOVERNMENT AGENCIES TO SUPPORT ITS OPERATIONS: Federal Aid, United States Department of Education, United States Department of Health and Human Services, National Science Foundation, National Aeronautics and Space Administration, National Endowment for the Humanities, NEW YORK STATE AID, NEW YORK STATE HIGHER EDUCATION SERVICES CORPORATION.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2013

Open to Public Inspection

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

Attach to Form 990. See separate instructions.

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

Department of the Treasury Internal Revenue Service

Name of the organization LONG ISLAND UNIVERSITY

Employer identification number

11-1633516

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

Table with 6 columns: (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) If activity listed in (d) is a program service, describe specific type of service(s) in region, (f) Total expenditures for and investments in region. Includes sub-totals and totals for 6 regions.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

2 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 ▶ _____

3 Enter total number of other organizations or entities ▶ _____

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).* Yes No

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
METHOD USED TO ACCOUNT FOR EXPENDITURES	FORM 990, SCHEDULE F, PART I EXPENDITURES ON PART I, LINE 3, COLUMN F ARE REPORTED ON AN ACCRUAL BASIS

Additional Data

Software ID:
Software Version:
EIN: 11-1633516
Name: LONG ISLAND 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	1	16	Program Services	Academic Instruction	590,035
South Asia	1	8	Program Services	Academic Instruction	152,159
Sub-Saharan Africa	1	2	Program Services	Academic Instruction	95,372

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Europe	1	1	Program Services	Academic Instruction	2,700
East Asia and the Pacific	2	14	Program Services	Academic Instruction	903,292
Central America and the Caribbean	0	0	Investments		4,068,914

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2013

Open to Public Inspection

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

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

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

Department of the Treasury Internal Revenue Service

Name of the organization LONG ISLAND UNIVERSITY

Employer identification number

11-1633516

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events

2a Did the organization have a written or oral agreement with any individual... Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to 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 receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>LIU Gala</u> (event type)	<u>Tilles Gala</u> (event type)	<u>8</u> (total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	601,010	593,474	1,264,793	2,459,277
	2 Less Contributions	549,460	356,808	871,944	1,778,212
	3 Gross income (line 1 minus line 2)	51,550	236,666	392,849	681,065
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	104,657	1,492	227,867	334,016
	7 Food and beverages		60,950	114,120	175,070
	8 Entertainment		150,000	102,500	252,500
	9 Other direct expenses	1,555	35,380	80,225	117,160
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				
11 Net income summary Subtract line 10 from line 3, column (d) ▶					-197,681

Part III Gaming. Complete if the organization answered "Yes" to 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	(d) Total gaming (add col (a) through col (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶					

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If "Yes," enter name and address of the third party

Name

Address

16 Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
FUNDRAISER ADDRESS	FORM 990, SCHEDULE G, PART I, LINE 2B Harvest FRC, Inc 82 Colonial Drive Newtown, PA 18940 Charity Buzz, Inc 437 5th Avenue 11th Floor New York, NY 10016

Schedule I (Form 990)

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

OMB No 1545-0047

2013

Department of the Treasury Internal Revenue Service

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

Attach to Form 990

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

Open to Public Inspection

Name of the organization LONG ISLAND UNIVERSITY

Employer identification number

11-1633516

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

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

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) SCHOLARSHIPS	10912		104,553,253	BOOK	Tuition Credit

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
GRANT MONITORING	FORM 990, SCHEDULE I, PART I, LINE 2 LONG ISLAND UNIVERSITY OFFERS A NUMBER OF INSTITUTIONAL GRANTS AND SCHOLARSHIPS TO QUALIFYING STUDENTS ENROLLED IN BOTH DEGREE AND NON-DEGREE PROGRAMS EACH GRANT OR OTHER FORMS OF ASSISTANCE HAVE SPECIFIC AWARDED CRITERIA AND INDIVIDUAL RULES FOR SELECTION BASED ON MERIT, NEED, AND/OR PERFORMANCE THESE REQUIREMENTS ARE PUBLISHED EACH YEAR AND ARE ADMINISTERED BY THE CAMPUS FINANCIAL AID OFFICES WHICH ARE ALSO RESPONSIBLE FOR AWARDED AND POSTING TRANSACTIONS TO INDIVIDUAL STUDENT ACCOUNTS THE DISBURSAL OF FUNDS IS SEGREGATED AND PERFORMED BY THE CENTRAL FINANCIAL AID OFFICE OF THE UNIVERSITY IN ADDITION, INTERNAL CONTROLS ARE IN PLACE TO ENSURE AMOUNTS ARE AWARDED ACCURATELY TO STUDENTS WHO PROPERLY MEET AND MAINTAIN ELIGIBILITY CRITERIA ACCOUNTING TRANSACTIONS ARE ROUTINELY RECONCILED THROUGH THE UNIVERSITY'S ERP SYSTEM AND STUDENT ACCOUNTS ARE CONSISTENTLY MONITORED BY ADMINISTRATIVE STAFF

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2013

Open to Public Inspection

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

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

▶ **Attach to Form 990. ▶ See separate instructions.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
LONG ISLAND UNIVERSITY

Employer identification number

11-1633516

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|---|---|
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b 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

2 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?

3 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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- 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) and 501(c)(4) organizations only must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- a** The organization?
- b** Any related organization?
- If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

- a** The organization?
- b** Any related organization?
- If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in 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

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	Yes	
2	Yes	
4a	Yes	
4b	Yes	
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Also complete this part for any additional information

Return Reference	Explanation
FORM 990, SCHEDULE J, PART I, LINE 1A AND PART II	COMPENSATION DETAILS AND NON-TAXABLE BENEFITS SCHEDULE J, PART II, COLUMN D, INCLUDES NON-TAXABLE HOUSING BENEFIT OF \$39,635, \$27,084 AND \$26,423 FOR DR STEINBERG, PAUL FORESTELL, AND DR KIMBERLY CLINE RESPECTIVELY ALL THREE ARE REQUIRED TO RESIDE ON THE UNIVERSITY'S CAMPUS AS A CONDITION OF THEIR EMPLOYMENT
FORM 990, SCHEDULE J, PART I, LINE 4A	SEVERANCE PAYMENT Compensation amounts reported on Schedule J, Part II, Column B (iii), for Donna Dolinsky in the amount of \$235,325, includes amounts paid as part of a voluntary early retirement incentive program
FORM 990, SCHEDULE J, PART 1, LINE 4B	SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN IN CALENDAR YEAR 2013, DR KIMBERLY CLINE PARTICIPATED IN A IRC SEC 457(F) PLAN AND RECEIVED A NON-VESTED DEFERRAL IN THE AMOUNT OF \$50,000

Additional Data

Software ID:
Software Version:
EIN: 11-1633516
Name: LONG ISLAND UNIVERSITY

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
ROBERT ALTHOLZ VP FINANCE & TREASURER	(i) (ii)	284,238 0	0 0	3,547 0	28,050 0	24,935 0	340,770 0	0 0
BASHAR BAROUDI VP INFO TECH (THRU 1/14)	(i) (ii)	293,293 0	0 0	0 0	28,050 0	36,341 0	357,684 0	0 0
ANTHONY CUTIE DIRECTOR-DIV OF PHARMACY	(i) (ii)	259,013 0	0 0	5,826 0	18,148 0	29,199 0	312,186 0	0 0
DONNA DOLINSKY PROFESSOR OF PHARMACY-RETIRED	(i) (ii)	6,658 0	0 0	235,325 0	0 0	2,969 0	244,952 0	0 0
Christopher Fevola VP and Chief Financial Officer	(i) (ii)	256,595 0	0 0	0 0	28,050 0	41,240 0	325,885 0	0 0
PAUL FORESTELL PROVOST LIU POST	(i) (ii)	227,300 0	0 0	4,423 0	24,804 0	38,626 0	295,153 0	0 0
GALE STEVENS HAYNES COO & UNIVERSITY COUNSEL	(i) (ii)	353,832 0	0 0	4,169 0	28,050 0	14,386 0	400,437 0	0 0
JEFFREY KANE VP ACADEMIC AFFAIRS	(i) (ii)	318,576 0	0 0	5,526 0	28,050 0	36,201 0	388,353 0	0 0
HARVEY KUSHNER PROF-CRIMINAL JUSTICE	(i) (ii)	347,778 0	0 0	4,213 0	13,624 0	24,653 0	390,268 0	0 0
LYNETTE PHILLIPS VP LEGAL SVC & UNIV COUNSEL	(i) (ii)	310,820 0	0 0	6,197 0	21,872 0	8,479 0	347,368 0	0 0
DANIEL RODAS VICE PRESIDENT PLANNING/HR	(i) (ii)	207,383 0	0 0	0 0	21,970 0	8,438 0	237,791 0	0 0
ANDREW ROSMAN DEAN - COLLEGE OF MGMT	(i) (ii)	241,352 0	0 0	8,791 0	26,576 0	2,087 0	278,806 0	0 0
MARK SCHMOTZER Assoc VP, Finance & Controller	(i) (ii)	242,133 0	0 0	0 0	26,613 0	19,857 0	288,603 0	0 0
DAVID J STEINBERG PRESIDENT (THRU 06/13)	(i) (ii)	484,530 0	0 0	21,702 0	28,050 0	66,734 0	601,016 0	0 0
DR KIMBERLY CLINE PRESIDENT	(i) (ii)	471,412 0	0 0	4,820 0	78,050 0	42,236 0	596,518 0	0 0

**Schedule K
(Form 990)**

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2013

**Open to Public
Inspection**

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

▶ **Attach to Form 990.** ▶ **See separate instructions.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
LONG ISLAND UNIVERSITY

Employer identification number
11-1633516

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	649905PQ3	09-23-2010	30,000,000	REFUND PRIOR BONDS ISSUED FOR CONS		X		X		X
B	DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	649905PQ3	09-01-2009	35,395,000	REFUND PRIOR BONDS ISSUED FOR CONS		X		X		X
C	DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	6499062J2	10-17-2012	62,736,138	REFUND VARIOUS BONDS OF ISSUER		X		X		X

Part II Proceeds

	A	B	C	D
1 Amount of bonds retired	1,050,000	1,370,000	2,950,000	
2 Amount of bonds legally defeased	0	0	0	
3 Total proceeds of issue	30,000,000	35,395,000	62,769,825	
4 Gross proceeds in reserve funds	0	0	5,175,926	
5 Capitalized interest from proceeds	0	0	0	
6 Proceeds in refunding escrows	0	0	0	
7 Issuance costs from proceeds	0	0	1,251,649	
8 Credit enhancement from proceeds	0	0	0	
9 Working capital expenditures from proceeds	0	0	0	
10 Capital expenditures from proceeds	0	0	0	
11 Other spent proceeds	30,000,000	35,395,000	56,342,250	
12 Other unspent proceeds	0	0	0	
13 Year of substantial completion	2010	2010		
	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X		X	
15 Were the bonds issued as part of an advance refunding issue?		X	X	
16 Has the final allocation of proceeds been made?	X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X	

Part III Private Business Use

	A		B		C		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?		X		X		X		
2 Are there any lease arrangements that may result in private business use of bond-financed property?	X		X		X			

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X			
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 property?	X		X		X			
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 100 %		0 100 %		0 %			
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6 Total of lines 4 and 5	0 100 %		0 100 %					
7 Does the bond issue meet the private security or payment test?								
8a Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X		X		
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X			

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T?		X		X		X		
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X		X		X			
b Exception to rebate?	X		X		X			
c No rebate due?		X		X		X		
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X		X			X		
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b Name of provider	0		0		0			
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X			

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

Return Reference	Explanation
FORM 990, SCHEDULE K	<p>ROW A PART I, (F) BONDS REFUNDED THE ISSUER'S INSURED REVENUE BONDS, SERIES 2006A ISSUED ON NOVEMBER 9, 2006 PART III, LINE 2 THE BORROWER HAS ENTERED INTO VARIOUS ARRANGEMENTS WHICH ARE RELATED TO ITS EXEMPT PURPOSES AND WHICH SATISFY THE 50-DAY RULE REQUIREMENTS OF SECTION 1 141-3(D)(3)(II) OF THE TREASURY REGULATIONS Part III, Line 7 As provided in Treasury Regulation Section 1 141-4(c)(2)(i)(B), the amount of private payments taken into account under the private payment test may not exceed the amount of private business use and/or unrelated trade or business use Accordingly, the amount of private payments for the reporting period does not exceed the amount stated in Part III, line 6 The organization has not undertaken an analysis of the private security test with respect to the bonds, as the level of private business use and/or unrelated trade or business reported in Part III, line 6, is not in excess of amounts permitted under Section 145 of the Code</p> <p>ROW B PART I, (F) BONDS REFUNDED THE ISSUER'S INSURED REVENUE BONDS, SERIES 2006A ISSUED ON NOVEMBER 9, 2006 PART III, LINE 2 THE BORROWER HAS ENTERED INTO VARIOUS ARRANGEMENTS WHICH ARE RELATED TO ITS EXEMPT PURPOSES AND WHICH SATISFY THE 50-DAY RULE REQUIREMENTS OF SECTION 1 141-3(D)(3)(II) OF THE TREASURY REGULATIONS Part III, Line 7 As provided in Treasury Regulation Section 1 141-4(c)(2)(i)(B), the amount of private payments taken into account under the private payment test may not exceed the amount of private business use and/or unrelated trade or business use Accordingly, the amount of private payments for the reporting period does not exceed the amount stated in Part III, line 6 The organization has not undertaken an analysis of the private security test with respect to the bonds, as the level of private business use and/or unrelated trade or business reported in Part III, line 6, is not in excess of amounts permitted under Section 145 of the Code</p> <p>ROW C Difference between Part I(e) and Part II, line 3 is interest earnings Part I (f) The Bonds refunded the Issuer's Series 1999 Bonds (issued on June 10, 1999), Series 2003A Bonds (issued on January 23, 2003), and Series 2003B Bonds (issued on August 31, 2003)</p> <p>PART III, LINE 2 THE BORROWER HAS ENTERED INTO VARIOUS ARRANGEMENTS WHICH ARE RELATED TO ITS EXEMPT PURPOSES AND WHICH SATISFY THE 50-DAY RULE REQUIREMENTS OF SECTION 1 141-3(D)(3)(II) OF THE TREASURY REGULATIONS Part III, Line 7 As provided in Treasury Regulation Section 1 141-4(c)(2)(i)(B), the amount of private payments taken into account under the private payment test may not exceed the amount of private business use and/or unrelated trade or business use Accordingly, the amount of private payments for the reporting period does not exceed the amount stated in Part III, line 6 The organization has not undertaken an analysis of the private security test with respect to the bonds, as the level of private business use and/or unrelated trade or business reported in Part III, line 6, is not in excess of amounts permitted under Section 145 of the Code</p>

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2013

Open to Public Inspection

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

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

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

Department of the Treasury Internal Revenue Service

Name of the organization LONG ISLAND UNIVERSITY

Employer identification number

11-1633516

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 4 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958. 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) PIA STEVENS HAYNES	FAMILY MEMBER - SEE PT V	125,411	EMPLOYEE OF UNIVERSITY		No
(2) OKARITA STEVENS	FAMILY MEMBER - SEE PT V	144,845	EMPLOYEE OF UNIVERSITY		No
(3) BRAD COHEN	FAMILY MEMBER - SEE PT V	221,854	EMPLOYEE OF UNIVERSITY		No
(4) NANCY MARKSBURY	FAMILY MEMBER - SEE PT V	121,821	EMPLOYEE OF UNIVERSITY		No
(5) Michael Fevola	FAMILY MEMBER - SEE PT V	60,210	EMPLOYEE OF UNIVERSITY		No

Part V Supplemental Information

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

Return Reference	Explanation
BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	FORM 990, SCHEDULE L, PART IV GALE STEVENS HAYNES GALE STEVENS HAYNES IS AN OFFICER OF THE UNIVERSITY AND HAS THREE FAMILY MEMBERS WHO ARE EMPLOYEES OF THE UNIVERSITY *PIA STEVENS HAYNES - DAUGHTER *OKARITA STEVENS - SISTER-IN-LAW *BRAD COHEN - SON-IN-LAW PAUL FORESTELL PAUL FORESTELL IS A FORMER OFFICER OF THE UNIVERSITY AND HIS SPOUSE, NANCY MARKSBURY, IS AN EMPLOYEE OF THE UNIVERSITY CHRISTOPHER FEVOLA CHRISTOPHER FEVOLA IS AN OFFICER OF THE UNIVERSITY AND HIS BROTHER, MICHAEL FEVOLA, IS AN EMPLOYEE OF THE UNIVERSITY

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No 1545-0047

2013

Open to Public Inspection

▶ **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.**

Name of the organization
LONG ISLAND UNIVERSITY

Employer identification number
11-1633516

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	10	97,976	FMV
10 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				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 1

	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?		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II		
33 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		

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

Return Reference	Explanation
NUMBER OF CONTRIBUTIONS	SCHEDULE M, PART I, COLUMN (B) THE AMOUNT IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
LONG ISLAND UNIVERSITY

Employer identification number

11-1633516

Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PART I, LINE 1 BRIEF DESCRIPTION OF ORGANIZATION'S MISSION THROUGH ITS MISSION OF ACCESS AND EXCELLENCE, EDUCATING AND EMPOWERING STUDENTS TO REALIZE THEIR FULL POTENTIAL AS ETHICALLY GROUNDED, INTELLECTUALLY VIGOROUS AND SOCIALLY RESPONSIBLE GLOBAL CITIZENS FORM 990, PART III, LINE 1 MISSION ACCESS AND EXCELLENCE LONG ISLAND UNIVERSITY WAS FOUNDED ON THE PRINCIPLE OF EDUCATING AND EMPOWERING MEN AND WOMEN FROM ALL WALKS OF LIFE THROUGH OUR MISSION OF ACCESS AND EXCELLENCE, THE LIU COMMUNITY REMAINS COMMITTED, ABOVE ALL ELSE TO THE EDUCATIONAL NEEDS AND INTERESTS OF OUR DIVERSE STUDENT BODY WE STRIVE TO CULTIVATE AND EXPAND ACADEMIC, PROFESSIONAL, ARTISTIC AND CO-CURRICULAR OPPORTUNITIES, ENABLING STUDENTS TO REALIZE THEIR FULL POTENTIAL AS ETHICALLY GROUNDED, INTELLECTUALLY VIGOROUS AND SOCIALLY RESPONSIBLE GLOBAL CITIZENS

Return Reference	Explanation
FORM 990 REVIEW	FORM 990, PART VI, LINE 11B FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM (KPMG) BASED ON INFORMATION PROVIDED BY THE BUSINESS AND FINANCE DIVISION OF THE UNIVERSITY THE AUDIT COMMITTEE THEN REVIEWS THE FORM 990 IN A MEETING ATTENDED BY COMMITTEE MEMBERS, MANAGEMENT AND THE INDEPENDENT ACCOUNTANTS A COPY OF THE FINAL FORM 990 IS PROVIDED TO THE EACH MEMBER OF THE BOARD OF TRUSTEES PRIOR TO FILING THE RETURN WITH THE IRS THE AUDIT COMMITTEE CHAIR, CHIEF FINANCIAL OFFICER AND THE INDEPENDENT ACCOUNTANTS ARE AVAILABLE TO THE BOARD FOR QUESTIONS

Return Reference	Explanation
CONFLICT OF INTEREST POLICY	FORM 990, PART VI, LINE 12C ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES ANNUALLY COMPLETE A QUESTIONNAIRE TO DISCLOSE POTENTIAL CONFLICTS THE QUESTIONNAIRE INCLUDES KEY DEFINITIONS AND EXAMPLES IN ADDITION, THE CONFLICT OF INTEREST POLICY IS ANNUALLY REVIEWED WITH OFFICERS, DIRECTORS AND KEY EMPLOYEES AND THE SAME ARE REGULARLY REMINDED TO DISCLOSE ANY CHANGES FOR ALL ACTUAL OR POTENTIAL CONFLICTS THAT ARE IDENTIFIED BY MANAGEMENT, THE AFFECTED PERSON IS ASKED TO RECUSE HIMSELF OR HERSELF FROM ALL DELIBERATIONS, TRANSACTIONS, NEGOTIATIONS AND OTHER MATTERS RELATING TO ANY SUCH INTEREST NEW OFFICERS, DIRECTORS AND KEY EMPLOYEES UNDERGO AN ORIENTATION WHICH INCLUDES A REVIEW OF THE CONFLICT OF INTEREST POLICY

Return Reference	Explanation
OFFICER COMPENSATION REVIEW	FORM 990, PART VI, LINE 15 A/B COMPENSATION FOR THE UNIVERSITY PRESIDENT AND OTHER UNIVERSITY OFFICERS IS ESTABLISHED BY A PROCESS THAT INCLUDES THE USE OF COMPARABILITY DATA, REVIEW AND APPROVAL BY THE COMPENSATION COMMITTEE OF THE UNIVERSITY'S BOARD OF TRUSTEES, AND CONTEMPORANEOUS RECORDKEEPING OF DELIBERATIONS AND DECISIONS. THE COMPENSATION COMMITTEE CONSISTS OF THE CHAIR OF THE BOARD OF TRUSTEES, THE SECRETARY AND THE UNIVERSITY CHANCELLORS. THE PRESIDENT DOES NOT PARTICIPATE IN THE SETTING/REVIEW OF HER COMPENSATION AND ALL DECISIONS ARE MADE BY INDEPENDENT PERSONS WITHOUT A CONFLICT OF INTEREST WITH RESPECT TO COMPENSATION ARRANGEMENTS.

Return Reference	Explanation
DOCUMENT REVIEW POLICY	FORM 990, PART VI, LINE 19 LONG ISLAND UNIVERSITY PUBLISHES AN ANNUAL REPORT TO THE COMMUNITY WHICH INCLUDES FINANCIAL STATEMENT HIGHLIGHTS THIS REPORT IS AVAILABLE ON THE UNIVERSITY'S WEB SITE THE UNIVERSITY'S CONFLICT OF INTEREST POLICY, AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE TO THE GENERAL PUBLIC ON REQUEST THE 990 IS ALSO AVAILABLE AT WWW GUIDESTAR ORG

Return Reference	Explanation
OTHER CHANGES IN NET ASSETS	FORM 990, PART XI, LINE 9 POSTRETIREMENT CHANGES \$ (1,807,996) CHANGE IN FMV OF INTEREST RATE SWAP AGREEMENTS \$ (3,498,273) CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS \$ 72,024 PROVISION FOR UNCOLLECTIBLE CONTRIBUTIONS RECEIVABLE \$ (5,000) Other nonoperating change in net assets \$ (6,721) ----- \$ (5,245,966)