Certified: --

E-121-23

FILED WITH THE NASSAU COUNTY CLERK OF THE LEGISLATURE OCTOBER 26TH, 2023
1:38 PM

NIFS ID: CQHE23000010

Capital:

Contract ID #: CQHE23000010

NIFS Entry Date: 07/24/2023

Department: Health

Service: CYSHCN-Children & Youth with Special Needs

Term: From date of execution through 9/30/25

Contract Delayed:

Slip Type: New		
CRP:		
Blanket Resolution:		
Revenue:	Federal Aid:	State Aid:
Vendor Submitted an Unsolicited Solicitation:		

1) Mandated Program:	**Yes**
2) Comptroller Approval Form Attached:	**Yes**
3) CSEA Agmt. & 32 Compliance Attached:	**No**
4) Significant Adverse Information Identified? (if yes, attach memo):	**No**
5) Insurance Required:	**Yes**

Vendor/Municipality Info:	
Name: **Long Island University**	ID#:**111633516**
Main Address: **720 Northern BoulevardBrookville, NY 11548**	
Main Contact: **Barbara Neal**	
Main Phone: **(516) 299-3514**	

Department:
Contact Name: **Daniel Naftol**
Address: **200 County Seat Dr Mineola, NY 11501**
Phone: **(516) 227-8598**
Email: **dnaftol@nassaucountyny.gov**

Contract Summary

Purpose: LHD will engage community partners, including medical providers, childcare providers, and school district representatives to assist families in obtaining available resources for CYSHCN and their families. LHD will ensure that communication, outreach, referrals, and engagement strategies reflect the ethnicity and diversity of the community. LHD will support youth and young adults with special health care needs to make successful transitions to all aspects of adult life. LHD will provide families with information on support meetings and training workshops offered by community organizations.

Method of Procurement: The Center for Community Inclusion (CCI) at Long Island University-CW Post University is the sole source provider for the New York State Department of Health (NYSDOH) Children and Youth with Special Health Care Needs (CYSHCN) Program in Nassau County. The NCDOH wishes to contract with CCI for 1.0 FTE staff member to work at the DOH to meet workplan requirements.

There were no comments or questions to the Notice of Intent to award this sole source contract.

Procurement History: The NYSDOH Children and Youth with Special Health Care Needs (CYSHCN) grant was previously

awarded to the Nassau County DOH. The current five-year contract period is 10/1/2020 to 9/30/25. In FY #3 (10/1/2022-9/30/2023) grantees have been awarded a significant increase in funding by NYSDOH with a single additional requirement of assigning 1.0 FTE to the grant deliverables. The existing grant deliverables remain unchanged. This enhanced funding begins October 1, 2022 and will be the same annual amount each year through the contract term which ends September 30, 2025. The State anticipates the funding to remain at this level in the next five-year grant cycle. Local health departments have been advised to expect to receive this enhanced funding amount every year going forward.
Description of General Provisions: 100% Grant funded Program: This is a new contract. The CYSHCN grant assists families of children and youth (0-21yo) with special health care needs by giving them information on health insurance, connecting them with health care providers, and working with families to help them meet the medical and non-medical needs of their children. These children might have a serious or long-lasting physical condition, intellectual or developmental disability, and/or behavioral or emotional condition. The goal of the CYSHCN Program is for the Local Health Department (LHD) to support children and their families by providing timely and appropriate information and referrals to insurance, health services, and community resources to address their identified needs. LHD will partner to identify resources and develop a comprehensive resource list, access technical assistance, participate in webinars or professional development and identify unmet needs, gaps, and barriers to access health care and related services of CYSHCN and their families. LHD will participate in quarterly statewide webinars to discuss promising practices; attend in-person regional CYSHCN meeting; and support family information gathering sessions. LHD will participate in community engagement activities to promote program awareness.
Impact on Funding / Price Analysis: Three year contract with a maximum spend of $443,001.00, each year not to exceed $146,998.
Change in Contract from Prior Procurement: New contract
Recommendation: Approve as Submitted

Advisement Information

Fund	Control	Resp. Center	Object	Index Code	Sub Object	Budget Code	Line	Amount
GRT	22	HECN	DE	HEGRTCNY6FED	DE500	HEGRTCNY6FED DE500	01	$0.01
Grant Number Grant Detail		HEGRTCN 22						
						TOTAL		**$0.01**

Additional Info	
Blanket Encumbrance	
Transaction	
Renewal	
% Increase	
% Decrease	

Funding Source	Amount
Revenue Contract:	
County	$0.00
Federal	$0.01
State	$0.00
Capital	$0.00
Other	$0.00
Total	**$0.01**

Routing Slip

Department			
NIFS Entry	Daniel Naftol	07/24/2023 03:18PM	Approved
NIFS Final Approval	Deneen Jenkins	07/26/2023 01:51PM	Approved
Final Approval	Deneen Jenkins	08/10/2023 11:07AM	Approved
County Attorney			
Approval as to Form	Thomas Montefinise	08/14/2023 11:23AM	Approved
RE & Insurance Verification	Grady Farnan	08/10/2023 12:03PM	Approved
NIFS Approval	Mary Nori	08/23/2023 01:09PM	Approved
Final Approval	Mary Nori	08/23/2023 01:09PM	Approved
OMB			
NIFS Approval	Jenna Ferrante	08/10/2023 12:41PM	Approved
NIFA Approval	Irfan Qureshi	08/16/2023 11:57AM	Approved
Final Approval	Irfan Qureshi	08/16/2023 11:57AM	Approved
Compliance & Vertical DCE			
Procurement Compliance Approval	Andrew Levey	08/23/2023 05:35PM	Approved
DCE Compliance Approval	Robert Cleary	09/14/2023 12:47PM	Approved
Vertical DCE Approval	Anissa Moore	09/14/2023 12:52PM	Approved
Final Approval	Anissa Moore	09/14/2023 12:52PM	Approved
Legislative Affairs Review			
Final Approval	Christopher Leimone	10/26/2023 01:24PM	Approved
Legislature			
Final Approval			In Progress
Comptroller			
Claims Approval			Pending

Legal Approval			Pending
Accounting / NIFS Approval			Pending
Deputy Approval			Pending
Final Approval			Pending
NIFA			
NIFA Approval			Pending

Elaine Phillips
Comptroller

OFFICE OF THE COMPTROLLER
240 Old Country Road
Mineola, New York 11501

COMPTROLLER APPROVAL FORM FOR PERSONAL, PROFESSIONAL OR HUMAN SERVICES CONTRACTS

Attach this form along with all personal, professional or human services contracts, contract renewals, extensions and amendments.

CONTRACTOR NAME: Long Island University

CONTRACTOR ADDRESS: 720 Northern Boulevard, Brookville, NY 11548

FEDERAL TAX ID #: [redacted]

Instructions: **Please check the appropriate box ("☑") after one of the following roman numerals and provide all the requested information.**

I. ☐ The contract was awarded to the lowest, responsible bidder after advertisement for sealed bids. The contract was awarded after a request for sealed bids was published in_____ [newspaper] on _____ [date]. The sealed bids were publicly opened on _____ [date]. _____ [#] of sealed bids were received and opened.

II. ☐ The contractor was selected pursuant to a Request for Proposals.
The Contract was entered into after a written request for proposals was issued on _____ [date]. Potential proposers were made aware of the availability of the RFP by advertisement in _____ [newspaper], posting on industry websites, via email to interested parties and by publication on the County procurement website. Proposals were due on _____ [date]. _____[state #] proposals were received and evaluated. The evaluation committee consisted of:_____

_____

_____ [list # of persons on committee and their respective departments]. The proposals were scored and ranked. As a result of the scoring and ranking, the highest-ranking proposer was selected.

III. ☐ This is a renewal, extension or amendment of an existing contract.
The contract was originally executed by Nassau County on _____[date]. This is a renewal or extension pursuant to the contract, or an amendment within the scope of the contract or RFP (copies of the relevant pages are attached). The original contract was entered into after_____
_____
_____ [describe procurement method, i.e., RFP, three proposals evaluated, etc.] Attach a copy of the most recent evaluation of the contractor's performance for any contract to be renewed or extended. If the contractor has not received a satisfactory evaluation, the department must explain why the contractor should nevertheless be permitted to continue to contract with the county.

IV. ☐ Pursuant to Executive Order No. 1 of 1993, as amended, at least three proposals were solicited and received. The attached memorandum from the department head describes the proposals received, along with the cost of each proposal.

☐ **A.** The contract has been awarded to the proposer offering the lowest cost proposal; **OR:**

☐ **B.** The attached memorandum contains a detailed explanation as to the reason(s) why the contract was awarded to other than the lowest-cost proposer. The attachment includes a specific delineation of the unique skills and experience, the specific reasons why a proposal is deemed superior, and/or why the proposer has been judged to be able to perform more quickly than other proposers.

V. ☑ Pursuant to Executive Order No. 1 of 1993 as amended, the attached memorandum from the department head explains why the department did not obtain at least three proposals.

☐ **A.** There are only one or two providers of the services sought or less than three providers submitted proposals. The memorandum describes how the contractor was determined to be the sole source provider of the personal service needed or explains why only two proposals could be obtained. If two proposals were obtained, the memorandum explains that the contract was awarded to the lowest cost proposer, or why the selected proposer offered the higher quality proposal, the proposer's unique and special experience, skill, or expertise, or its availability to perform in the most immediate and timely manner.

☐ **B.** The memorandum explains that the contractor's selection was dictated by the terms of a federal or New York State grant, by legislation or by a court order. (Copies of the relevant documents are attached).

☐ **C.** Pursuant to General Municipal Law Section 104, the department is purchasing the services required through a New York State Office of General Services contract no._____, and the attached memorandum explains how the purchase is within the scope of the terms of that contract.

☐ **D.** Pursuant to General Municipal Law Section 119-o, the department is purchasing the services required through an inter-municipal agreement.

VI. ☐ This is a human services contract with a not-for-profit agency for which a competitive process has not been initiated. Attached is a memorandum that explains the reasons for entering into this contract without conducting a competitive process, and details when the department intends to initiate a competitive process for the future award of these services. For any such contract, where the vendor has previously provided services to the county, attach a copy of the most recent evaluation of the vendor's performance. If the contractor has not received a satisfactory evaluation, the department must explain why the contractor should nevertheless be permitted to contract with the county.

In certain limited circumstances, conducting a competitive process and/or completing performance evaluations may not be possible because of the nature of the human services program, or because of a compelling need to continue services through the same provider. In those circumstances, attach an explanation of why a competitive process and/or performance evaluation is inapplicable.

VII. ☐ This is a public works contract for the provision of architectural, engineering or surveying services. The attached memorandum provides details of the department's compliance with Board of Supervisors' Resolution No.928 of 1993, including its receipt and evaluation of annual Statements of Qualifications & Performance Data, and its negotiations with the most highly qualified firms.

Instructions with respect to Sections VIII, IX and X: All Departments must check the box for VIII. Then check the box for either IX or X, as applicable.

VIII. ☑ Participation of Minority Group Members and Women in Nassau County Contracts. The selected contractor has agreed that it has an obligation to utilize best efforts to hire MWBE sub-contractors. Proof of the contractual utilization of best efforts as outlined in Exhibit "EE" may be requested at any time, from time to time, by the Comptroller's Office prior to the approval of claim vouchers.

IX. ☐ Department MWBE responsibilities. To ensure compliance with MWBE requirements as outlined in Exhibit "EE", Department will require vendor to submit list of sub-contractor requirements prior to submission of the first claim voucher, for services under this contract being submitted to the Comptroller.

X. ☑ Vendor will not require any sub-contractors.

In addition, if this is a contract with an individual or with an entity that has only one or two employees: ☐ a review of the criteria set forth by the Internal Revenue Service, *Revenue Ruling No.* 87-41, 1987-1 C.B. 296, attached as Appendix A to the Comptroller's Memorandum, dated February 13, 2004, concerning independent contractors and employees indicates that the contractor would not be considered an employee for federal tax purposes.

Doreen Kelly

Department Head Signature

5-4-2023

Date

NOTE: ***Any information requested above, or in the exhibit below, may be included in the county's "staff summary" form in lieu of a separate memorandum.***

SOLE SOURCE JUSTIFICATION

The Center for Community Inclusion at Long Island University is being considered as the sole source provider of services and therefore exempt from the competitive bid process for the following reasons.

__X__ **COMPATIBILITY JUSTIFICATION** – *Supplier is needed for compatibility reasons, such as to provide continuity of service, to maintain standardization of present equipment or to interface with existing equipment.*

__X__ **ONLY KNOWN MANUFACTURER JUSTIFICATION** – *Manufacturer is only known supplier of goods or services.]*

____ **REGIONAL SALES SUPPORT/SERVICE JUSTIFICATION** – *Only know supplier in the region to sell, support and/or service this type of product.*

____ **FIRE/LIFE/SAFETY OR PROPERTY DAMAGE JUSTIFICATION** – *Supplier is needed to protect immediate health and safety interests or to repair damaged property that, without immediate repair, will impede operations or cause further damage.*

__X__ **PROFESSIONAL JUSTIFICATION** – *In addition to the above categories, the selection of this sole source is a matter of professional judgement.*

Detailed support/additional information that supports the specific requirements that necessitates a sole source purchase:

The Center for Community Inclusion (CCI) at Long Island University is the sole source provider for the New York State Department of Health (NYSDOH) Children and Youth with Special Health Care Needs (CYSHCN) Program in Nassau County.

Children Birth to Age 5: Since 2015, CCI has been New York State Education Department's (NYSED) sole provider of technical assistance (i.e., training, referral services, support navigating systems) to families of children with disabilities birth through age five on Long Island. First, CCI was home to the NYSED funded Early Childhood Direction Center.

Children Ages 5 through 21: In 2019, NYSED changed its service delivery model, and created the Family and Community Engagement (FACE) Centers which are part of NYSED's Office of Special Education (OSE) Educational Partnership. Because CCI is home to both the Early Childhood FACE Center as well as the School Age FACE Center which services families of children with disabilities ages 5 through 21, CCI is the sole source for information, referral, and education of families with children from birth to age 21 who have developmental concerns.

NYSED's Regional Partnership Center at CCI: CCI is also the sole source provider of services as they are currently contracted to deliver services to all the school districts on Long Island through NYSED's Regional Partnership Center to enhance outcomes for the students with disabilities who they serve. CCI personnel meet regularly with school district personnel to identify and then support young children with and at risk for disabilities. CCI's specialists also provide technical assistance to Head Start programs, Universal Pre-K programs, and community preschool programs. As a sole source provider, they routinely work to identify and provide resources to organizations serving young children and their families

CCI is the single regional entity having multiple programs that provide the same types of services to the same population that is being served through the Health Department's CYSHCN Program.

Of particular importance is CCI's current work providing information and referral services across Long Island, including Nassau County. CCI, as the sole source provider of NYSED's funded Early Childhood FACE Center, provides ongoing referral and information services via phone, email, in-person meetings, and virtual and in-person workshops. The family

focused services are advertised through email blasts that are sent to over 10,500 entities. Family friendly flyers and brochures are provided directly to families as well as to the schools, hospitals, health clinic, and other community-based agencies that serve families of young children. CCI also works closely with religious organizations, public libraries, food pantries, community centers, mental health professionals, and advocacy organizations, enabling them to access and support even those difficult to reach families.

Business History Form

The contract shall be awarded to the responsible proposer who, at the discretion of the County, taking into consideration the reliability of the proposer and the capacity of the proposer to perform the services required by the County, offers the best value to the County and who will best promote the public interest.

In addition to the submission of proposals, each proposer shall complete and submit this questionnaire. The questionnaire shall be filled out by the owner of a sole proprietorship or by an authorized representative of the firm, corporation or partnership submitting the Proposal.

NOTE: All questions require a response, even if response is "none" or "not-applicable." No blanks.

(USE ADDITIONAL SHEETS IF NECESSARY TO FULLY ANSWER THE FOLLOWING QUESTIONS).

Date: 03/23/2023

1) Proposer's Legal Name: Long Island University

2) Address of Place of Business: 720 Northern Blvd

City: Brookville State/Province/ Territory: NY Zip/Postal Code: 11548

Country: US

3) Mailing Address (if different):

City: State/Province/ Territory: Zip/Postal Code:

Country:

Phone:

Does the business own or rent its facilities? O If other, please provide details:

4) Dun and Bradstreet number: 065933103

5) Federal I.D. Number: [redacted]

6) The proposer is a: Corporation (Describe)

7) Does this business share office space, staff, or equipment expenses with any other business?
YES [ ] NO [X] If yes, please provide details:

8) Does this business control one or more other businesses?

YES [ ] NO [X] If yes, please provide details:

9) Does this business have one or more affiliates, and/or is it a subsidiary of, or controlled by, any other business?
YES [ ] NO [X] If yes, please provide details:

10) Has the proposer ever had a bond or surety cancelled or forfeited, or a contract with Nassau County or any other government entity terminated?
YES [ ] NO [X] If yes, state the name of bonding agency, (if a bond), date, amount of bond and reason for such cancellation or forfeiture: or details regarding the termination (if a contract).

11) Has the proposer, during the past seven years, been declared bankrupt?
YES [ ] NO [X] If yes, state date, court jurisdiction, amount of liabilities and amount of assets

12) In the past five years, has this business and/or any of its owners and/or officers and/or any affiliated business, been the subject of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or investigative agency? And/or, in the past 5 years, have any owner and/or officer of any affiliated business been the subject of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or investigative agency, where such investigation was related to activities performed at, for, or on behalf of an affiliated business.
YES [ ] NO [X] If yes, provide details for each such investigation, an explanation of the circumstances and corrective action taken.

13) In the past 5 years, has this business and/or any of its owners and/or officers and/or any affiliated business been the subject of an investigation by any government agency, including but not limited to federal, state and local regulatory agencies? And/or, in the past 5 years, has any owner and/or officer of an affiliated business been the subject of an investigation by any government agency, including but not limited to federal, state and local regulatory agencies, for matters pertaining to that individual's position at or relationship to an affiliated business.
YES [ ] NO [X] If yes, provide details for each such investigation, an explanation of the circumstances and corrective action taken.

14) Has any current or former director, owner or officer or managerial employee of this business had, either before or during such person's employment, or since such employment if the charges pertained to events that allegedly occurred during the time of employment by the submitting business, and allegedly related to the conduct of that business:
a) Any felony charge pending?
YES [ ] NO [X] If yes, provide details for each such investigation, an explanation of the circumstances and corrective action taken.

b) Any misdemeanor charge pending?
YES [ ] NO [X] If yes, provide details for each such investigation, an explanation of the circumstances and corrective action taken.

c) In the past 10 years, you been convicted, after trial or by plea, of any felony and/or any other crime, an element of which relates to truthfulness or the underlying facts of which related to the conduct of business?
YES [ ] NO [X] If yes, provide details for each such investigation, an explanation of the circumstances and corrective action taken.

d) In the past 5 years, been convicted, after trial or by plea, of a misdemeanor?
YES [ ] NO [X] If yes, provide details for each such investigation, an explanation of the circumstances and corrective action taken.

e) In the past 5 years, been found in violation of any administrative, statutory, or regulatory provisions?
YES [ ] NO [X] If yes, provide details for each such investigation, an explanation of the circumstances and corrective action taken.

15) In the past (5) years, has this business or any of its owners or officers, or any other affiliated business had any sanction imposed as a result of judicial or administrative proceedings with respect to any professional license held?
YES [ ] NO [X] If yes, provide details for each such investigation, an explanation of the circumstances and corrective action taken.

16) For the past (5) tax years, has this business failed to file any required tax returns or failed to pay any applicable federal, state or local taxes or other assessed charges, including but not limited to water and sewer charges?
YES [ ] NO [X] If yes, provide details for each such year. Provide a detailed response to all questions checked 'YES'. If you need more space, photocopy the appropriate page and attach it to the questionnaire.

17 Conflict of Interest:

a) Please disclose any conflicts of interest as outlined below. NOTE: If no conflicts exist, please expressly state "No conflict exists."

(i) Any material financial relationships that your firm or any firm employee has that may create a conflict of interest or the appearance of a conflict of interest in acting on behalf of Nassau County.

No conflict exists

(ii) Any family relationship that any employee of your firm has with any County public servant that may create a conflict of interest or the appearance of a conflict of interest in acting on behalf of Nassau County.

No conflict exists

(iii) Any other matter that your firm believes may create a conflict of interest or the appearance of a conflict of interest in acting on behalf of Nassau County.

No conflict exists

b) Please describe any procedures your firm has, or would adopt, to assure the County that a conflict of interest would not exist for your firm in the future.

If the situation were to arise in the future, I would contact Nassau County to explain the possible conflict and ask for guidance.

A. Include a resume or detailed description of the Proposer's professional qualifications, demonstrating extensive

experience in your profession. Any prior similar experiences, and the results of these experiences, must be identified.

Have you previously uploaded the below information under in the Document Vault?
YES [ ] NO [X]

Is the proposer an individual?
YES [ ] NO [X] Should the proposer be other than an individual, the Proposal MUST include:

i) Date of formation;

09/01/1926

ii) Name, addresses, and position of all persons having a financial interest in the company, including shareholders, members, general or limited partner. If none, explain.

None

iii) Name, address and position of all officers and directors of the company. If none, explain.

Board of Directors attached.

1 File(s) uploaded: LIU - BOT list professional 2023.pdf

iv) State of incorporation (if applicable);

NY

v) The number of employees in the firm;

2722

vi) Annual revenue of firm;

345424640

vii) Summary of relevant accomplishments

NA

viii) Copies of all state and local licenses and permits.

B. Indicate number of years in business.

97

C. Provide any other information which would be appropriate and helpful in determining the Proposer's capacity and reliability to perform these services.

We have been working with children since LIU's inception.

D. Provide names and addresses for no fewer than three references for whom the Proposer has provided similar services or who are qualified to evaluate the Proposer's capability to perform this work.

Company	Freeport Union School District
Contact Person	Dr. Catalina Castillo

Address	235 North Ocean Avenue		
City	Freeport	State/Province/Territory	NY
Country	US		
Telephone	(516) 867-8974		
Fax #			
E-Mail Address	ccastillo@freeportschools.org		

Company	Westbury Public Schools		
Contact Person	Melissa Boutler		
Address	2 Hitchcock Ln		
City	Old Westbury	State/Province/Territory	NY
Country	US		
Telephone	(516) 874-1950		
Fax #			
E-Mail Address	mboulter@westburyschools.org		

Company	Patchogue-Medford School District		
Contact Person	Jessica Lukas		
Address	241 South Ocean Avenue		
City	Patchogue	State/Province/Territory	NY
Country	US		
Telephone	(631) 687-6440		
Fax #			
E-Mail Address	jlukas@pmschools.org		

I, Jared Littman , hereby acknowledge that a materially false statement willfully or fraudulently made in connection with this form may result in rendering the submitting business entity and/or any affiliated entities non-responsible, and, in addition, may subject me to criminal charges.

I, Jared Littman , hereby certify that I have read and understand all the items contained in this form; that I supplied full and complete answers to each item therein to the best of my knowledge, information and belief; that I will notify the County in writing of any change in circumstances occurring after the submission of this form; and that all information supplied by me is true to the best of my knowledge, information and belief. I understand that the County will rely on the information supplied in this form as additional inducement to enter into a contract with the submitting business entity.

CERTIFICATION

A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE IN CONNECTION WITH THIS QUESTIONNAIRE MAY RESULT IN RENDERING THE SUBMITTING BUSINESS ENTITY NOT RESPONSIBLE WITH RESPECT TO THE PRESENT BID OR FUTURE BIDS, AND, IN ADDITION, MAY SUBJECT THE PERSON MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.

Name of submitting business: Long Island University

Electronically signed and certified at the date and time indicated by:
Jared Littman, Ph.D. JARED.LITTMAN@LIU.EDU

Executive Director of Sponsored Projects
Title

05/02/2023
Date

Board of Trustees

The Board of Trustees is the governing body of Long Island University, responsible for upholding the educational mission and fiscal policies of the university. Members of the Board of Trustees serve as legal fiduciaries of the university and are responsible for overseeing the management of the institution.

Chair
Eric Krasnoff *

Senior Vice Chair
Michael P. Gutnick '68 *

Secretary
Elizabeth Cheung Gaffney

Members
Rao Subba Anumolu H'18
Roger L. Bahnik
Thomas M. Buonaiuto '87
Daniel B. Fisher '67 *
Michelle Gethers-Clark '83
Peter W. Gibson '82
Justin Grant '06
Lynne Greene H'14*
Steven S. Hornstein '80 *
Bob Jahelka '84
Alfred R. Kahn '84, H'05 *
David Kline '89, '92
Leon Lachman H'12
Brian K. Land '86 *
Sarabeth Levine '64, H'14
Howard M. Lorber '70, '91, H'01
Winnie Mack '76,'85
Michael Melnicke
Kuni Nakamura
Richard P. Nespola '67, '73
William R. Nuti '86
Chintu Patel H'18
Cherie D. Serota
Sharon Sternheim *
Ronald J. Sylvestri '66 *

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John R. Bransfield, Jr.*
Eugene H. Luntey H'98
Theresa Mall Mullarkey
Thomas L. Pulling

Ex Officio

Kimberly R. Cline *

H - indicates honorary doctorate from Long Island University
* - indicates Executive Committee

Internal Revenue Service
P.O. Box 2508
Cincinnati, OH 45201

Department of the Treasury

Date: December 17, 2014

LONG ISLAND UNIVERSITY
700 NORTHERN BLVD
BROOKVILLE, NY 11548

Person to Contact:
R. Meyer ID# 0110429
Toll Free Telephone Number:
877-829-5500
Employer Identification Number:
[redacted]

Dear Sir or Madam:

This is in response to your request for information regarding your tax-exempt status.

Our records indicate you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in June 1942.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(1) and 170(b)(1)(A)(ii).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/charities for information regarding filing requirements. Specifically, note that section 6033(j) of the Code automatically revokes the tax-exemption of any organization that fails to satisfy its filing requirement for three consecutive years. The automatic revocation of exemption is effective as of the due date of the third required annual filing or notice. The IRS maintains a list of organizations whose tax-exempt status was automatically revoked at IRS.gov.

If you have any questions, please call the phone number in the heading of this letter.

Sincerely,

Tamera Ripperda

Tamera Ripperda
Director, Exempt Organizations

RECEIVED
DEC 2 3 REC'D
FINANCE OFFICE

THE STATE EDUCATION DEPARTMENT/THE UNIVERSITY OF THE STATE OF NEW YORK

SECRETARY, BOARD OF REGENTS
Rm. 110, State Education Building
Albany, New York 12234
Tel. (518)474-5889
Fax (518)486-2405
E-mail:RegentsOffice@nysed.gov

Brett P. Garver
Moritt Hock & Hamroff LLP
400 Garden City Plaza
Garden City, NY 11530

Dear Mr. Garver:

This is to certify that the attached copies of the charter actions, and if applicable, any amendments for **Long Island University** are true copies of the original and of the whole thereof, and is not dissolved, the latest action being document number 24,810.

IN WITNESS WHEREOF, I hereunto set my hand and affix the seal of The University and of the State Education Department, at the city of Albany, New York, this the 29th day of July, 2016.

Anthony Lofrumento

Anthony Lofrumento

The University of the State of New York

Education Department

LONG ISLAND UNIVERSITY

AMENDMENT OF CHARTER

This Instrument Witnesseth That the Board of Regents for and on behalf of the Education Department of the State of New York at their meeting of May 18, 2009,

An application having been made by and on behalf of the trustees of Long Island University, for an amendment of its charter, it was

Voted, that the absolute charter of Long Island University located in Brookville, county of Nassau, and state of New York, which was granted a provisional charter by action of the Board of Regents on December 9, 1926; which provisional charter was made absolute by Regents action on February 19, 1931; and such charter having been amended on various occasions, the last amendment having been granted on May 20, 2008 be, and the same hereby is, amended to authorize the corporation to operate postsecondary degree programs registered by the State Education Department and to confer degrees approved and authorized by the Board of Regents in connection with such programs, including the Master of Public Health (M.P.H.) degree.

Granted, May 18, 2009, by the Board of Regents of The University of the State of New York, for and on behalf of the State Education Department, and executed under the seal of said University and recorded as Number 24,810.

Chancellor

President of the University and Commissioner of Education

The University of the State of New York

Education Department

LONG ISLAND UNIVERSITY

AMENDMENT OF CHARTER

This Instrument Witnesseth That the Board of Regents for and on behalf of the Education Department of the State of New York at their meeting of May 20, 2008,

An application having been made by and on behalf of the trustees of Long Island University, for an amendment of its charter, it was

Voted, that the provisional charter of Long Island University, located in Brookville, county of Nassau, and state of New York, which was granted by action of the Board of Regents on December 9, 1926; which provisional charter was made absolute by Regents action on February 19, 1931; which absolute charter was amended and which corporation was merged with the First Institute of Podiatry by Regents action on November 16, 1939; which absolute charter was amended by Regents action on July 23, 1943, March 26, 1952, June 25, 1954, June 26, 1959, September 29, 1961, May 24, 1963, June 24, 1966, November 15, 1973, July 1, 1976, October 29, 1976 and October 19, 1978; which corporation was consolidated by Regents action with the Arnold and Marie Schwartz College of Pharmacy and Health Sciences on March 22, 1979; which absolute charter was amended by Regents action on May 22, 1981, September 21, 1984 to restate the charter in its entirety, July 27, 1990, September 24, 1993, February 3, 1995, June 9, 1995, September 13, 2002, October 4, 2002 and May 18, 2004 be, and the same hereby is, amended to authorize the corporation to confer the degree of Doctor of Education (Ed. D.).

Granted, May 20, 2008, by the Board of Regents of The University of the State of New York, for and on behalf of the State Education Department, and executed under the seal of said University and recorded as Number 24,571.

Chancellor

President of the University and Commissioner of Education

The University of the State of New York

Education Department

LONG ISLAND UNIVERSITY

AMENDMENT OF CHARTER

This Instrument Witnesseth That the Board of Regents for and on behalf of the Education Department of the State of New York at their meeting of May 18, 2004,

An application having been made by and on behalf of the trustees of Long Island University, for an amendment of its charter, it was

Voted, that the provisional charter of Long Island University, located in Brookville, county of Nassau, and state of New York, which was granted by action of the Board of Regents on December 9, 1926; which provisional charter was made absolute by Regents action on February 19, 1931; which absolute charter was amended and which corporation was merged with the First Institute of Podiatry by Regents action on November 16, 1939; which absolute charter was amended by Regents action on July 23, 1943, March 26, 1952, June 25, 1954, June 26, 1959, September 29, 1961, May 24, 1963, June 24, 1966, November 15, 1973, July 1, 1976, October 29, 1976 and October 19, 1978; which corporation was consolidated by Regents action with the Arnold and Marie Schwartz College of Pharmacy and Health Sciences on March 22, 1979; which absolute charter was amended by Regents action on May 22, 1981, September 21, 1984 to restate the charter in its entirety, July 27, 1990, September 24, 1993, February 3, 1995, June 9, 1995, September 13, 2002 and October 4, 2002 be, and the same hereby is, amended to authorize the corporation to confer the Master of Social Work (M.S.W.) degree.

Granted, May 18, 2004, by the Board of Regents of The University of the State of New York, for and on behalf of the State Education Department, and executed under the seal of said University and recorded as Number 23,764.

Chancellor

President of the University and Commissioner of Education

The University of the State of New York

Education Department

LONG ISLAND UNIVERSITY

AMENDMENT OF CHARTER

This Instrument Witnesseth That the Board of Regents for and on behalf of the Education Department of the State of New York at their meeting of October 4, 2002,

An application having been made by and on behalf of the trustees of Long Island University, for an amendment of its charter, it was

Voted, that the provisional charter of Long Island University, located in Brookville, county of Nassau, and state of New York, which was granted by action of the Board of Regents on December 9, 1926; which provisional charter was made absolute by Regents action on February 19, 1931; which absolute charter was amended and which corporation was merged with the First Institute of Podiatry by Regents action on November 16, 1939; which absolute charter was amended by Regents action on July 23, 1943, March 26, 1952, June 25, 1954, June 26, 1959, September 29, 1961, May 24, 1963, June 24, 1966, November 15, 1973, July 1, 1976, October 29, 1976 and October 19, 1978; which corporation was consolidated by Regents action with the Arnold and Marie Schwartz College of Pharmacy and Health Sciences on March 22, 1979; which absolute charter was amended by Regents action on May 22, 1981, September 21, 1984 to restate the charter in its entirety, July 27, 1990, September 24, 1993, February 3, 1995, June 6, 1995 and on September 13, 2002 be, and the same hereby is, amended to authorize the corporation to confer the Doctor of Physical Therapy (D.P.T.) degree.

Granted, October 4, 2002, by the Board of Regents of The University of the State of New York, for and on behalf of the State Education Department, and executed under the seal of said University and recorded as Number 23,472.

R M Bennett
Chancellor

President of the University and Commissioner of Education

The University of the State of New York

Education Department

LONG ISLAND UNIVERSITY

AMENDMENT OF CHARTER

This Instrument Witnesseth That the Board of Regents for and on behalf of the Education Department of the State of New York at their meeting of September 13, 2002,

An application having been made by and on behalf of the trustees of Long Island University, for an amendment of its charter, it was

Voted, that the provisional charter of Long Island University, located in Brookville, county of Nassau, and state of New York, which was granted by action of the Board of Regents on December 9, 1926; which provisional charter was made absolute by Regents action on February 19, 1931; which absolute charter was amended and which corporation was merged with the First Institute of Podiatry by Regents action on November 16, 1939; which absolute charter was amended by Regents action on July 23, 1943, March 26, 1952, June 25, 1954, June 26, 1959, September 29, 1961, May 24, 1963, June 24, 1966, May 25, 1973, November 15, 1973, July 1, 1976, October 29, 1976 and October 19, 1978; which corporation was consolidated by Regents action with the Arnold and Marie Schwartz College of Pharmacy and Health Sciences on March 22, 1979; which absolute charter was amended by Regents action on May 22, 1981, September 21, 1984 to restate the charter in its entirety, July 27, 1990, September 24, 1993, February 3, 1995 and June 9, 1995 be, and the same hereby is, amended to authorize the corporation to confer the Bachelor of Music (B.M.) degree.

Granted, September 13, 2002, by the Board of Regents of The University of the State of New York, for and on behalf of the State Education Department, and executed under the seal of said University and recorded as Number 23,447.

R M Bennett
Chancellor

President of the University and Commissioner of Education

The University of the State of New York

Education Department

LONG ISLAND UNIVERSITY

AMENDMENT OF CHARTER

This Instrument Witnesseth That the Board of Regents for and on behalf of the Education Department of the State of New York at their meeting of June 9, 1995,

An application having been made by and on behalf of the trustees of Long Island University, for an amendment of its charter, it was

Voted, that the provisional charter of Long Island University, located in Brookville, county of Nassau, state of New York, which was granted by action of the Board of Regents on December 9, 1926; which provisional charter was made absolute by Regents action on February 19, 1931; which absolute charter was amended by Regents action on November 16, 1939; which corporation was merged by Regents action with the First Institute of Podiatry on November 16, 1939; which absolute charter was amended by Regents action on July 23, 1943, March 26, 1954, June 25, 1954, June 26, 1959, September 29, 1961, May 24, 1963, June 24, 1966, May 25, 1973, November 15, 1973, July 1, 1976, October 29, 1976 and October 19, 1978; which corporation was consolidated by Regents action with the Arnold and Marie Schwartz College of Pharmacy and Health Sciences on March 22, 1979; which absolute charter was amended by Regents action on May 22, 1981, September 21, 1984 to restate the charter in its entirety, July 27, 1990, September 24, 1993 and February 3, 1995 be, and the same hereby is, amended to add authority for the university to confer the degree of Master of Science (M.S.) through a program in Library Science offered at the Bobst Library of New York University.

Granted, June 9, 1995, by the Board of Regents of The University of the State of New York, for and on behalf of the State Education Department, and executed under the seal of said University and recorded as Number 21,876.

Chancellor

Thomas Sobol

President of The University and Commissioner of Education

The University of the State of New York

Education Department

LONG ISLAND UNIVERSITY

AMENDMENT OF CHARTER

This Instrument Witnesseth That the Board of Regents for and on behalf of the Education Department of the State of New York at their meeting of February 3, 1995,

An application having been made by and on behalf of the trustees of Long Island University, for an amendment of its charter, it was

Voted, that the provisional charter of Long Island University, located in Brookville, county of Nassau, state of New York, which was granted by action of the Board of Regents on December 9, 1926; which provisional charter was made absolute by Regents action on February 19, 1931; which absolute charter was amended by Regents action on November 16, 1939 to add authority for the university to confer the degree of Doctor of Podiatry (Pod.D.) and to merge the corporation with The First Institute of Podiatry, July 23, 1943, March 26, 1954, June 25, 1954, June 26, 1959, September 29, 1961, May 24, 1963, June 24, 1966, November 15, 1973, July 1, 1976, October 19, 1978, March 22, 1979 to consolidate the corporation with the Arnold and Marie Schwartz College of Pharmacy and Health Sciences, May 22, 1981, September 21, 1984, July 27, 1990 and September 24, 1993 be, and the same hereby is, amended to increase the maximum authorized number of trustees from forty to forty-five.

Granted, February 3, 1995, by the Board of Regents of The University of the State of New York, for and on behalf of the State Education Department, and executed under the seal of said University and recorded as Number 21,778.

Chancellor

President of The University and Commissioner of Education

The University of the State of New York

Education Department

LONG ISLAND UNIVERSITY

AMENDMENT OF CHARTER

This Instrument Witnesseth That the Board of Regents for and on behalf of the Education Department of the State of New York at their meeting of September 24, 1993,

An application having been made by and on behalf of the trustees of Long Island University, for an amendment of its charter, it was

Voted, that the provisional charter of Long Island University, located in Brookville, county of Nassau, state of New York, which was granted by action of the Board of Regents on December 9, 1926; which provisional charter was made absolute by Regents action on February 19, 1931; which absolute charter was amended by Regents action and which corporation was merged by Regents consent with The First Institute of Podiatry on November 16, 1939; which absolute charter was amended by Regents action on July 23, 1943, March 26, 1954, June 25, 1954, June 26, 1959, September 29, 1961, May 24, 1963, June 24, 1966, November 15, 1973, July 1, 1976, October 19, 1978, March 22, 1979 to consolidate the corporation with the Arnold and Marie Schwartz College of Pharmacy and Health Sciences, May 22, 1981, September 21, 1984 to restate the charter in its entirety and July 27, 1990 be, and the same hereby is, amended to add authority for the college to confer the degree of Doctor of Pharmacy (Phar. D.).

Granted, September 24, 1993, by the Board of Regents of The University of the State of New York, for and on behalf of the State Education Department, and executed under the seal of said University and recorded as Number 21,503.

Chancellor

President of The University and Commissioner of Education

The University of the State of New York

Education Department

Amendment to Charter

LONG ISLAND UNIVERSITY

THIS INSTRUMENT WITNESSETH That the Regents of The University of the State of New York have amended the charter of **Long Island University,** located at Brookville, county of Nassau, state of New York, which was incorporated by the Board of Regents under a provisional charter on December 9, 1926, which provisional charter was made absolute by action of the Regents on February 19, 1931, and amended from time to time, the last amendment having been granted on September 21, 1984, is amended to increase the authorized maximum number of trustees from 35 to 40 and to add authorization for the university to offer the degree Doctor of Psychology (Psy.D.).

Granted July 27, 1990, by the Board of Regents of The University of the State of New York, for and on behalf of the State Education Department, and executed under the seal of said University, and recorded as **Number 20,700.**

Martin Bavell
Chancellor

Thomas Sheehan
President of The University
and Commissioner of Education

The University of the State of New York

Education Department

Amendment to Charter

LONG ISLAND UNIVERSITY

THIS INSTRUMENT WITNESSETH That the Regents of The University of the State of New York have amended the charter of Long Island University, located at Brookville, (post office Greenvale), county of Nassau, state of New York, which was incorporated by the Board of Regents under a provisional charter on December 9, 1926, such provisional charter having been made absolute on February 19, 1931, and having been amended by action of the Regents on November 16, 1939, July 23, 1943, June 25, 1954, June 26, 1959, September 29, 1961, May 24, 1963, June 24, 1966, May 25, 1973, November 15, 1973, July 1, 1976, October 29, 1976, October 19, 1978, March 22, 1979, and May 22, 1981, in its entirety to read as follows:

1. The name of the corporation is LONG ISLAND UNIVERSITY.

2. The purpose of the corporation is to operate and maintain an institution of higher education for instruction and education in the liberal arts and sciences, business and public administration visual and performing arts, education, pharmacy, health professions and communication and computer science, and to award the degrees of associate in arts (A.A.), associate in applied science (A.A.S.), bachelor of arts (B.A.), bachelor of science (B.S.), bachelor of science in pharmacy (B.S. in Phar.), bachelor of professional studies (B.P.S.), bachelor of science in education (B.S. in Ed.), bachelor of fine arts (B.F.A.), master of arts (M.A.), master of sciences (M.S.), master of science in education (M.S. in Ed.), master of business administration (M.B.A.), master of public administration (M.P.A.), master of fine arts (M.F.A.), master of professional studies (M.P.S.), bachelor of laws (LL.B.), master of laws (LL.M.), doctor of law (J.D.), doctor of podiatric medicine (D.P.M.), doctor of philosophy (Ph.D.), in conformity with the Rules of the Regents of The University of the State of New York and the Regulations of the Commissioner of Education.

3. The principal office of the corporation is located at Brookville, county of Nassau, state of New York. The corporation is authorized to offer instruction in the counties of Kings, Nassau, New York, Rockland, Suffolk, and Westchester.

4. The corporation is a nonstock corporation organized and operated exclusively for educational purposes, and no part of its earnings or net income shall inure to the benefit of any individual and no officer, member or employee or the corporation shall receive or be entitled to receive any pecuniary profit from the operations thereof, except reasonable compensation for services.

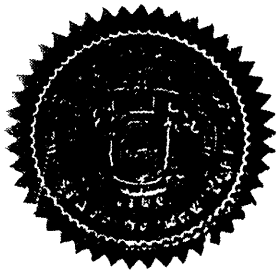
5. Irving Beer, Angier Biddle Duke, Lawrence E. Brinn, Albert Bush-Brown, ex officio; William F. de Neergaard, Donald H. Elliott, John A. Gambling, Arthur I. Goldberg, James L. Greenfield, Thomas R. Jones, Abraham Krasnoff, Steven J. Kumble, David Laventhal, Eugene H. Luntey, John May, Thomas F. X. Mullarkey, Richard Neimeth, Edward L. Palmer, Paul G. Pennoyer, Jr. Ellen Samuels, Robert A. Smith, Richard A. Stark, Ronald J. Sylvestri, Gilbert Tille, Vance Van Dine, Sol Wachtler and William Zeckendorf, Jr. and their successors shall constitute the board of trustees. The board shall have power to adopt bylaws, including therein provisions fixing the method of election and the term of office of trustees, and shall have power to change the number of trustees to be not less than five nor more than thirty-five.

6. Notwithstanding any other provision of these articles the corporation shall not carry on any activities not permitted to be carried on (a) by a corporation exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code of 1954 (or the corporation provision of any future United States Internal Revenue Law), or (b) by a corporation, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code of 1954, (or the corresponding provision of any future United States Internal Revenue Law).

7. No substantial part of the activities of the corporation shall be devoted to carrying on propaganda, or otherwise attempting to influence legislation (except to the extent authorized by Internal Revenue Code section 501(h), as amended, or the corresponding provision of any future United States Internal Revenue Law, during any fiscal year or years in which the corporation has chosen to utilize the benefits authorized by statutory provision), and the corporation shall not participate in or intervene (including the publishing or distribution of statements) in any political campaign on behalf of any candidate for public office.

8. Upon dissolution of the corporation, the board of trustees shall, after paying or making provision for the payment of all the liabilities of the corporation, dispose of the remaining assets of the corporation exclusively for one or more exempt purposes, within the meaning of section 501(c)(3) of the Internal Revenue Code of 1954 (or the corresponding provision of any future Federal tax code), or shall distribute the same to the Federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by order of Supreme Court of the State of New York in the judicial district where the principal office of the corporation is than located, exclusively for such purposes, or to such organization or organizations, organized and operated exclusively or such purposes, as said Court shall determine.

9. The Commissioner of Education is designated as the representative of the corporation upon whom process in any action or proceeding against it may be served.



Granted September 21, 1984, by the Board of Regents of The University of the State of New York, for and on behalf of the State Education Department, and executed under the seal of said University, and recorded as Number 18,711.

Chancellor

President of The University
and Commissioner of Education

The University of the State of New York

Education Department

Amendment to Charter

LONG ISLAND UNIVERSITY

THIS INSTRUMENT WITNESSETH That the Regents of The University of the State of New York have amended the charter of Long Island University, Brooklyn, which was incorporated by the Board of Regents under a provisional charter on December 9, 1926, such charter having been made absolute by action of the Board of Regents on February 19, 1931, with power in the corporation to confer certain degrees, and having been variously amended by the Regents on November 16, 1939, July 23, 1943, June 25, 1954, June 26, 1959, September 29, 1961, May 24, 1963, June 24, 1966, May 25, 1973, November 15, 1973, July 1, 1976, October 29, 1976, October 19, 1978 and having been last amended by the Regents on March 22, 1979 by increasing the maximum authorized number of trustees of the corporation to 35; and Long Island University having been consolidated with Arnold and Marie Schwartz College of Pharmacy and Health Sciences by action of the Board of Regents on March 22, 1979, to authorize the corporation to operate a branch campus of its C.W. Post Center in the county of Rockland, State of New York.

Granted May 22, 1981 by the Board of Regents for and on behalf of the State Education Department, executed under the seal of said Department and recorded therein.
Number 18,136

Chancellor

President of The University and Commissioner of Education

The University of the State of New York

Education Department

Consolidation

LONG ISLAND UNIVERSITY

and

ARNOLD AND MARIE SCHWARTZ COLLEGE OF PHARMACY AND HEALTH SCIENCES

and

Amendment of Charter of Consolidated Corporation

THIS INSTRUMENT WITNESSETH That the Regents of The University of the State of New York on March 22, 1979 upon the petition of Long Island University, Brooklyn, which was incorporated by the Board of Regents under a provisional charter on December 9, 1926, said charter was made absolute by action of the Board of Regents on February 19, 1931, with power in the corporation to confer certain degrees. The charter was thereafter variously amended by the Regents on November 16, 1939, July 23, 1943, June 25, 1954, June 26, 1959, September 29, 1961, May 24, 1963, June 24, 1966, May 25, 1973, November 15, 1973, July 1, 1976, October 29, 1976, and October 19, 1978.

and

Arnold and Marie Schwartz College of Pharmacy and Health Sciences, Brooklyn, which was granted an absolute charter by the Board of Regents on October 27, 1972, under the name of Brooklyn College of Pharmacy of Long Island University. By amendment to the charter of the Board of Regents on December 17, 1976, the name of the corporation was changed to Arnold and Marie Schwartz College of Pharmacy and Health Sciences,

pursuant to section 223 of the Education Law, for an order consolidating the said corporations under one name, to wit, Long Island University, effective September 1, 1979, in accordance with an agreement of consolidation annexed to the petition, with power to carry on and conduct the educational activities heretofore carried on and conducted by said petitioners; and for amendment of the charter of the consolidated corporation to increase the authorized maximum number of trustees from 25 to 35, it was

Voted, That

1. In pursuance of the authority set forth in section 223 of the Education Law, said petitioner Long Island University and the said petitioner, Arnold and Marie Schwartz College of Pharmacy and Health Sciences, be and they hereby are consolidated under the name of Long Island University, effective September 1, 1979.

2. The principal office of the consolidated corporation shall be located at Brookville, county of Nassau, State of New York (Post Office Greenvale, New York). The institution to be maintained by the consolidated corporation shall be located in the counties of Kings, Nassau, Suffolk and Westchester.

Consolidation
LONG ISLAND UNIVERSITY
and
ARNOLD AND MARIE SCHWARTZ COLLEGE OF PHARMACY AND HEALTH SCIENCES
and
Amendment of Charter of Consolidated Corporation

3. The consolidated corporation is authorized to continue the educational activities heretofore carried on and conducted by Long Island University and Arnold and Marie Schwartz College of Pharmacy and Health Sciences, and shall be vested with all the property, rights, privileges, immunities, powers and authority possessed by, or granted by law to, each of the constituent corporations. All assets and liabilities of the respective predecessor corporations shall become assets and liabilities of the consolidated corporation.

4. Donald H. Elliott, Edward L. Palmer, Ellen Samuels, Harry Schechtman, Arthur D. Trottenberg, William Zeckendorf, Jr., Albert Bush-Brown, Paul Akst, John C. Bierwirth, Virginia Clarkson, Irwin Fields, Jerry Finkelstein, Bernard R. Gifford, James L. Greenfield, David Minkin, Thomas Mullarkey, Richard Neimeth, Martha Lucas Pate, George S. Patterson, Paul G. Pennoyer, Jr., Calvin H. Plimpton, Marie Smith Schwartz, Ronald J. Sylvestri, Wilbur H. Ziehl, William F. de Neergaard, Edward Neimeth, Louis V. Clemente, Irving Beer, David Colin, Jack Futterman, Arthur Goldberg, Theodore G. Klumpp, M. Herbert Koeppel, Joseph H. Lauder, J. Oscar Lee, Joseph S. Lindemann, Irving Rubin, Arnold Schwartz, Austin Smith, Robert Smith, Joseph Weisman and Alan Kaplan shall constitute the first board of trustees, to serve from the date of consolidation to September 18, 1979, the date of the first annual meeting of Long Island University subsequent to consolidation, after which the number of members of the board of trustees shall be not more than 35 nor less than 5. The board shall have power to adopt bylaws, including therein provisions fixing the method of election and the term of office of trustees, and shall have power also, by vote of two-thirds of all the members of the board of trustees, to change the number of trustees to be not less than 5 nor more than 35.

5. The consolidated corporation shall continue to be a nonstock corporation organized and operated exclusively for educational purposes, and no part of its earnings or net income shall inure to the benefit of any individual, and no officer, member or employee of the corporation shall receive or be entitled to receive any pecuniary profit from the operations thereof, except reasonable compensation for services.

6. The Commissioner of Education is designated as the representative of the corporation upon whom process in any action or proceeding against it may be served.

Granted March 22, 1979 by the Board of Regents of The University and recorded as Number 16,859.

Chancellor

President of The University and Commissioner of Education

The University of the State of New York

Education Department

Amendment to Charter

LONG ISLAND UNIVERSITY

THIS INSTRUMENT WITNESSETH That the Regents of The University of the State of New York have amended the charter of Long Island University, Brooklyn, which was incorporated by the Board of Regents under a provisional charter on December 9, 1926, such charter having been made absolute by action of the Board of Regents on February 19, 1931, with power in the corporation to confer certain degrees, and having been variously amended by the Regents on November 16, 1939, July 23, 1943, June 25, 1954, June 26, 1959, September 29, 1961, May 24, 1963, June 24, 1966, May 25, 1973, November 15, 1973, July 1, 1976, and having been last amended by the Regents on October 29, 1976, by authorizing the corporation to confer the degree of master of fine arts (M.F.A.), to authorize the corporation to operate a branch campus of the Brooklyn Center at the main campus of Mercy College at Dobbs Ferry, Westchester County.

Granted October 19, 1978 by the Board of Regents of The University of the State of New York and executed under the seal of said University and recorded as Number 16,753.

Chancellor

President of The University and Commissioner of Education

The University of the State of New York

Education Department

Amendment to Charter

BROOKLYN COLLEGE OF PHARMACY OF LONG ISLAND UNIVERSITY

THIS INSTRUMENT WITNESSETH That the Regents of The University of the State of New York have amended the charter of Brooklyn College of Pharmacy of Long Island University, located at Brooklyn, county of Kings, State of New York, which was granted by the Board of Regents on October 27, 1972, by changing the name of the corporation from Brooklyn College of Pharmacy of Long Island University to

ARNOLD AND MARIE SCHWARTZ COLLEGE OF PHARMACY AND HEALTH SCIENCES.

Granted December 17, 1976 by the Board of Regents of The University of the State of New York and executed under the seal of said University and recorded as Number 15,312.

Chancellor

President of The University and Commissioner of Education

The University of the State of New York

Education Department

Amendment to Charter

LONG ISLAND UNIVERSITY

THIS INSTRUMENT WITNESSETH that [illegible] of the State of New York [illegible] University, Brooklyn, [illegible] Regents under a provisional [illegible] charter having been made absolute, by action of the Board of Regents on February [illegible], 1931, with power to confer certain degrees, and having been [illegible] by the Regents on September [illegible], 1931, July [illegible], 1951, June [illegible], 1954, June 26, [illegible], September [illegible], 1961, May [illegible], 1965, June [illegible], 1966, May [illegible], 1967, November [illegible] amended by the Regents on [illegible] ation to operate [illegible] of New York, by authority [illegible] to confer the degree of Master of [illegible] of the Board of Regents [illegible] and the Regents [illegible] for the registration of [illegible]

[illegible] of the State of New York and recorded under the seal of [illegible] and recorded in Liber [illegible]

Chancellor

President of the University and Commissioner of Education

The University of the State of New York

Education Department

Amendment to Charter

LONG ISLAND UNIVERSITY

THIS INSTRUMENT WITNESSETH That the Regents of the University of the State of New York have amended the charter of Long Island University, Brooklyn, which was incorporated by the Board of Regents under a provisional charter on December 9, 1926, such charter having been made absolute by action of the Board of Regents on February 19, 1921, with power in the corporation to confer certain degrees, and having been variously amended by the Regents on November 16, 1934, July 23, 1943, June 25, 1954, June 26, 1959, September 28, 1961, May 24, 1964, June 24, 1966, May 25, 1973, and having been last amended by the Regents on November 15, 1973, by authorizing the University to confer the degree of doctor of public administration, [illegible], beyond the [illegible] hereby is further amended to authorize the corporation to operate a branch campus in Suffolk County, in the State of New York.

[illegible] granted on July [illegible] by the Board of Regents of the University of the State of New York [illegible]

Chancellor

[illegible] of the University of the State of New York
Commissioner of Education

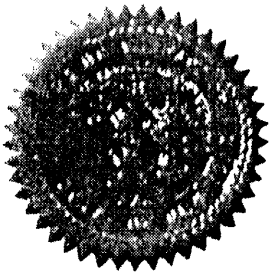
The University of the State of New York

Education **Department**

Amendment to Charter

LONG ISLAND UNIVERSITY

THIS INSTRUMENT WITNESSETH That the Regents of The University of the State of New York have amended the charter of Long Island University, Brooklyn, which was incorporated by the Board of Regents under a provisional charter on December 9, 1926, such charter having been made absolute by action of the Board of Regents on February 19, 1931, with power in the corporation to confer certain degrees, and having been variously amended by the Regents on November 16, 1939, July 23, 1943, June 25, 1954, June 26, 1959, September 29, 1961, May 24, 1963, June 24, 1966, and having been last amended by the Regents on May 25, 1973 with respect to its degree-conferring powers, by authorizing the University to confer the degree of Master of Public Administration (M.P.A.), in conformity with the Rules of the Board of Regents of the University of the State of New York and the Regulations of the Commissioner of Education for the registration of the program leading to such degree.



Granted November 16, 1973 by the Board of Regents of The University of the State of New York and executed under the seal of said University and recorded as Number 12,009.

Joseph W. McGovern

Chancellor

President of the University and Commissioner of Education

The University of the State of New York

Education Department

Amendment to Charter

LONG ISLAND UNIVERSITY

THIS INSTRUMENT WITNESSETH That the Regents of The University of the State of New York have amended the charter of Long Island University, located in Brooklyn, which was incorporated by the Board of Regents under a provisional charter on December 9, 1926, such charter having been made absolute by action of the Board of Regents on February 19, 1931, with power in the corporation to confer certain degrees, and having been variously amended by the Regents on November 16, 1939, July 23,1943, June 25, 1954, June 26, 1959, September 29, 1961, May 24, 1963, and having been last amended by the Regents on June 24, 1966 with respect to its degree-conferring powers, by authorizing the University to confer the degree of Master of Science in Education (M.S. in Ed.), in conformity with the Rules of the Board of Regents of the University of the State of New York and the Regulations of the Commissioner of Education for the registration of the program leading to such degree.

Granted May 25, 1973 by the Board of Regents of The University of the State of New York and executed under the seal of said University and recorded as Number 10,990

Joseph W. McGovern
Chancellor

President of the University
Commissioner of Education

University of the State of New York
Education Department

Absolute Charter of

Brooklyn College of Pharmacy of Long Island University

This instrument witnesseth That the Board of Regents for and on behalf of the Education Department of the State of New York has granted this absolute charter

1. Incorporating Paul Akst, Irving Beer, Leo Bertisch, Louis V. Clemente, David Colin, William de Neergaard, William F. de Neergaard, Nicholas S. Gesoalde, Theodore S. Klumpp, Joseph H. Lauder, Elliott M. Goldwag, Joseph S. Lindemann, Edward Neimeth, Richard Neimeth, Herman E. Nolen, Stephen Olszewski, Irving Rubin, Robert Smith, and George S. Squibb and their associates and successors as an educational corporation under the corporate name of Brooklyn College of Pharmacy of Long Island University, to be located at Brooklyn, county of Kings, State of New York.

2. The purpose for which such corporation is to be formed is to establish, conduct, operate and maintain a college as a professional school for pharmacists and pharmaceutical chemists.

3. The persons named as incorporators shall constitute the first board of trustees. The board shall have power to adopt bylaws including therein provisions fixing the method of election and the term of office of trustees, and shall have power also, by vote of two-thirds of all the members of the board of trustees, to change the number of trustees to be not more than 25 nor less than 5.

4. The corporation hereby created shall be a nonstock corporation organized and operated exclusively for educational purposes, and no part of its earnings or net income shall inure to the benefit of any individual, and no officer, member, or employee of the corporation shall receive or be entitled receive any pecuniary profit from the operations thereof except reasonable compensation for services.

5. The principal office of the corporation is to be located at Brooklyn, county of Kings, State of New York.

6. The Commissioner of Education is designated as the representative of the corporation upon whom process in any action or proceeding against it may be served.

Granted October 27, 1972 by the Board of Regents for and on behalf of the State Education Department, executed under the seal of said Department and recorded therein. Number 10,879

Joseph W. McGovern
Chancellor

President of the University
and Commissioner of Education

The

University of the State of New York
Education Department

Amendment to Charter of
Long Island University

This instrument witnesseth That the Board of Regents for and on behalf of the Education Department of the State of New York has amended the charter of Long Island University, -- which was incorporated by the Board of Regents under a provisional charter on December 9, 1926, such charter having been made absolute by action of the Board of Regents on February 19, 1931, with power in the corporation to confer certain degrees, and having been amended on November 16, 1939, July 23, 1943, June 25, 1954, June 26, 1959, and September 29, 1961, with respect to its degree-conferring powers, and having been last amended on May 24, 1963, by authorizing the corporation to establish an institutional branch in Southampton, Suffolk County, State of New York, as a four-year liberal arts and science college to be known as Southampton College of Long Island University, with the power to confer the degrees of bachelor of arts (B.A.) and bachelor of science (B.S.), -- by authorizing the University to award the doctor of philosophy (Ph.D.) degree to qualified students completing approved programs in the field of psychology, in conformity with the Rules of the Board of Regents of the University and the Regulations of the Commissioner of Education for the registration of institutions of higher education.

Granted June 24, 1966 by the Board of Regents for and on behalf of the State Education Department, executed under the seal of said Department and recorded therein Number 9174

Chancellor

President of the University and Commissioner of Education

The

University of the State of New York
Education Department

Amendment to Charter of
Long Island University

This instrument witnesseth *That the Board of Regents for and on behalf of the Education Department of the State of New York has amended the* charter of Long Island University, Brooklyn, -- which was incorporated by the Board of Regents under a provisional charter on December 9, 1926, such charter having been made absolute by action of the Regents on February 19, 1931, with power in the corporation to confer certain degrees, and having been amended on November 16, 1939, July 23, 1948, June 25, 1954, June 26, 1959 and September 29, 1961, with respect to its degree-conferring powers, -- by authorizing the corporation to establish an institutional branch in Southampton, Suffolk County, State of New York, as a 4-year liberal arts and science college to be known as Southampton College of Long Island University, with the power to confer the degrees of bachelor of arts (B.A.) and bachelor of science (B.S.) in conformity with the Rules of the Board of Regents of the University and Regulations of the Commissioner of Education for the registration of institutions of higher education.

Granted *May 24, 1963,* *by the Board of Regents for and on behalf of the State Education Department, executed under the seal of said Department and recorded therein* Number 8412

Edgar W. Carter
Chancellor

James E. Allen Jr.
President of the University and Commissioner of Education

The University of the State of New York
Education Department

Amendment to Charter of
Long Island University

This instrument witnesseth That the Board of Regents for and on behalf of the Education Department of the State of New York has amended the charter of Long Island University, Brooklyn, — which was incorporated by the Board of Regents under a provisional charter on December 9, 1926, such charter having been made absolute by action of the Regents on February 19, 1931, with power in the corporation to confer certain degrees, and having been amended on November 18, 1939, July 23, 1943, June 25, 1954 and June 26, 1959 with respect to its degree-conferring powers, — by authorizing the university to confer the additional degree of master of business administration (M.B.A.), in conformity with the Rules of the Board of Regents of the University and the Regulations of the Commissioner of Education for the registration of institutions of higher education.

Granted September 20, 1962 by the Board of Regents for and on behalf of the State Education Department, executed under the seal of said Department and recorded therein, Number 5605

Edgar W. Couper
Chancellor

James E. Allen, Jr.
President of the University
and Commissioner of Education

The

University of the State of New York
Education Department

Amendment to Charter of
Long Island University

This instrument witnesseth *That the Board of Regents for and on behalf of the Education Department of the State of New York has amended the*

charter of Long Island University, Brooklyn, --which was incorporated by the Board of Regents under a provisional charter on December 9, 1926, such charter having been made absolute by action of the Regents on February 19, 1931, with power in the corporation to confer certain degrees; and having been amended by the Regents on November 16, 1939, by extending the degree-conferring powers of the university, and further amended by the Regents on July 23, 1943, by empowering the said institution to confer the honorary degrees of doctor of laws (LL.D.) and doctor of letters (Litt.D.) and again amended by Regents action on June 25, 1954 by authorizing the university to confer the degrees of associate in arts (A.A.) and associate in applied science (A.A.S.), by authorizing the university to confer the additional honorary degrees of doctor of science (Sc.D.) and doctor of humane letters (L.H.D.), and, further,

That said charter be and the same hereby is provisionally amended by authorizing the university to confer the additional degree of bachelor of fine arts (B.F.A.), in course, such provisional amendment to be valid for a period of three years. Prior to the expiration of said three-year period an application for further consideration and action will be entertained by the Regents, but, in the event that such application is not made, then at the expiration of said term of three years such provisional amendment shall terminate and become void.

Granted *June 26, 1959,* *by the Board of Regents for and on behalf of the State Education Department, executed under the seal of said Department and recorded thereon, Number* 7475

Chancellor

President of the University of the State of New York and Commissioner of Education

The

University of the State of New York
Education Department

Amendment to Charter of
Long Island University

This instrument witnesseth *That the Board of Regents for and on behalf of the Education Department of the State of New York has amended the* charter of Long Island University, Brooklyn, -- which was incorporated by the Board of Regents under a provisional charter on December 2, 1926, such charter having been made absolute by action of the Regents on February 19, 1931, with power in the corporation to confer certain degrees, and having been amended by the Regents on November 16, 1939, by extending the degree-conferring powers of the University, and further amended by the Regents on July 23, 1943, by empowering the said institution to confer the honorary degrees of doctor of laws (LL.D.) and doctor of letters (Litt.D.), -- by authorizing the University to confer the degrees of associate in arts (A.A.) and associate in applied science (A.A.S.) in conformity with the rules of the Regents of the University and the regulations of the Commissioner of Education for the registration of institutions of higher education.

Granted June 25, 1954 by the Regents for and on behalf of the State Education Department, executed under the seal of said Department and recorded therein, Number 6583

Geo. Rogers
Chancellor

Carmen G. Fosdick
Director of the University
and Commissioner of Education

The University of the State of New York

Amendment to charter of Long Island University

This instrument witnesseth: That the Regents of the University of the State of New York have amended the charter of Long Island University, Brooklyn, which was provisionally incorporated by the Regents on December 9, 1926, and was granted an absolute charter, with power to confer certain degrees, by action of the Regents on February 19, 1931, such charter having been amended on November 16, 1939, by extending its degree-conferring powers — by empowering said institution to confer the honorary degrees of doctor of laws (LL.D) and doctor of letters (Litt.D)

Granted July 23, 1943 by the Regents of the University of the State of New York executed under their seal and recorded in their office. Number **4991**

Commissioner

President of the University and Commissioner of Education

The University of the State of New York

Merger of The First Institute of Podiatry with Long Island University and Amendment of Charter of Long Island University

This instrument witnesseth that the Regents of The University of the State of New York on the joint petition of Long Island University and The First Institute of Podiatry and in accordance with the terms of the charter of Long Island University and pursuant to the provisions of Chapter 551 of the Laws of 1927 have approved the merger of The First Institute of Podiatry with Long Island University, and have amended the charter of Long Island University, which was provisionally incorporated by the Regents on December 9, 1926, and was granted an absolute charter, with power to confer certain degrees, by action of the Regents on February 19, 1931, by empowering said institution to confer the degree of Doctor of Podiatry (Pod. D.), in conformity with the rules of the Regents of the University and the regulations of the Commissioner of Education for the registration of institutions of higher education, and until such time as said institution may exercise the power to confer the degree of Doctor of Podiatry (Pod. D.) by virtue of the completion of the course of study leading to such degree, it be and is hereby empowered and authorized to grant the certificate of Graduate in Podiatry (Pod. G.).

Granted November 16, 1939 by the Regents of The University of the State of New York executed under their seal and recorded in their office. Number 4353

Thomas J. Mungovan

Chancellor

President of the University and Commissioner of Education

The University of the State of New York

Absolute charter of

Long Island University

This instrument witnesseth *That the Regents of the University of the State of New York*

Being satisfied that the required conditions have been met, have granted to Long Island University, this absolute charter to replace its provisional charter, which was granted December 9, 1926, with power to confer the degrees of Bachelor of Arts (B.A.), Bachelor of Science (B.S.), Graduate in Pharmacy (Ph.G.), Pharmaceutical Chemist (Ph.C.), Bachelor of Science in Pharmacy (B.S. in Phar.), Master of Arts (M.A.), Master of Science (M.S.), Bachelor of Laws (LL.B.), Master of Laws (LL.M.), and Juris Doctor (J.D.), in conformity with the rules of the Regents of the University and the regulations of the Commissioner of Education for the registration of institutions of higher education, and continue the corporation with all its powers, privileges and duties.

Granted *February 19, 1931* *by the Regents of the University of the State of New York, executed under their seal and recorded in their office. Number* 3999

Chester D. Lord
Chancellor

Thomas Francis Harrison
President of the University

The University of the State of New York

Provisional Charter of Long Island University

This instrument witnesseth That the Regents of the University of the State of New York have granted this provisional charter incorporating

Ralph Jonas, James Howell Post, Arthur S. Somers,
Matthew S. Sloan, William C. Redfield,

and their associates and successors, as a university for the purpose of organizing and maintaining a college of liberal arts and science, and such other colleges and professional departments as may from time to time be established with the approval of the Board of Regents, and for the association with itself as integral parts of the institution such other academic and professional institutions in accordance with the law and the Regents' rules as may now or hereafter be in existence in the territory in which Long Island University shall be located and which may agree to such association, under the corporate name of Long Island University, to be located on Long Island, in the state of New York, and to operate on Long Island and in the city of Greater New York and vicinity, with five trustees to be at first the persons named herein as incorporators, to hold until their successors shall be chosen by the members of the corporation, with power in them to increase or decrease its membership in such manner and upon such terms as shall be provided for by the general rules of its trustees, and with power in them from time to time, by unanimous vote of their full board, to fix their terms of office and their number, to be not more than twenty-five nor less than five; with the provision that this charter will be replaced by an absolute charter, authorizing the university to confer upon its graduates the usual degrees, subject to the restrictions and requirements of The University of the State of New York, if within five years the corporation shall acquire resources and equipment required by statute and available for its use and support and sufficient and suitable for its chartered purposes, in the judgment of the Regents of the University, and be maintaining an institution of educational usefulness and character satisfactory to them; and that, until the granting of the absolute charter, suitable degrees of The University of the State of New York will be conferred upon the graduates of the said university and its various colleges and departments who, in the judgment of the Regents, shall have duly earned the same.

Granted December 9, 1926, by the Regents of the University of the State of New York, executed under their seal and recorded in their office. Number **3606**

Chancellor

President of the University

THE UNIVERSITY OF THE STATE OF NEW YORK

PUBLIC DISCLOSURE COPY

KPMG

2020 Income Tax Return

LONG ISLAND UNIVERSITY

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning SEP 1, 2020, and ending AUG 31, 2021

▶ Do not send to the IRS. Keep for your records.

▶ Go to www.irs.gov/Form8879EO for the latest information.

OMB No. 1545-0047

2020

Name of exempt organization or person subject to tax

LONG ISLAND UNIVERSITY

Taxpayer identification number

[redacted]

Name and title of officer or person subject to tax

CHRISTOPHER FEVOLA

VP FINANCE & TREASURER

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a,** or **7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b,** or **7b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ [X]	**b Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	1b	[redacted]
2a Form 990-EZ check here ▶ [ ]	**b Total revenue,** if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ [ ]	**b Total tax** (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ [ ]	**b Tax based on investment income** (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ [ ]	**b Balance due** (Form 8868, line 3c)	5b	
6a Form 990-T check here ▶ [ ]	**b Total tax** (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here ▶ [ ]	**b Total tax** (Form 4720, Part III, line 1)	7b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above organization or [ ] I am a person subject to tax with respect to (name of organization)_____, (EIN)_____ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

[X] I authorize KPMG LLP (ERO firm name) to enter my PIN [redacted] (Enter five numbers, but do not enter all zeros)

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶ Christopher Fevola Date ▶ 06/15/22

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 13407311646 (Do not enter all zeros)

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ▶ Date ▶ 7/12/2022

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA **For Paperwork Reduction Act Notice, see instructions.**

Form **8879-EO** (2020)

023051 11-03-20

COPY FOR PUBLIC INSPECTION

EXTENDED TO JULY 15, 2022

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning SEP 1, 2020 and ending AUG 31, 2021

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Final 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): 700 NOTHERN BLVD | Room/suite

City or town, state or province, country, and ZIP or foreign postal code: BROOKVILLE, NY 11548-1326

D Employer identification number: [redacted]

E Telephone number: 516-299-2535

G Gross receipts $ [redacted]

F Name and address of principal officer: DR. KIMBERLY R. CLINE, 700 NORTHERN BLVD, BROOKVILLE, NY 11548

H(a) Is this a group return for subordinates? [ ] Yes [X] 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: [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.LIU.EDU

K Form of organization: [X] 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: PROVIDE EXCELLENCE AND ACCESS IN EDUCATION TO THOSE WHO SEEK TO EXPAND THEIR KNOWLEDGE. SEE SCH O.

2 Check this box ▶ [ ] 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 [redacted]

4 Number of independent voting members of the governing body (Part VI, line 1b) — 4

5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) — 5

6 Total number of volunteers (estimate if necessary) — 6

7a Total unrelated business revenue from Part VIII, column (C), line 12 — 7a

b Net unrelated business taxable income from Form 990-T, Part I, line 11 — 7b

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	[redacted]	
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,647,388.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		
	19 Revenue less expenses. Subtract line 18 from line 12		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)		
	21 Total liabilities (Part X, line 26)		
	22 Net assets or fund balances. Subtract line 21 from line 20		

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 — Date 7/13/22

▶ CHRISTOPHER FEVOLA, VP FINANCE & TREASURER — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
EVAN W. SEEKAMP		7/12/2022		P01907071

Firm's name ▶ KPMG LLP — Firm's EIN ▶ 13-5565207

Firm's address ▶ 345 PARK AVENUE, NEW YORK, NY 10154-0102 — Phone no. 212-758-9700

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [ ] No

Form **8868**
(Rev. January 2020)

Department of the Treasury
Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. LONG ISLAND UNIVERSITY	Taxpayer identification number (TIN) [redacted]
	Number, street, and room or suite no. If a P.O. box, see instructions. 700 NOTHERN BLVD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BROOKVILLE, NY 11548-1326	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ KEITH VOSS 700 NORTHERN BLVD - BROOKVILLE, NY 11548
  Telephone No. ▶ 516-299-2535 Fax No. ▶
- If the organization does not have an office or place of business in the United States, check this box ..... ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box ▶ ☐ . If it is for part of the group, check this box ▶ ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until JULY 15, 2022 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ ☐ calendar year _____ or
▶ ☒ tax year beginning SEP 1, 2020 , and ending AUG 31, 2021 .

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**3a**	$ 0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	**3b**	$ 0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	**3c**	$ 0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.** Form **8868** (Rev. 1-2020)

023841 04-01-20

18340629 153541 574047 2020.06000 LONG ISLAND UNIVERSITY 574047_1

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
TO PROVIDE EXCELLENCE AND ACCESS IN PRIVATE HIGHER EDUCATION TO THOSE WHO SEEK TO EXPAND THEIR KNOWLEDGE AND PREPARE THEMSELVES FOR MEANINGFUL, EDUCATED LIVES AND FOR SERVICE TO THEIR COMMUNITIES AND THE WORLD.

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 [X] 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 [X] 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 $ 278,308,925. including grants of $ 95,003,415.) (Revenue $ 365,602,311.)
INSTRUCTION, ACADEMIC SUPPORT, AND INSTITUTIONAL SUPPORT - THE UNIVERSITY OFFERS BOTH CREDIT AND NONCREDIT COURSES FOR ACADEMIC AND VOCATIONAL INSTRUCTION. THE UNIVERSITY OFFERS 266 DEGREE AND CERTIFICATE PROGRAMS TO OVER 17,000 STUDENTS, AND EMPLOYS 428 FULL-TIME FACULTY OVER FIVE CAMPUSES. ACTIVITIES IN THIS CATEGORY ALSO INCLUDE SUPPORT SERVICES SUCH AS LIBRARIES, EDUCATIONAL MEDIA SERVICES, ACADEMIC COMPUTING SUPPORT, AND ACADEMIC ADMINISTRATION.

4b (Code:) (Expenses $ 72,549,239. including grants of $ 5,025,845.) (Revenue $ 20,392,317.)
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 1,370 STUDENTS RESIDE IN THE DORMS.

4c (Code:) (Expenses $ 8,151,161. including grants of $ 0.) (Revenue $ 23,778.)
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 on Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 359,009,325.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	X	
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13	X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16	X	
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17	X	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
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		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
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, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b	X	
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
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	X	

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	292		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

				Yes	No
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 4140			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*		3b	X	
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)?		4a	X	
b	If "Yes," enter the name of the foreign country ▶ COSTA RICA				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
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?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	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?		12a		
b	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.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		X
	If "Yes," complete Form 4720, Schedule O.				

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

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

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	1a	29		
	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 on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	27		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
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 on Schedule O*	9			X

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?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NY

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[ ] Own website [ ] Another's website [X] Upon request [ ] Other *(explain on Schedule O)*

19 Describe on 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, address, and telephone number of the person who possesses the organization's books and records ▶

KEITH VOSS - 516-299-2535

700 NORTHERN BLVD, BROOKVILLE, NY 11548

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

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

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

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

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

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) DR. KIMBERLY CLINE	60.00									
PRESIDENT	0.00	X		X				939,090.	0.	303,894.
(2) RANDY BURD	60.00									
SVP ACADEMIC AFFAIRS	0.00			X				613,758.	0.	114,276.
(3) MICHAEL BEST	50.00									
VP, UNIVERSITY COUNSEL & SECR	0.50			X				419,467.	0.	179,007.
(4) DEREK KELLOGG	40.00									
HEAD MEN'S BASKETBALL COACH	0.00					X		460,632.	0.	65,177.
(5) GALE STEVENS HAYNES	50.00									
VP ACAD AFF-BROOKLYN (THRU 8/20)	0.50				X			478,612.	0.	42,523.
(6) CHRISTOPHER FEVOLA	60.00									
VP AND CHIEF FINANCIAL OFFICER	0.50			X				418,250.	0.	87,746.
(7) JOSEPH SCHAEFER	60.00									
CHIEF OPERATING OFFICER	0.50				X			370,658.	0.	91,640.
(8) BASHAR BAROUDI	50.00									
VP INFORMATION TECHNOLOGY	0.00				X			375,929.	0.	85,875.
(9) CHARLES WEIS	50.00									
VP ACADEMIC AFFAIRS - POST	0.00				X			372,313.	0.	64,294.
(10) GARY KOSE	35.00									
FULL PROFESSOR	0.00					X		373,872.	0.	48,906.
(11) JON FRASER	35.00									
FULL PROFESSOR	0.00					X		382,240.	0.	34,326.
(12) ANTHONY DE PASS	35.00									
FULL PROFESSOR	0.00					X		401,696.	0.	9,339.
(13) EDWARD PIRES	35.00									
FULL PROFESSOR	0.00					X		382,272.	0.	7,714.
(14) JOHN PEZZUTO	40.00									
DEAN PHARM/VP LIU HLTH (THRU 8/20)	0.00				X			323,773.	0.	55,905.
(15) DEIRDRE WHITMAN	50.00									
VP UNIVERSITY ADMISSIONS	0.00				X			352,290.	0.	24,051.
(16) CHARLES RASBERRY	50.00									
VP UNIVERSITY ADVANCEMENT	0.00				X			262,223.	0.	40,308.
(17) MOHAMMED CHERKAOUI	50.00									
VP ACADEMIC PROGRAMS & RESEARCH	0.00				X			254,619.	0.	23,620.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) JEFFREY KANE	35.00									
FMR SVP ACAD AFFRS (THRU 8/17)	0.00						X	216,945.	0.	60,224.
(19) MICHAEL BERTHEL	50.00									
VP STUDENT AFFAIRS	0.00				X			151,341.	0.	16,879.
(20) LORETTA KNAPP	35.00									
FMR VP ACAD AFFAIRS (THRU 6/18)	0.00						X	107,439.	0.	12,094.
(21) CHERIE SEROTA	35.00									
TRUSTEE/VISIT. ASST. PROF.	0.00	X						86,202.	0.	6,815.
(22) RAO S. ANUMOLU	1.00									
TRUSTEE	0.00	X						0.	0.	0.
(23) ROGER L. BAHNIK	1.00									
TRUSTEE	0.00	X						0.	0.	0.
(24) MARK A. BOYAR	1.00									
TRUSTEE (THRU 10/20)	0.00	X						0.	0.	0.
(25) THOMAS M. BUONAIUTO	1.00									
TRUSTEE	0.00	X						0.	0.	0.
(26) DANIEL B. FISHER	2.00									
TRUSTEE	0.00	X						0.	0.	0.
1b Subtotal ▶								7,743,621.	0.	1,374,613.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								7,743,621.	0.	1,374,613.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 429

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ARAMARK, 1101 MARKET STREET, ARAMARK TOWER, PHILADELPHIA, PA 19107	FOOD SERVICE & MAINTENANCE	21,855,376.
A & A MAINTENANCE 965 MIDLAND AVENUE, YONKERS, NY 10704	JANITORIAL SERVICES	12,487,446.
AXIS CONSTRUCTION CORP 125 LASER COURT, HAUPPAUGE, NY 11788	CONSTRUCTION	10,549,996.
ALLIED UNIVERSAL SECURITY SERVICES 50 JACKSON AVENUE, SYOSSET, NY 11791	SECURITY	3,722,996.
PL ENGINEERING PC 486 SUNRISE HWY, ROCKVILLE CENTRE, NY 11570	ENGINEERING	3,085,513.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 54

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(27) GREG G. GALDI	1.00									
TRUSTEE (BEG 4/21)	0.00	X						0.	0.	0.
(28) MICHELLE GETHERS-CLARK	1.00									
TRUSTEE (BEG 2/21)	0.00	X						0.	0.	0.
(29) PETER W. GIBSON	1.00									
TRUSTEE	0.00	X						0.	0.	0.
(30) JUSTIN GRANT	1.00									
TRUSTEE	0.00	X						0.	0.	0.
(31) LYNNE GREENE	3.00									
TRUSTEE	0.00	X						0.	0.	0.
(32) MICHAEL P. GUTNICK	4.00									
SR. VICE CHAIR	0.00	X						0.	0.	0.
(33) STEVEN S. HORNSTEIN	3.00									
TRUSTEE	0.00	X						0.	0.	0.
(34) BOB JAHELKA	1.00									
TRUSTEE	0.00	X						0.	0.	0.
(35) ALFRED R. KAHN	3.00									
TRUSTEE	0.00	X						0.	0.	0.
(36) DAVID KLINE	1.00									
TRUSTEE	0.00	X						0.	0.	0.
(37) ERIC KRASNOFF	5.00									
TRUSTEE	0.00	X						0.	0.	0.
(38) LEON LACHMAN	3.00									
CHANCELLOR-COL OF PHARM	0.00	X						0.	0.	0.
(39) BRIAN K. LAND	3.00									
TRUSTEE	0.00	X						0.	0.	0.
(40) SARABETH LEVINE	1.00									
TRUSTEE	0.00	X						0.	0.	0.
(41) HOWARD M. LORBER	1.00									
TRUSTEE	0.00	X						0.	0.	0.
(42) WINIFRED MACK	1.00									
TRUSTEE	0.00	X						0.	0.	0.
(43) MICHAEL MELNICKE	1.00									
TRUSTEE	0.00	X						0.	0.	0.
(44) KUNI NAKAMURA	1.00									
TRUSTEE	0.00	X						0.	0.	0.
(45) RICHARD P. NESPOLA	1.00									
TRUSTEE	0.00	X						0.	0.	0.
(46) WILLIAM R. NUTI	1.00									
TRUSTEE	0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(47) CHINTU PATEL	1.00									
TRUSTEE	0.00	X						0.	0.	0.
(48) SHARON STERNHEIM	2.00									
TRUSTEE	0.00	X						0.	0.	0.
(49) RONALD J. SYLVESTRI	3.00									
CHANCELLOR-HUDSON	0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	648,920.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	30,977,587.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,170,760.				
	g Noncash contributions included in lines 1a-1f	1g	$ 79,678.				
	h **Total.** Add lines 1a-1f ▶			37,797,267.			
Program Service Revenue			Business Code				
	2 a TUITION & FEES		611310	358,051,836.	358,051,836.		
	b SALES & SVCS OF AUX EN		721310	20,392,317.	20,392,317.		
	c CONCERT THEATRE		711310	986,266.	986,266.		
	d UNIVERSITY FEES		611310	690,788.	690,788.		
	e COMMISSIONS		900099	681,993.	681,993.		
	f All other program service revenue		900099	5,215,206.	5,215,206.		
	g **Total.** Add lines 2a-2f ▶			386,018,406.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			3,198,806.		1,011,079.	2,187,727.
	4 Income from investment of tax-exempt bond proceeds ▶			30,932.			30,932.
	5 Royalties ▶						
			(i) Real / (ii) Personal				
	6 a Gross rents	6a	483,725.				
	b Less: rental expenses	6b	317,199.				
	c Rental income or (loss)	6c	166,526.				
	d Net rental income or (loss) ▶			166,526.			166,526.
			(i) Securities / (ii) Other				
	7 a Gross amount from sales of assets other than inventory	7a	86,561,110.				
	b Less: cost or other basis and sales expenses	7b	75,390,041.				
	c Gain or (loss)	7c	11,171,069.				
	d Net gain or (loss) ▶			11,171,069.			11,171,069.
	8 a Gross income from fundraising events (not including $ 648,920. of contributions reported on line 1c). See Part IV, line 18	8a	100,655.				
	b Less: direct expenses	8b	161,258.				
	c Net income or (loss) from fundraising events ▶			-60,603.			-60,603.
	9 a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities ▶						
	10 a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory ▶						
Miscellaneous Revenue			Business Code				
	11 a						
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d ▶						
	12 **Total revenue.** See instructions ▶			438,322,403.	386,018,406.	1,011,079.	13,495,651.

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 domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	94,136,723.	94,136,723.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	5,892,537.	5,892,537.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	6,486,385.	2,779,739.	3,398,439.	308,207.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	354,499.	354,499.		
7 Other salaries and wages	117,852,858.	108,150,024.	8,971,738.	731,096.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,146,262.	6,860,993.	242,769.	42,500.
9 Other employee benefits	23,661,285.	21,419,935.	2,059,650.	181,700.
10 Payroll taxes	10,119,040.	9,081,456.	955,319.	82,265.
11 Fees for services (nonemployees):				
a Management				
b Legal	590,743.		590,743.	
c Accounting	867,435.		867,435.	
d Lobbying	187,800.		187,800.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,542,348.		1,542,348.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	13,166,684.	11,223,493.	1,943,191.	
12 Advertising and promotion	1,138,004.	137,100.	982,243.	18,661.
13 Office expenses	6,402,032.	4,158,483.	2,220,899.	22,650.
14 Information technology	4,944,748.	4,454,945.	473,338.	16,465.
15 Royalties				
16 Occupancy	47,640,250.	46,019,337.	1,600,820.	20,093.
17 Travel	1,735,222.	1,503,711.	231,314.	197.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	142,344.	93,414.	14,296.	34,634.
20 Interest	4,335,549.	4,308,557.	25,797.	1,195.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	18,432,190.	18,311,030.	115,797.	5,363.
23 Insurance	1,067,359.	801,934.	265,425.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOOD SERVICE	7,343,108.	7,261,287.	11,821.	70,000.
b BAD DEBT	4,466,667.		4,466,667.	
c SUPPLIES & MINOR EQUIP.	2,598,077.	2,565,576.	32,501.	
d BOOKS & SUBSCRIPTIONS	1,039,481.	1,012,618.	21,163.	5,700.
e All other expenses	8,898,002.	8,481,934.	309,406.	106,662.
25 **Total functional expenses.** Add lines 1 through 24e	392,187,632.	359,009,325.	31,530,919.	1,647,388.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		0.	1	
	2	Savings and temporary cash investments		61,798,473.	2	70,277,582.
	3	Pledges and grants receivable, net		5,047,526.	3	3,984,797.
	4	Accounts receivable, net		37,859,159.	4	17,065,492.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0.	6	0.
	7	Notes and loans receivable, net		9,546,987.	7	8,361,684.
	8	Inventories for sale or use		0.	8	0.
	9	Prepaid expenses and deferred charges		5,785,357.	9	6,014,314.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 683,600,651.			
	b	Less: accumulated depreciation	10b 350,115,943.	313,751,880.	10c	333,484,708.
	11	Investments - publicly traded securities		71,599,288.	11	143,774,001.
	12	Investments - other securities. See Part IV, line 11		235,330,893.	12	259,969,056.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		25,120,649.	15	28,427,346.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		765,840,212.	16	871,358,980.
Liabilities	17	Accounts payable and accrued expenses		20,362,970.	17	17,035,071.
	18	Grants payable		8,727,627.	18	7,421,611.
	19	Deferred revenue		22,377,784.	19	31,993,763.
	20	Tax-exempt bond liabilities		91,489,368.	20	78,166,834.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0.	21	0.
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0.	22	0.
	23	Secured mortgages and notes payable to unrelated third parties		0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties		0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		93,567,259.	25	113,270,174.
	26	**Total liabilities.** Add lines 17 through 25		236,525,008.	26	247,887,453.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ [X] and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		431,655,405.	27	513,339,397.
	28	Net assets with donor restrictions		97,659,799.	28	110,132,130.
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		529,315,204.	32	623,471,527.
	33	Total liabilities and net assets/fund balances		765,840,212.	33	871,358,980.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	438,322,403.
2	Total expenses (must equal Part IX, column (A), line 25)	2	392,187,632.
3	Revenue less expenses. Subtract line 2 from line 1	3	46,134,771.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	529,315,204.
5	Net unrealized gains (losses) on investments	5	43,431,218.
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 on Schedule O)	9	4,590,334.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	623,471,527.

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: [ ] Cash [X] Accrual [ ] 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?	2a		X
	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: [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	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: [X] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
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?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

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 12, check only one box.)

1 [ ] A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 [X] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

3 [ ] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____

10 [ ] 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.)

11 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a [ ] **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b [ ] **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c [ ] **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d [ ] **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e [ ] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations .....

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.** 032021 01-25-21 **Schedule A (Form 990 or 990-EZ) 2020**

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	21,828,621.	25,122,192.	22,689,741.	22,532,598.	37,797,267.	129,970,419.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	21,828,621.	25,122,192.	22,689,741.	22,532,598.	37,797,267.	129,970,419.
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)						
6 **Public support.** Subtract line 5 from line 4.						129,970,419.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	21,828,621.	25,122,192.	22,689,741.	22,532,598.	37,797,267.	129,970,419.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,489,577.	4,101,802.	4,371,708.	4,374,602.	2,701,844.	19,039,533.
9 Net income from unrelated business activities, whether or not the business is regularly carried on			256,951.	1,201,727.	1,011,079.	2,469,757.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						151,479,709.

12 Gross receipts from related activities, etc. (see instructions) ..... 12 2,034,799,492.

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) ..... 14 85.80 %

15 Public support percentage from 2019 Schedule A, Part II, line 14 ..... 15 83.04 %

16a **33 1/3% support test - 2020.** 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 ..... ▶ [X]

b **33 1/3% support test - 2019.** 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 - 2020.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ..... ▶ ☐

b **10% -facts-and-circumstances test - 2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly 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 10 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2020** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2019** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2020.** 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 - 2019.** 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 Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* **Part VI,** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in line 11a above?	**11b**		
c	A 35% controlled entity of a person described in line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* **Part VI.**	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If "No," describe in* **Part VI** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* **Part VI** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	**2**		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* **Part VI** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	**1**		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* **Part VI** *the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

a ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer lines 3a and 3b below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No" provide details in* **Part VI.**	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*	**3b**		

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (*explain in detail in* **Part VI**):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount				Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions			**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	5	
6	Other distributions (*describe in* **Part VI**). See instructions.	6	
7	**Total annual distributions.** Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	8	
9	Distributable amount for 2020 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)		**(i) Excess Distributions**	**(ii) Underdistributions Pre-2020**	**(iii) Distributable Amount for 2020**
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7	**Excess distributions carryover to 2021.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016			
b	Excess from 2017			
c	Excess from 2018			
d	Excess from 2019			
e	Excess from 2020			

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

FORM 990, SCHEDULE A, PART II - PUBLIC SUPPORT

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 C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

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

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- 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," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

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

Name of organization	**Employer identification number**
LONG ISLAND UNIVERSITY	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 campaign activity expenditures ▶ $

3 Volunteer hours for political campaign activities

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? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

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? ☐ Yes ☐ No

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

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

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

LHA

Schedule C (Form 990 or 990-EZ) 2020

032041 12-02-20

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 (grassroots 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.		
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-		

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.

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? ☐ **Yes** ☐ **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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2017	**(b)** 2018	**(c)** 2019	**(d)** 2020	**(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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) 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?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		187,800.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		2,922.
j Total. Add lines 1c through 1i			190,722.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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 campaign activity 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, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

LOBBYING FEES

FORM 990, SCHEDULE C, PART II-B, LINE 1G

LEWIS-BURKE ASSOCIATES, LLC AIDS IN THE CULTIVATION OF WORKING

RELATIONSHIPS BEWTEEN LIU, FEDERAL AGENCIES, AND THE U.S. CONGRESS.

LEWIS-BURKE ASSOCIATES, LLC ALSO ASSISTS IN INVESTIGATING NEW AND

INNOVATIVE FUNDING STREAMS AND OPPORTUNITIES WITH THE FEDERAL GOVERNMENT.

Part IV Supplemental Information *(continued)*

MEMBERSHIP FEES

FORM 990, SCHEDULE C, PART II-B, LINE 1I

LONG ISLAND UNIVERSITY PAYS MEMBERSHIP DUES TO THE COMMISSION ON

INDEPENDENT COLLEGES AND UNIVERSITIES. $2,922 IS THE PORTION OF DUES PAID

TO CICU ATTRIBUTABLE TO LOBBYING.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2020
Open to Public Inspection

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" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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 make significant use of its collection items (check all that apply):

a [X] Public exhibition
b [X] Scholarly research
c [ ] Preservation for future generations
d [ ] Loan or exchange program
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 [X] No

Part IV **Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on 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
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? [ ] Yes [ ] No

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

Part V **Endowment Funds.** Complete if the organization answered "Yes" on 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	242,211,453.	238,676,611.	232,390,240.	197,767,232.	140,670,102.
b Contributions	77,968,495.	954,399.	7,473,827.	24,130,919.	46,222,167.
c Net investment earnings, gains, and losses	56,020,138.	11,222,557.	6,315,608.	16,795,002.	15,572,700.
d Grants or scholarships	1,545,543.	1,348,158.	1,448,506.	1,123,177.	1,247,612.
e Other expenditures for facilities and programs	7,872,943.	7,293,956.	6,054,558.	5,179,736.	3,450,125.
f Administrative expenses					
g End of year balance	366,781,600.	242,211,453.	238,676,611.	232,390,240.	197,767,232.

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

a Board designated or quasi-endowment ▶ 72.2831 %
b Permanent endowment ▶ 27.7169 %
c Term endowment ▶ _____ %

The percentages on 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)		X
(ii) Related organizations	3a(ii)		X
b If "Yes" on line 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" on 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		20,168,525.		20,168,525.
b Buildings		518,207,080.	304,034,550.	214,172,530.
c Leasehold improvements		13,322,510.	9,391,494.	3,931,016.
d Equipment		49,332,029.	36,689,899.	12,642,130.
e Other		82,570,507.		82,570,507.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				333,484,708.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) MULTI-STRATEGY ALT INV	259,969,056.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	259,969,056.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) POST RETIREMENT BENEFITS LIABILITY	41,694,538.
(3) LEASE LIABILITIES	25,357,572.
(4) INTEREST RATE SWAP	18,091,495.
(5) EARLY RETIREMENT PLAN	9,358,265.
(6) ASSET RETIREMENT OBLIGATION	8,297,500.
(7) OTHER LIABILITIES	6,110,446.
(8) EST SELF-INSURANCE LIABILITY	4,360,358.
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	113,270,174.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... [X]

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	385,250,801.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	43,431,218.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	4,590,334.		
e	Add lines **2a** through **2d**			2e	48,021,552.
3	Subtract line **2e** from line **1**			3	337,229,249.
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	1,542,348.		
b	Other (Describe in Part XIII.)	4b	99,550,806.		
c	Add lines **4a** and **4b**			4c	101,093,154.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	438,322,403.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	291,094,478.
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	478,457.		
e	Add lines **2a** through **2d**			2e	478,457.
3	Subtract line **2e** from line **1**			3	290,616,021.
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	1,542,348.		
b	Other (Describe in Part XIII.)	4b	100,029,263.		
c	Add lines **4a** and **4b**			4c	101,571,611.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	392,187,632.

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.

PART III, LINE 4:

COLLECTION OF ART AND HISTORICAL TREASURES

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.

PART V, LINE 4:

USE OF ENDOWMENT FUNDS

ENDOWMENT FUND REVENUE IS USED FOR GENERAL OPERATING SUPPORT UNLESS IT IS

RESTRICTED BY THE DONOR FOR A SPECIFIC PURPOSE.

Part XIII Supplemental Information *(continued)*

PART X, LINE 2:

UNCERTAIN TAX POSITIONS

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 MATERIAL 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, 2021 AND 2020, THE UNIVERSITY HAS NOT IDENTIFIED OR PROVIDED FOR ANY SUCH POSITIONS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

POST RETIREMENT CHANGES	1,018,021.
CHANGE IN FMV OF INTEREST RATE SWAP AGREEMENTS	4,893,513.
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	84,432.
OTHER RECLASSIFICATIONS	-1,405,632.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	4,590,334.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SCHOLARSHIPS	95,003,418.
R & B SCHOLARSHIPS	5,025,845.
SPECIAL EVENTS EXPENSES	-161,258.
RENTAL EXPENSES	-317,199.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	99,550,806.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Part XIII Supplemental Information *(continued)*

RECLASS OF SPECIAL EVENT EXPENSES	161,258.
RECLASS OF RENTAL EXPENSES	317,199.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	478,457.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

SCHOLARSHIPS	95,003,418.
R & B SCHOLARSHIPS	5,025,845.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	100,029,263.

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization: LONG ISLAND UNIVERSITY

Employer identification number: 11-1633516

Part I

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	X	
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	X	
3	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the homepage, or 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	X	
	SEE PART II			
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	X	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	
	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		X
b	Admissions policies?	5b		X
c	Employment of faculty or administrative staff?	5c		X
d	Scholarships or other financial assistance?	5d		X
e	Educational policies?	5e		X
f	Use of facilities?	5f		X
g	Athletic programs?	5g		X
h	Other extracurricular activities?	5h		X
	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	X	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		X
	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	X	

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ.**

Schedule E (Form 990 or 990-EZ) 2020

032061 11-10-20

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

LINE 3 - EXPLANATION OF NONDISCRIMINATION POLICY:

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, GENETIC INFORMATION, 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. (SEE SCH. O).

LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

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

UNITED STATES DEPARTMENT OF AGRICULTURE

UNITED STATES DEPARTMENT OF DEFENSE

UNITED STATES DEPARTMENT OF THE STATE

NATIONAL SCIENCE FOUNDATION

NATIONAL INSTITUTE OF HEALTH

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

NATIONAL ENDOWMENT FOR THE HUMANITIES

SMALL BUSINESS ADMINISTRATION

NEW YORK STATE AID:

NEW YORK STATE HIGHER EDUCATION SERVICES CORPORATION

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

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" on 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? ..... [X] **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.)

(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in the region	**(d)** Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in the region	**(f)** Total expenditures for and investments in the region
CENTRAL AMERICA/CARIBBEAN	1	8	PROGRAM SERVICES	ACADEMIC INSTRUCTION	351,722.
EAST ASIA AND THE PACIFIC	1	9	PROGRAM SERVICES	ACADEMIC INSTRUCTION	290,874.
EUROPE	0	0	GRANTMAKING	SCHOLARSHIPS	2,732,773.
NORTH AMERICA	0	0	GRANTMAKING	SCHOLARSHIPS	1,372,246.
CENTRAL AMERICA/CARIBBEAN	0	0	GRANTMAKING	SCHOLARSHIPS	446,279.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING	SCHOLARSHIPS	355,788.
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING	SCHOLARSHIPS	320,566.
SOUTH AMERICA	0	0	GRANTMAKING	SCHOLARSHIPS	256,034.
3 a Subtotal	2	17			6,126,282.
b Total from continuation sheets to Part I	0	0			408,851.
c Totals (add lines 3a and 3b)	2	17			6,535,133.

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

Schedule F (Form 990) 2020

032071 12-03-20

Part I **Continuation of Activities per Region.** (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
RUSSIA AND NEIGHBORING STATES	0	0	GRANTMAKING	SCHOLARSHIPS	235,262.
SOUTH ASIA	0	0	GRANTMAKING	SCHOLARSHIPS	104,339.
MIDDLE EAST	0	0	GRANTMAKING	SCHOLARSHIPS	69,250.
Totals ▶					408,851.

032181
04-01-20

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA/CARIBBEAN	ACADEMIC INSTRUCTION	0.		351,722.		BOOK
		EAST ASIA AND THE PACIFIC	ACADEMIC INSTRUCTION	0.		290,874.		BOOK

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization 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" on 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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	EUROPE	66	0.		2,732,773.	TUITION CRED	BOOK
	NORTH AMERICA	37	0.		1,372,246.	TUITION CRED	BOOK
	CENTRAL AMERICA/CARIBBEAN	11	0.		446,279.	TUITION CRED	BOOK
	SUB-SAHARAN AFRICA	8	0.		355,788.	TUITION CRED	BOOK
	EAST ASIA AND THE PACIFIC	17	0.		320,566.	TUITION CRED	BOOK
	SOUTH AMERICA	8	0.		256,034.	TUITION CRED	BOOK
	RUSSIA AND NEIGHBORING STATES	6	0.		235,262.	TUITION CRED	BOOK
	SOUTH ASIA	5	0.		104,339.	TUITION CRED	BOOK
	MIDDLE EAST AND NORTH AMERICA	3	0.		69,250.	TUITION CRED	BOOK

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)*	[X] 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 separately 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; don't file with Form 990)*	[ ] Yes	[X] 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)*	[X] 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)*	[X] 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)*	[X] 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)*	[X] 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.

PART I, LINE 2:

GRANT MONITORING

LONG ISLAND UNIVERSITY OFFERS A NUMBER OF INSTITUTIONAL GRANTS AND SCHOLARSHIPS TO QUALIFYING STUDENTS ENROLLED IN DEGREE PROGRAMS. EACH GRANT OR OTHER FORMS OF ASSISTANCE HAVE SPECIFIC AWARDING CRITERIA AND INDIVIDUAL RULES FOR SELECTION BASED ON MERIT, NEED, AND/OR PERFORMANCE. THE CAMPUS ENROLLMENT SERVICES OFFICES ARE RESPONSIBLE FOR PREPARING INDIVIDUAL STUDENT AWARD PACKAGES. THE DISBURSAL OF FINANCIAL AID IS SEGREGATED AND PERFORMED BY THE CENTRAL FINANCIAL AID OFFICE OF THE UNIVERSITY. THE STUDENT FINANCIAL SERVICES OFFICE POSTS TRANSACTIONS TO EACH INDIVIDUAL STUDENT ACCOUNT. 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.

PART I, LINE 3:

METHOD USED TO ACCOUNT FOR EXPENDITURES

EXPENDITURES ON PART I, LINE 3, COLUMN F ARE REPORTED ON AN ACCRUAL BASIS.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization: LONG ISLAND UNIVERSITY

Employer identification number: 11-1633516

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on 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** [X] Mail solicitations
- **b** [X] Internet and email solicitations
- **c** [X] Phone solicitations
- **d** [X] In-person solicitations
- **e** [X] Solicitation of non-government grants
- **f** [X] Solicitation of government grants
- **g** [X] Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? [X] **Yes** [ ] **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(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
Total ▶						

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.

AL,AK,AZ,AR,CA,CO,CT,DE,FL,GA,HI,ID,IL,IN,IA,KS,KY,LA,ME,MD,MA,MI,MN,MS,MO
MT,NE,NV,NH,NJ,NM,NY,NC,ND,OH,OK,OR,PA,RI,SC,SD,TN,TX,UT,VT,VA,WA,WV,WI,WY

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 LIU GALA (event type)	(b) Event #2 TILLES SWING FOR KIDS (event type)	(c) Other events 1 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	418,350.	236,225.	95,000.	749,575.
	2 Less: Contributions	413,550.	193,025.	42,345.	648,920.
	3 Gross income (line 1 minus line 2)	4,800.	43,200.	52,655.	100,655.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes		1,600.	3,400.	5,000.
	6 Rent/facility costs		32,175.	24,570.	56,745.
	7 Food and beverages		37,770.	25,299.	63,069.
	8 Entertainment				
	9 Other direct expenses	7,780.	17,257.	11,407.	36,444.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				161,258.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-60,603.

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes_____ % ☐ No	☐ Yes_____ % ☐ No	☐ Yes_____ % ☐ 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 conducts gaming activities: _____

a Is the organization licensed to conduct 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: _____

11 Does the organization conduct 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 conducted 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 to be 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 provide any additional information. See instructions.

Part IV **Supplemental Information** *(continued)*

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

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? ..... [X] Yes [ ] No

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 Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC 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 noncash 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 ..... ▶

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

Schedule I (Form 990) 2020

032101 11-02-20

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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 noncash assistance
SCHOLARSHIPS	5301	0.	89,110,878.	BOOK	TUITION CREDIT
SCHOLARSHIPS	0	0.	5,025,845.	BOOK	ROOM AND BOARD

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

PART I, LINE 2:

GRANT MONITORING

LONG ISLAND UNIVERSITY OFFERS A NUMBER OF INSTITUTIONAL GRANTS AND

SCHOLARSHIPS TO QUALIFYING STUDENTS ENROLLED IN DEGREE PROGRAMS. EACH GRANT

OR OTHER FORMS OF ASSISTANCE HAVE SPECIFIC AWARDING CRITERIA AND INDIVIDUAL

RULES FOR SELECTION BASED ON MERIT, NEED, AND/OR PERFORMANCE.

THE CAMPUS ENROLLMENT SERVICES OFFICES ARE RESPONSIBLE FOR PREPARING

INDIVIDUAL STUDENT AWARD PACKAGES. THE DISBURSAL OF FINANCIAL AID IS

SEGREGATED AND PERFORMED BY THE CENTRAL FINANCIAL AID OFFICE OF THE

Part IV Supplemental Information

UNIVERSITY. THE STUDENT FINANCIAL SERVICES OFFICE POSTS TRANSACTIONS TO EACH INDIVIDUAL STUDENT ACCOUNT. 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)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization: LONG ISLAND UNIVERSITY

Employer identification number: 11-1633516

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel ☐ Travel for companions ☐ Tax indemnification and gross-up payments ☐ Discretionary spending account	☒ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (such as maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	**2**	X	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☒ Compensation committee ☒ Independent compensation consultant ☒ Form 990 of other organizations	☐ Written employment contract ☒ Compensation survey or study ☒ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**	X	
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	**4b**	X	
c	Participate in or receive payment from an equity-based compensation arrangement?	**4c**		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		X
b	Any related organization?	**5b**		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		X
b	Any related organization?	**6b**		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	**7**	X	
8	Were any amounts reported on 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	**8**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

Schedule J (Form 990) 2020

032111 12-07-20

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 on 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 aren't 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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DR. KIMBERLY CLINE	(i)	930,783.	0.	8,307.	181,350.	122,544.	1,242,984.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) RANDY BURD	(i)	553,183.	0.	60,575.	72,800.	41,476.	728,034.	0.
SVP ACADEMIC AFFAIRS	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MICHAEL BEST	(i)	412,550.	0.	6,917.	129,050.	49,957.	598,474.	0.
VP, UNIVERSITY COUNSEL & SECR	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DEREK KELLOGG	(i)	359,632.	95,000.	6,000.	22,800.	42,377.	525,809.	0.
HEAD MEN'S BASKETBALL COACH	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) GALE STEVENS HAYNES	(i)	265,758.	0.	212,854.	29,634.	12,889.	521,135.	0.
VP ACAD AFF-BROOKLYN (THRU 8/20)	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) CHRISTOPHER FEVOLA	(i)	417,382.	0.	868.	41,350.	46,396.	505,996.	0.
VP AND CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JOSEPH SCHAEFER	(i)	350,583.	10,000.	10,075.	32,800.	58,840.	462,298.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) BASHAR BAROUDI	(i)	369,767.	0.	6,162.	41,350.	44,525.	461,804.	0.
VP INFORMATION TECHNOLOGY	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) CHARLES WEIS	(i)	341,738.	20,000.	10,575.	22,800.	41,494.	436,607.	0.
VP ACADEMIC AFFAIRS - POST	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) GARY KOSE	(i)	150,515.	0.	223,357.	13,212.	35,694.	422,778.	0.
FULL PROFESSOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) JON FRASER	(i)	120,384.	0.	261,856.	10,478.	23,848.	416,566.	0.
FULL PROFESSOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) ANTHONY DE PASS	(i)	95,225.	0.	306,471.	9,058.	281.	411,035.	0.
FULL PROFESSOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) EDWARD PIRES	(i)	73,330.	0.	308,942.	7,482.	232.	389,986.	0.
FULL PROFESSOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) JOHN PEZZUTO	(i)	317,302.	0.	6,471.	22,667.	33,238.	379,678.	0.
DEAN PHARM/VP LIU HLTH (THRU 8/20)	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) DEIRDRE WHITMAN	(i)	333,333.	10,000.	8,957.	22,800.	1,251.	376,341.	0.
VP UNIVERSITY ADMISSIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) CHARLES RASBERRY	(i)	262,223.	0.	0.	21,408.	18,900.	302,531.	0.
VP UNIVERSITY ADVANCEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.

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 on 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 aren't 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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) MOHAMMED CHERKAOUI	(i)	253,760.	0.	859.	8,320.	15,300.	278,239.	0.
VP ACADEMIC PROGRAMS & RESEARCH	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) JEFFREY KANE	(i)	212,849.	0.	4,096.	24,043.	36,181.	277,169.	0.
FMR SVP ACAD AFFRS (THRU 8/17)	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) MICHAEL BERTHEL	(i)	150,341.	0.	1,000.	16,362.	517.	168,220.	0.
VP STUDENT AFFAIRS	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) LORETTA KNAPP	(i)	106,925.	0.	514.	11,498.	596.	119,533.	0.
FMR VP ACAD AFFAIRS (THRU 6/18)	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

PART I, LINE 1A:

SCHEDULE J, PART II, COLUMN D, INCLUDES NON-TAXABLE HOUSING BENEFIT OF $79,269 FOR KIMBERLY CLINE AND $50,000 FOR JOSEPH SCHAEFER. KIMBERLY CLINE AND JOSEPH SCHAEFER ARE BOTH REQUIRED TO RESIDE ON THE UNIVERTIY'S CAMPUS AS A CONDITION OF THEIR EMPLOYMENT.

PART I, LINE 4A:

GALE STEVENS HAYNES RECEIVED SEVERENCE PAYMENT IN THE AMOUNT OF $200,000. THIS AMOUNT IS REPORTED IN SCHEDULE J, PART II, COLUMN B (III).

PART I, LINE 4B:

NONQUALIFIED RETIREMENT PLAN

COMPENSATION AMOUNTS REPORTED ON SCHEDULE J, PART II, COLUMN B (III), INCLUDES NONQUALIFIED RETIREMENT DEFERRED COMPENSATION FOR ANTHONY DEPASS IN THE AMOUNT OF $306,471, EDWARD PIRES IN THE AMOUNT OF $308,942, JON FRASER IN THE AMOUNT OF $261,856, AND GARY KOSE IN THE AMOUNT OF $223,357.

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.

PART I, LINE 4B:

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

IN CALENDAR YEAR 2020, THE FOLLOWING PERSONS PARTICIPATED IN AN IRC SEC. 457(F) NONQUALIFIYING DEFERRED COMPENSATION PLAN AND RECEIVED THE NON-VESTED DEFERRED BENEFITS LISTED, SUCH DEFERRED AMOUNT WAS NOT PAID OR VESTED IN CALENDAR YEAR 2020 BUT IS REQUIRED TO BE DISCLOSED UNDER IRS REGULATIONS.

DR. KIMBERLY CLINE $150,000

MICHAEL BEST $106,250

RANDY BURD $50,000

GEORGE BAROUDI $10,000

JOSEPH SCHAEFER $10,000

CHRISTOPHER FEVOLA $10,000

PART I, LINE 7:

NON-FIXED PAYMENT

DEREK KELLOGG, JOSEPH SCHAFFER, CHARLES WEISS, AND DEIDRE WHITMAN RECEIVED DISCRETIONARY BONUS COMPENSATION IN CALENDAR YEAR 2020. THIS

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.

IS REPORTED IN SCHEDULE J, PART II, COLUMN B (II).

SCHEDULE K (Form 990)
Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2020
Open to Public Inspection

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 Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No	(i) Pooled financing Yes	(i) Pooled financing No
A	DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	NONE	07/28/21	55,600,000.	SEE PART VI.		X		X		X
B												
C												
D												

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	55,600,000.			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	542,452.			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds	55,057,548.			
12	Other unspent proceeds				
13	Year of substantial completion	2021			

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X							
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X						
16	Has the final allocation of proceeds been made?		X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

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

Schedule K (Form 990) 2020

032121 12-01-20

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						
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X							
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	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							
c	Are there any research agreements that may result in private business use of bond-financed property?		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 ▶	.10 %		%		%		%	
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 ▶	.00 %		%		%		%	
6	Total of lines 4 and 5	.10 %		%		%		%	
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		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?								
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							

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X							
b	Exception to rebate?	X							
c	No rebate due?		X						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X							

Part IV Arbitrage *(continued)*

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
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						
7 Has the organization established written procedures to monitor the requirements of section 148?	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 isn't available under applicable regulations?	X							

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

PART I (F)
THE SERIES 2021A REFUNDED THE REISSUED SERIES 2006A-1 BONDS ISSUED ON
SEPTEMBER 23, 2015 AND THE REISSUED SERIES 2006A-2 BONDS ISSUED ON
AUGUST 24, 2016.

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.

PART IV, LINE 2(B)

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

THE SERIES 2021A BOND MET THE 6-MONTH EXCEPTION TO REBATE REQUIREMENT.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 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.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020

Open To Public Inspection

Name of the organization: LONG ISLAND UNIVERSITY

Employer identification number: 11-1633516

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) 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.

1 **(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 the 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.

(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
Total ▶ $												

Part III Grants or Assistance Benefiting Interested Persons.

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

(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

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

Schedule L (Form 990 or 990-EZ) 2020

032131 12-09-20

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
MICHAEL FEVOLA	FAMILY MEMBER	204,527.	EMPLOYEE		X
PIA STEVENS HAYNES	FAMILY MEMBER	149,972.	EMPLOYEE		X

Part V Supplemental Information.

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

SCHEDULE L, PART IV

CHRISTOPHER FEVOLA

CHRISTOPHER FEVOLA IS AN OFFICER OF THE UNIVERSITY AND HIS BROTHER,

MICHAEL FEVOLA, IS AN EMPLOYEE OF THE UNIVERSITY.

GALE STEVENS HAYNES

GALE STEVENS HAYNES IS A KEY EMPLOYEE OF THE UNIVERSITY AND HER

DAUGHTER, PIA STEVENS HAYNES, IS AN EMPLOYEE OF THE UNIVERSITY.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

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	4	79,678.	FAIR MARKET VALUE
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 V, Donee Acknowledgement 29

			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 isn't required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule M (Form 990) 2020**

032141 11-23-20

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

SCHEDULE M, PART I, COLUMN (B):

NUMBER OF CONTRIBUTORS

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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2020
Open to Public Inspection

Name of the organization: LONG ISLAND UNIVERSITY

Employer identification number: 11-1633516

FORM 990, PART I, LINE 1

BRIEF DESCRIPTION OF ORGANIZATION'S MISSION

TO PROVIDE EXCELLENCE AND ACCESS IN PRIVATE HIGHER EDUCATION TO THOSE WHO SEEK TO EXPAND THEIR KNOWLEDGE AND PREPARE THEMSELVES FOR MEANINGFUL, EDUCATED LIVES AND FOR SERVICE TO THEIR COMMUNITIES AND THE WORLD.

FORM 990, PART III, LINE 1

MISSION: ACCESS AND EXCELLENCE

LONG ISLAND UNIVERSITY WAS FOUNDED ON THE PRINCIPLE OF EDUCATING AND EMPOWERING MEN AND WOMAN FROM ALL WALKS OF LIFE. THROUGH OUR MISSION OF ACCESS AND EXCELLENCE, THE LIU COMMMUNITY 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.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM (KPMG LLP) 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

Name of the organization: LONG ISLAND UNIVERSITY

Employer identification number: 11-1633516

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.

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT OF INTEREST POLICY

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.

FORM 990, PART VI, SECTION B, LINE 15:

OFFICER COMPENSATION REVIEW

COMPENSATION FOR THE UNIVERSITY PRESIDENT AND OTHER UNIVERSITY OFFICERS IS ESTABLISHED BY A PROCESS THAT INCLUDES THE USE OF EXTERNALLY PROVIDED 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.

Name of the organization: LONG ISLAND UNIVERSITY

Employer identification number: 11-1633516

THE UNIVERSITY ENGAGES AN OUTSIDE CONSULTING FIRM TO REVIEW THE COMPARABLES AND TO ASSIST THE COMMITTEE IN ITS DELIBERATIONS. THE CONSULTING FIRM REVIEWS COMPENSATION OF THE UNIVERSITY'S OFFICERS IN COMPARISION TO THOSE OFFICERS OF OTHER UNIVERSITIES. THEIR REPORT IS PRESENTED TO THE EXECUTIVE COMMITTEE OF THE UNIVERSITY'S BOARD OF TRUSTEES.

THE MOST RECENT REVIEW TOOK PLACE IN DECEMBER 2021.

FORM 990, PART VI, SECTION C, LINE 19:

DOCUMENT REVIEW POLICY

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 FORM 990 IS ALSO AVAILABLE AT WWW.GUIDESTAR.ORG.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

POSTRETIREMENT CHANGES	1,018,021.
CHANGE IN FMV OF INTEREST RATE SWAP AGREEMENTS	4,893,513.
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	84,432.
OTHER NONOPERATING CHANGE IN NET ASSETS	-1,405,632.
TOTAL TO FORM 990, PART XI, LINE 9	4,590,334.

SCHEDULE E, PART I, LINE 3 CONTINUATION:

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

Name of the organization: LONG ISLAND UNIVERSITY

Employer identification number: 11-1633516

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.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization: LONG ISLAND UNIVERSITY

Employer identification number: 11-1633516

Part I **Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
OLD TENNIS CLUB - 11-2347433 700 NORTHERN BLVD BROOKVILLE, NY 11548	TENNIS CLUB	NEW YORK	501(C)(3)	LINE 12A, I	LIU	X	

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

Schedule R (Form 990) 2020

032161 10-28-20 LHA

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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

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

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

			Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to related organization(s)	1b		X
c	Gift, grant, or capital contribution from related organization(s)	1c		X
d	Loans or loan guarantees to or for related organization(s)	1d		X
e	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o	Sharing of paid employees with related organization(s)	1o	X	
p	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

COUNTY OF NASSAU

CONSULTANT'S, CONTRACTOR'S AND VENDOR'S DISCLOSURE FORM

1. Name of the Entity: Long Island University

Address: 720 Northern Blvd

City: Brookville State/Province/Territory: NY Zip/Postal Code: 11548

Country: US

2. Entity's Vendor Identification Number: [redacted]

3. Type of Business: Other (specify) Institution of Higher Education

4. List names and addresses of all principals; that is, all individuals serving on the Board of Directors or comparable body, all partners and limited partners, all corporate officers, all parties of Joint Ventures, and all members and officers of limited liability companies (attach additional sheets if necessary):

1 File(s) uploaded: LIU - BOT list professional 2023.pdf

5. List names and addresses of all shareholders, members, or partners of the firm. If the shareholder is not an individual, list the individual shareholders/partners/members. If a Publicly held Corporation, include a copy of the 10K in lieu of completing this section.
If none, explain.

Board List Uploaded

6. List all affiliated and related companies and their relationship to the firm entered on line 1. above (if none, enter "None"). Attach a separate disclosure form for each affiliated or subsidiary company that may take part in the performance of this contract. Such disclosure shall be updated to include affiliated or subsidiary companies not previously disclosed that participate in the performance of the contract.

None

7. List all lobbyists whose services were utilized at any stage in this matter (i.e., pre-bid, bid, post-bid, etc.). If none, enter "None." The term "lobbyist" means any and every person or organization retained, employed or designated by any client to influence - or promote a matter before - Nassau County, its agencies, boards, commissions, department heads, legislators or committees, including but not limited to the Open Space and Parks Advisory Committee and Planning Commission. Such matters include, but are not limited to, requests for proposals, development or improvement of real property subject to County regulation, procurements. The term "lobbyist" does not include any officer, director, trustee, employee, counsel or agent of the County of Nassau, or State of New York, when discharging his or her official duties.

Are there lobbyists involved in this matter?
YES [ ] NO [X]

(a) Name, title, business address and telephone number of lobbyist(s):

None

(b) Describe lobbying activity of each lobbyist. See below for a complete description of lobbying activities.

None

(c) List whether and where the person/organization is registered as a lobbyist (e.g., Nassau County, New York State):

None

8. VERIFICATION: This section must be signed by a principal of the consultant, contractor or Vendor authorized as a signatory of the firm for the purpose of executing Contracts.

The undersigned affirms and so swears that he/she has read and understood the foregoing statements and they are, to his/her knowledge, true and accurate.

Electronically signed and certified at the date and time indicated by:
Jared Littman, Ph.D. [JARED.LITTMAN@LIU.EDU]

Dated: 04/25/2023 03:55:31 pm

Title: Executive Director of Sponsored Projects and Research Administration

The term lobbying shall mean any attempt to influence: any determination made by the Nassau County Legislature, or any member thereof, with respect to the introduction, passage, defeat, or substance of any local legislation or resolution; any determination by the County Executive to support, oppose, approve or disapprove any local legislation or resolution, whether or not such legislation has been introduced in the County Legislature; any determination by an elected County official or an officer or employee of the County with respect to the procurement of goods, services or construction, including the preparation of contract specifications, including by not limited to the preparation of requests for proposals, or solicitation, award or administration of a contract or with respect to the solicitation, award or administration of a grant, loan, or agreement involving the disbursement of public monies; any determination made by the County Executive, County Legislature, or by the County of Nassau, its agencies, boards, commissions, department heads or committees, including but not limited to the Open Space and Parks Advisory Committee, the Planning Commission, with respect to the zoning, use, development or improvement of real property subject to County regulation, or any agencies, boards, commissions, department heads or committees with respect to requests for proposals, bidding, procurement or contracting for services for the County; any determination made by an elected county official or an officer or employee of the county with respect to the terms of the acquisition or disposition by the county of any interest in real property, with respect to a license or permit for the use of real property of or by the county, or with respect to a franchise, concession or revocable consent; the proposal, adoption, amendment or rejection by an agency of any rule having the force and effect of law; the decision to hold, timing or outcome of any rate making proceeding before an agency; the agenda or any determination of a board or commission; any determination regarding the calendaring or scope of any legislature oversight hearing; the issuance, repeal, modification or substance of a County Executive Order; or any determination made by an elected county official or an officer or employee of the county to support or oppose any state or federal legislation, rule or regulation, including any determination made to support or oppose that is contingent on any amendment of such legislation, rule or regulation, whether or not such legislation has been formally introduced and whether or not such rule or regulation has been formally proposed.

U.S. DEPARTMENT OF JUSTICE
OFFICE OF JUSTICE PROGRAMS
OFFICE OF THE COMPTROLLER

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions (Sub-Recipient)

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 28 CFR Part 67, Section 67.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988 *Federal Register* (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON REVERSE)

(1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department of agency.

(2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Richard H. Nader — 6/10/20
Name and Title of Authorized Representative — m/d/yy

Signature — 6/10/20
Date

LIU
Name of Organization

700 Northern Blvd. BBH UC #200 Brookville, NY 11548
Address of Organization

OJP FORM 4061/1 (REV. 2/89) Previous editions are obsolete

Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.

2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposes," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549.

5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this proposal that it will include the clause titled, "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transaction," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may check the Nonprocurement List.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of reports in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntary excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

COUNTY OF NASSAU

LOBBYIST REGISTRATION AND DISCLOSURE FORM

1. Name, address and telephone number of lobbyist(s)/lobbying organization. The term "lobbyist" means any and every person or organization retained, employed or designated by any client to influence - or promote a matter before - Nassau County, its agencies, boards, commissions, department heads, legislators or committees, including but not limited to the Open Space and Parks Advisory Committee and Planning Commission. Such matters include, but are not limited to, requests for proposals, development or improvement of real property subject to County regulation, procurements. The term "lobbyist" does not include any officer, director, trustee, employee, counsel or agent of the County of Nassau, or State of New York, when discharging his or her official duties.

None

2. List whether and where the person/organization is registered as a lobbyist (e.g., Nassau County, New York State):

N/A

3. Name, address and telephone number of client(s) by whom, or on whose behalf, the lobbyist is retained, employed or designated:

N/A

4. Describe lobbying activity conducted, or to be conducted, in Nassau County, and identify client(s) for each activity listed. See the last page for a complete description of lobbying activities.

N/A

5. The name of persons, organizations or governmental entities before whom the lobbyist expects to lobby:

N/A

6. If such lobbyist is retained or employed pursuant to a written agreement of retainer or employment, you must attach a copy of such document; and if agreement of retainer or employment is oral, attach a written statement of the substance thereof. If the written agreement of retainer or employment does not contain a signed authorization from the client by whom you have been authorized to lobby. separately attach such a written authorization from the client.

7. Has the lobbyist/lobbying organization or any of its corporate officers provided campaign contributions pursuant to the New York State Election Law in (a) the period beginning April 1, 2016 and ending on the date of this disclosure, or (b), beginning April 1, 2018, the period beginning two years prior to the date of this disclosure and ending on the date of this disclosure, to the campaign committees of any of the following Nassau County elected officials or to the campaign committees of any candidates for any of the following Nassau County elected offices: the County Executive, the County Clerk, the Comptroller, the District Attorney, or any County Legislator?

YES [ ] NO [X] If yes, to what campaign committee? If none, you must so state:

I understand that copies of this form will be sent to the Nassau County Department of Information Technology ("IT") to be posted on the County's website.

I also understand that upon termination of retainer, employment or designation I must give written notice to the County Attorney within thirty (30) days of termination.

VERIFICATION: The undersigned affirms and so swears that he/she has read and understood the foregoing statements and they are, to his/her knowledge, true and accurate.

The undersigned further certifies and affirms that the contribution(s) to the campaign committees listed above were made freely and without duress. threat or any promise of a governmental benefit or in exchange for any benefit or remuneration.

Electronically signed and certified at the date and time indicated by:
Jared Littman, Ph.D. [JARED.LITTMAN@LIU.EDU]

Dated: 03/31/2023 11:34:32 am

Vendor: Long Island University

Title: Executive Director Office of Sponsored Projects

The term lobbying shall mean any attempt to influence: any determination made by the Nassau County Legislature, or any member thereof, with respect to the introduction, passage, defeat, or substance of any local legislation or resolution; any determination by the County Executive to support, oppose, approve or disapprove any local legislation or resolution, whether or not such legislation has been introduced in the County Legislature; any determination by an elected County official or an officer or employee of the County with respect to the procurement of goods, services or construction, including the preparation of contract specifications, including by not limited to the preparation of requests for proposals, or solicitation, award or administration of a contract or with respect to the solicitation, award or administration of a grant, loan, or agreement involving the disbursement of public monies; any determination made by the County Executive, County Legislature, or by the County of Nassau, its agencies, boards, commissions department heads or committees, including but not limited to the Open Space and Parks Advisory Committee, the Planning Commission with respect to the zoning, use, development or improvement of real property subject to County regulation, or any agencies, boards, commissions, department heads or committees with respect to requests for proposals, bidding, procurement or contracting for services for the County; any determination made by an elected county official or an officer or employee of the county with respect to the terms of the acquisition or disposition by the county of any interest in real property, with respect to a license or permit for the use of real property of or by the county, or with respect to a franchise, concession or revocable consent; the proposal, adoption, amendment or rejection by an agency of any rule having the force and effect of law; the decision to hold, timing or outcome of any rate making proceeding before an agency; the agenda or any determination of a board or commission; any determination regarding the calendaring or scope of any legislature oversight hearing; the issuance, repeal, modification or substance of a County Executive Order; or any determination made by an elected county official or an officer or employee of the county to support or oppose any state or federal legislation, rule or regulation, including any determination made to support or oppose that is contingent on any amendment of such legislation, rule or regulation, whether or not such legislation has been formally introduced and whether or not such rule or regulation has been formally proposed.

The term "lobbying" or "lobbying activities" does not include: Persons engaged in drafting legislation, rules, regulations or rates; persons advising clients and rendering opinions on proposed legislation, rules, regulations or rates, where such professional services are not otherwise connected with legislative or executive action on such legislation or administrative action on such rules, regulations or rates; newspapers and other periodicals and radio and television stations and owners and employees thereof, provided that their activities in connection with proposed legislation, rules, regulations or rates are limited to the publication or broadcast of news items, editorials or other comment, or paid advertisements; persons who participate as witnesses. attorneys or other representatives in public rule-making or rate-making proceedings of a County agency, with respect to all participation by such persons which is part of the public record thereof and all preparation by such persons for such participation; persons who attempt to influence a County agency in an adjudicatory proceeding, as defined by § 102 of the New York State Administrative Procedure Act.

COUNTY OF NASSAU

POLITICAL CAMPAIGN CONTRIBUTION DISCLOSURE FORM

1. Has the vendor or any corporate officers of the vendor provided campaign contributions pursuant to the New York State Election Law in (a) the period beginning April 1, 2016 and ending on the date of this disclosure, or (b), beginning April 1, 2018, the period beginning two years prior to the date of this disclosure and ending on the date of this disclosure, to the campaign committees of any of the following Nassau County elected officials or to the campaign committees of any candidates for any of the following Nassau County elected offices: the County Executive, the County Clerk, the Comptroller, the District Attorney, or any County Legislator?

YES [ ] NO [X] If yes, to what campaign committee?

Electronically signed and certified at the date and time indicated by:
Jared Littman, Ph.D. [JARED.LITTMAN@LIU.EDU]

Dated: 03/31/2023 11:33:15 am

Vendor: Long Island University

Title: Executive Director Office of Sponsored Projects

PRINCIPAL QUESTIONNAIRE FORM

All questions on these questionnaires must be answered by all officers and any individuals who hold a ten percent (10%) or greater ownership interest in the proposer. Answers typewritten or printed in ink. If you need more space to answer any question, make as many photocopies of the appropriate page(s) as necessary and attach them to the questionnaire.

COMPLETE THIS QUESTIONNAIRE CAREFULLY AND COMPLETELY. FAILURE TO SUBMIT A COMPLETE QUESTIONNAIRE MAY MEAN THAT YOUR BID OR PROPOSAL WILL BE REJECTED AS NON-RESPONSIVE AND IT WILL NOT BE CONSIDERED FOR AWARD

1. Principal Name: Elizabeth Cheung-Gaffney
   Date of birth: [redacted]
   Home address: [redacted]
   City: [redacted] State/Province/ Territory: [redacted] Zip/Postal Code: [redacted]
   Country: US

   Business Address: 700 Northern Blvd
   City: Brookville State/Province/ Territory: NY Zip/Postal Code: 11548
   Country US
   Telephone: 516-299-2273

   Other present address(es):
   City: State/Province/ Territory: Zip/Postal Code:
   Country:
   Telephone:

   List of other addresses and telephone numbers attached

2. Positions held in submitting business and starting date of each (check all applicable)

President		Treasurer	
Chairman of Board		Shareholder	
Chief Exec. Officer		Secretary	10/01/2021
Chief Financial Officer		Partner	
Vice President			
(Other)			

3. Do you have an equity interest in the business submitting the questionnaire?
   YES [ ] NO [X] If Yes, provide details.

4. Are there any outstanding loans, guarantees or any other form of security or lease or any other type of contribution made in whole or in part between you and the business submitting the questionnaire?
   YES [ ] NO [X] If Yes, provide details.

5. Within the past 3 years, have you been a principal owner or officer of any business or notfor-profit organization other than the one submitting the questionnaire?
YES [ ] NO [X] If Yes, provide details.

6. Has any governmental entity awarded any contracts to a business or organization listed in Section 5 in the past 3 years while you were a principal owner or officer?
YES [ ] NO [X] If Yes, provide details.

NOTE: An affirmative answer is required below whether the sanction arose automatically, by operation of law, or as a result of any action taken by a government agency. Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.

7. In the past (5) years, have you and/or any affiliated businesses or not-for-profit organizations listed in Section 5 in which you have been a principal owner or officer:
   a. Been debarred by any government agency from entering into contracts with that agency?
   YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

   b. Been declared in default and/or terminated for cause on any contract, and/or had any contracts cancelled for cause?
   YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

   c. Been denied the award of a contract and/or the opportunity to bid on a contract, including, but not limited to, failure to meet pre-qualification standards?
   YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

   d. Been suspended by any government agency from entering into any contract with it; and/or is any action pending that could formally debar or otherwise affect such business's ability to bid or propose on contract?
   YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

8. Have any of the businesses or organizations listed in response to Question 5 filed a bankruptcy petition and/or been the subject of involuntary bankruptcy proceedings during the past 7 years, and/or for any portion of the last 7 year period, been in a state of bankruptcy as a result of bankruptcy proceedings initiated more than 7 years ago and/or is any such business now the subject of any pending bankruptcy proceedings, whenever initiated?
YES [ ] NO [X] If 'Yes', provide details for each such instance. (Provide a detailed response to all questions check "Yes". If you need more space, photocopy the appropriate page and attached it to the questionnaire.)

9.
   a. Is there any felony charge pending against you?
   YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

b. Is there any misdemeanor charge pending against you?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

c. Is there any administrative charge pending against you?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

d. In the past 10 years, have you been convicted, after trial or by plea, of any felony, or of any other crime, an element of which relates to truthfulness or the underlying facts of which related to the conduct of business?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

e. In the past 5 years, have you been convicted, after trial or by plea, of a misdemeanor?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

f. In the past 5 years, have you been found in violation of any administrative or statutory charges?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

10. In addition to the information provided in response to the previous questions, in the past 5 years, have you been the subject of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or investigative agency and/or the subject of an investigation where such investigation was related to activities performed at, for, or on behalf of the submitting business entity and/or an affiliated business listed in response to Question 5?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

11. In addition to the information provided, in the past 5 years has any business or organization listed in response to Question 5, been the subject of a criminal investigation and/or a civil anti-trust investigation and/or any other type of investigation by any government agency, including but not limited to federal, state, and local regulatory agencies while you were a principal owner or officer?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

12. In the past 5 years, have you or this business, or any other affiliated business listed in response to Question 5 had any sanction imposed as a result of judicial or administrative proceedings with respect to any professional license held?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

13. For the past 5 tax years, have you failed to file any required tax returns or failed to pay any applicable federal, state or local taxes or other assessed charges, including but not limited to water and sewer charges?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

I, Elizabeth Cheung-Gaffney , hereby acknowledge that a materially false statement willfully or fraudulently made in connection with this form may result in rendering the submitting business entity and/or any affiliated entities non-responsible, and, in addition, may subject me to criminal charges.

I, Elizabeth Cheung-Gaffney , hereby certify that I have read and understand all the items contained in this form; that I supplied full and complete answers to each item therein to the best of my knowledge, information and belief; that I will notify the County in writing of any change in circumstances occurring after the submission of this form; and that all information supplied by me is true to the best of my knowledge, information and belief. I understand that the County will rely on the information supplied in this form as additional inducement to enter into a contract with the submitting business entity.

CERTIFICATION

A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE IN CONNECTION WITH THIS QUESTIONNAIRE MAY RESULT IN RENDERING THE SUBMITTING BUSINESS ENTITY NOT RESPONSIBLE WITH RESPECT TO THE PRESENT BID OR FUTURE BIDS, AND, IN ADDITION, MAY SUBJECT THE PERSON MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.

Long Island University

Name of submitting business

Electronically signed and certified at the date and time indicated by:
Elizabeth Cheung-Gaffney ELIZABETH.GAFFNEY@LIU.EDU

Secretary to Board and University Counsel

Title

05/25/2023 03:04:55 pm

Date

PRINCIPAL QUESTIONNAIRE FORM

All questions on these questionnaires must be answered by all officers and any individuals who hold a ten percent (10%) or greater ownership interest in the proposer. Answers typewritten or printed in ink. If you need more space to answer any question, make as many photocopies of the appropriate page(s) as necessary and attach them to the questionnaire.

COMPLETE THIS QUESTIONNAIRE CAREFULLY AND COMPLETELY. FAILURE TO SUBMIT A COMPLETE QUESTIONNAIRE MAY MEAN THAT YOUR BID OR PROPOSAL WILL BE REJECTED AS NON-RESPONSIVE AND IT WILL NOT BE CONSIDERED FOR AWARD

1. Principal Name: Michael P. Gutnick
Date of birth: [redacted]
Home address: [redacted]
City: [redacted] State/Province/ Territory: [redacted] Zip/Postal Code: [redacted]
Country: US

Business Address: 2511 East 29th Street
City: Brooklyn State/Province/ Territory: NY Zip/Postal Code: 11235
Country US
Telephone: 6464317849

Other present address(es):
City: State/Province/ Territory: Zip/Postal Code:
Country:
Telephone:

List of other addresses and telephone numbers attached

2. Positions held in submitting business and starting date of each (check all applicable)

President		Treasurer	
Chairman of Board		Shareholder	
Chief Exec. Officer		Secretary	
Chief Financial Officer		Partner	
Vice President			
(Other)			

Type Other
Description I am retired, no business relationships. Board member of Long Island University. Formerly Executive Vice President and Chief Financial Officer of Memorial Sloan Kettering Cancer Center
Start Date 09/30/2019

3. Do you have an equity interest in the business submitting the questionnaire?

YES [ ] NO [X] If Yes, provide details.

4. Are there any outstanding loans, guarantees or any other form of security or lease or any other type of contribution made in whole or in part between you and the business submitting the questionnaire?
YES [ ] NO [X] If Yes, provide details.

5. Within the past 3 years, have you been a principal owner or officer of any business or notfor-profit organization other than the one submitting the questionnaire?
YES [ ] NO [X] If Yes, provide details.

6. Has any governmental entity awarded any contracts to a business or organization listed in Section 5 in the past 3 years while you were a principal owner or officer?
YES [ ] NO [X] If Yes, provide details.

NOTE: An affirmative answer is required below whether the sanction arose automatically, by operation of law, or as a result of any action taken by a government agency. Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.

7. In the past (5) years, have you and/or any affiliated businesses or not-for-profit organizations listed in Section 5 in which you have been a principal owner or officer:
   a. Been debarred by any government agency from entering into contracts with that agency?
   YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

   b. Been declared in default and/or terminated for cause on any contract, and/or had any contracts cancelled for cause?
   YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

   c. Been denied the award of a contract and/or the opportunity to bid on a contract, including, but not limited to, failure to meet pre-qualification standards?
   YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

   d. Been suspended by any government agency from entering into any contract with it; and/or is any action pending that could formally debar or otherwise affect such business's ability to bid or propose on contract?
   YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

8. Have any of the businesses or organizations listed in response to Question 5 filed a bankruptcy petition and/or been the subject of involuntary bankruptcy proceedings during the past 7 years, and/or for any portion of the last 7 year period, been in a state of bankruptcy as a result of bankruptcy proceedings initiated more than 7 years ago and/or is any such business now the subject of any pending bankruptcy proceedings, whenever initiated?
YES [ ] NO [X] If 'Yes', provide details for each such instance. (Provide a detailed response to all questions check "Yes". If you need more space, photocopy the appropriate page and attached it to the questionnaire.)

9.

a. Is there any felony charge pending against you?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

b. Is there any misdemeanor charge pending against you?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

c. Is there any administrative charge pending against you?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

d. In the past 10 years, have you been convicted, after trial or by plea, of any felony, or of any other crime, an element of which relates to truthfulness or the underlying facts of which related to the conduct of business?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

e. In the past 5 years, have you been convicted, after trial or by plea, of a misdemeanor?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

f. In the past 5 years, have you been found in violation of any administrative or statutory charges?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

10. In addition to the information provided in response to the previous questions, in the past 5 years, have you been the subject of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or investigative agency and/or the subject of an investigation where such investigation was related to activities performed at, for, or on behalf of the submitting business entity and/or an affiliated business listed in response to Question 5?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

11. In addition to the information provided, in the past 5 years has any business or organization listed in response to Question 5, been the subject of a criminal investigation and/or a civil anti-trust investigation and/or any other type of investigation by any government agency, including but not limited to federal, state, and local regulatory agencies while you were a principal owner or officer?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

12. In the past 5 years, have you or this business, or any other affiliated business listed in response to Question 5 had any sanction imposed as a result of judicial or administrative proceedings with respect to any professional license held?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

13 For the past 5 tax years, have you failed to file any required tax returns or failed to pay any applicable federal, state or

. local taxes or other assessed charges, including but not limited to water and sewer charges?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

I, Michael Gutnick , hereby acknowledge that a materially false statement willfully or fraudulently made in connection with this form may result in rendering the submitting business entity and/or any affiliated entities non-responsible, and, in addition, may subject me to criminal charges.

I, Michael Gutnick , hereby certify that I have read and understand all the items contained in this form; that I supplied full and complete answers to each item therein to the best of my knowledge, information and belief; that I will notify the County in writing of any change in circumstances occurring after the submission of this form; and that all information supplied by me is true to the best of my knowledge, information and belief. I understand that the County will rely on the information supplied in this form as additional inducement to enter into a contract with the submitting business entity.

CERTIFICATION

A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE IN CONNECTION WITH THIS QUESTIONNAIRE MAY RESULT IN RENDERING THE SUBMITTING BUSINESS ENTITY NOT RESPONSIBLE WITH RESPECT TO THE PRESENT BID OR FUTURE BIDS, AND, IN ADDITION, MAY SUBJECT THE PERSON MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.

Long Island University

Name of submitting business

Electronically signed and certified at the date and time indicated by:
Michael Gutnick GUTNICKM@GMAIL.COM

Co-Chair, Long Island University Board of Trustees

Title

06/05/2023 10:11:13 am

Date

PRINCIPAL QUESTIONNAIRE FORM

All questions on these questionnaires must be answered by all officers and any individuals who hold a ten percent (10%) or greater ownership interest in the proposer. Answers typewritten or printed in ink. If you need more space to answer any question, make as many photocopies of the appropriate page(s) as necessary and attach them to the questionnaire.

COMPLETE THIS QUESTIONNAIRE CAREFULLY AND COMPLETELY. FAILURE TO SUBMIT A COMPLETE QUESTIONNAIRE MAY MEAN THAT YOUR BID OR PROPOSAL WILL BE REJECTED AS NON-RESPONSIVE AND IT WILL NOT BE CONSIDERED FOR AWARD

1. Principal Name: Eric Krasnoff
   Date of birth: [redacted]
   Home address: [redacted]
   City: [redacted] State/Province/ Territory: [redacted] Zip/Postal Code: [redacted]
   Country: US

   Business Address: 770 northern blvd
   City: Brookville State/Province/ Territory: NY Zip/Postal Code: 11548
   Country US
   Telephone: 516-299-2501

   Other present address(es):
   City: State/Province/ Territory: Zip/Postal Code:
   Country:
   Telephone:

   List of other addresses and telephone numbers attached

2. Positions held in submitting business and starting date of each (check all applicable)

President		Treasurer	
Chairman of Board	09/27/2013	Shareholder	
Chief Exec. Officer		Secretary	
Chief Financial Officer		Partner	
Vice President			
(Other)			

3. Do you have an equity interest in the business submitting the questionnaire?
   YES [ ] NO [X] If Yes, provide details.

4. Are there any outstanding loans, guarantees or any other form of security or lease or any other type of contribution made in whole or in part between you and the business submitting the questionnaire?
   YES [ ] NO [X] If Yes, provide details.

5. Within the past 3 years, have you been a principal owner or officer of any business or notfor-profit organization other than the one submitting the questionnaire?
YES [ ] NO [X] If Yes, provide details.

6. Has any governmental entity awarded any contracts to a business or organization listed in Section 5 in the past 3 years while you were a principal owner or officer?
YES [ ] NO [X] If Yes, provide details.

NOTE: An affirmative answer is required below whether the sanction arose automatically, by operation of law, or as a result of any action taken by a government agency. Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.

7. In the past (5) years, have you and/or any affiliated businesses or not-for-profit organizations listed in Section 5 in which you have been a principal owner or officer:
   a. Been debarred by any government agency from entering into contracts with that agency?
   YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

   b. Been declared in default and/or terminated for cause on any contract, and/or had any contracts cancelled for cause?
   YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

   c. Been denied the award of a contract and/or the opportunity to bid on a contract, including, but not limited to, failure to meet pre-qualification standards?
   YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

   d. Been suspended by any government agency from entering into any contract with it; and/or is any action pending that could formally debar or otherwise affect such business's ability to bid or propose on contract?
   YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

8. Have any of the businesses or organizations listed in response to Question 5 filed a bankruptcy petition and/or been the subject of involuntary bankruptcy proceedings during the past 7 years, and/or for any portion of the last 7 year period, been in a state of bankruptcy as a result of bankruptcy proceedings initiated more than 7 years ago and/or is any such business now the subject of any pending bankruptcy proceedings, whenever initiated?
YES [ ] NO [X] If 'Yes', provide details for each such instance. (Provide a detailed response to all questions check "Yes". If you need more space, photocopy the appropriate page and attached it to the questionnaire.)

9.
   a. Is there any felony charge pending against you?
   YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

b. Is there any misdemeanor charge pending against you?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

c. Is there any administrative charge pending against you?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

d. In the past 10 years, have you been convicted, after trial or by plea, of any felony, or of any other crime, an element of which relates to truthfulness or the underlying facts of which related to the conduct of business?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

e. In the past 5 years, have you been convicted, after trial or by plea, of a misdemeanor?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

f. In the past 5 years, have you been found in violation of any administrative or statutory charges?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

10. In addition to the information provided in response to the previous questions, in the past 5 years, have you been the subject of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or investigative agency and/or the subject of an investigation where such investigation was related to activities performed at, for, or on behalf of the submitting business entity and/or an affiliated business listed in response to Question 5?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

11. In addition to the information provided, in the past 5 years has any business or organization listed in response to Question 5, been the subject of a criminal investigation and/or a civil anti-trust investigation and/or any other type of investigation by any government agency, including but not limited to federal, state, and local regulatory agencies while you were a principal owner or officer?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

12. In the past 5 years, have you or this business, or any other affiliated business listed in response to Question 5 had any sanction imposed as a result of judicial or administrative proceedings with respect to any professional license held?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

13. For the past 5 tax years, have you failed to file any required tax returns or failed to pay any applicable federal, state or local taxes or other assessed charges, including but not limited to water and sewer charges?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

I, Eric Krasnoff , hereby acknowledge that a materially false statement willfully or fraudulently made in connection with this form may result in rendering the submitting business entity and/or any affiliated entities non-responsible, and, in addition, may subject me to criminal charges.

I, Eric Krasnoff , hereby certify that I have read and understand all the items contained in this form; that I supplied full and complete answers to each item therein to the best of my knowledge, information and belief; that I will notify the County in writing of any change in circumstances occurring after the submission of this form; and that all information supplied by me is true to the best of my knowledge, information and belief. I understand that the County will rely on the information supplied in this form as additional inducement to enter into a contract with the submitting business entity.

CERTIFICATION

A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE IN CONNECTION WITH THIS QUESTIONNAIRE MAY RESULT IN RENDERING THE SUBMITTING BUSINESS ENTITY NOT RESPONSIBLE WITH RESPECT TO THE PRESENT BID OR FUTURE BIDS, AND, IN ADDITION, MAY SUBJECT THE PERSON MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.

Long Island University

Name of submitting business

Electronically signed and certified at the date and time indicated by:
Eric Krasnoff ERICKRASNOFF@ICLOUD.COM

Chairman

Title

06/01/2023 04:20:38 pm

Date

PRINCIPAL QUESTIONNAIRE FORM

All questions on these questionnaires must be answered by all officers and any individuals who hold a ten percent (10%) or greater ownership interest in the proposer. Answers typewritten or printed in ink. If you need more space to answer any question, make as many photocopies of the appropriate page(s) as necessary and attach them to the questionnaire.

COMPLETE THIS QUESTIONNAIRE CAREFULLY AND COMPLETELY. FAILURE TO SUBMIT A COMPLETE QUESTIONNAIRE MAY MEAN THAT YOUR BID OR PROPOSAL WILL BE REJECTED AS NON-RESPONSIVE AND IT WILL NOT BE CONSIDERED FOR AWARD

1. Principal Name: Jared Littman
Date of birth: [redacted]
Home address: [redacted]
City: [redacted] State/Province/ Territory: [redacted] Zip/Postal Code: [redacted]
Country: US

Business Address: 720 Northern Blvd
City: Brookville State/Province/ Territory: NY Zip/Postal Code: 11548
Country US
Telephone: 5162993618

Other present address(es):
City: State/Province/ Territory: Zip/Postal Code:
Country:
Telephone:

List of other addresses and telephone numbers attached

2. Positions held in submitting business and starting date of each (check all applicable)

President		Treasurer	
Chairman of Board		Shareholder	
Chief Exec. Officer		Secretary	
Chief Financial Officer		Partner	
Vice President			
(Other)			

Type Other
Description Executive Director Office of Sponsored Projects
Start Date 07/05/2022

3. Do you have an equity interest in the business submitting the questionnaire?
YES [ ] NO [X] If Yes, provide details.

4. Are there any outstanding loans, guarantees or any other form of security or lease or any other type of contribution made in whole or in part between you and the business submitting the questionnaire?
YES [ ] NO [X] If Yes, provide details.

5. Within the past 3 years, have you been a principal owner or officer of any business or notfor-profit organization other than the one submitting the questionnaire?
YES [ ] NO [X] If Yes, provide details.

6. Has any governmental entity awarded any contracts to a business or organization listed in Section 5 in the past 3 years while you were a principal owner or officer?
YES [ ] NO [X] If Yes, provide details.

NOTE: An affirmative answer is required below whether the sanction arose automatically, by operation of law, or as a result of any action taken by a government agency. Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.

7. In the past (5) years, have you and/or any affiliated businesses or not-for-profit organizations listed in Section 5 in which you have been a principal owner or officer:
   a. Been debarred by any government agency from entering into contracts with that agency?
   YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

   b. Been declared in default and/or terminated for cause on any contract, and/or had any contracts cancelled for cause?
   YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

   c. Been denied the award of a contract and/or the opportunity to bid on a contract, including, but not limited to, failure to meet pre-qualification standards?
   YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

   d. Been suspended by any government agency from entering into any contract with it; and/or is any action pending that could formally debar or otherwise affect such business's ability to bid or propose on contract?
   YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

8. Have any of the businesses or organizations listed in response to Question 5 filed a bankruptcy petition and/or been the subject of involuntary bankruptcy proceedings during the past 7 years, and/or for any portion of the last 7 year period, been in a state of bankruptcy as a result of bankruptcy proceedings initiated more than 7 years ago and/or is any such business now the subject of any pending bankruptcy proceedings, whenever initiated?
YES [ ] NO [X] If 'Yes', provide details for each such instance. (Provide a detailed response to all questions check "Yes". If you need more space, photocopy the appropriate page and attached it to the questionnaire.)

9.

a. Is there any felony charge pending against you?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

b. Is there any misdemeanor charge pending against you?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

c. Is there any administrative charge pending against you?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

d. In the past 10 years, have you been convicted, after trial or by plea, of any felony, or of any other crime, an element of which relates to truthfulness or the underlying facts of which related to the conduct of business?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

e. In the past 5 years, have you been convicted, after trial or by plea, of a misdemeanor?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

f. In the past 5 years, have you been found in violation of any administrative or statutory charges?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

10. In addition to the information provided in response to the previous questions, in the past 5 years, have you been the subject of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or investigative agency and/or the subject of an investigation where such investigation was related to activities performed at, for, or on behalf of the submitting business entity and/or an affiliated business listed in response to Question 5?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

11. In addition to the information provided, in the past 5 years has any business or organization listed in response to Question 5, been the subject of a criminal investigation and/or a civil anti-trust investigation and/or any other type of investigation by any government agency, including but not limited to federal, state, and local regulatory agencies while you were a principal owner or officer?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

12. In the past 5 years, have you or this business, or any other affiliated business listed in response to Question 5 had any sanction imposed as a result of judicial or administrative proceedings with respect to any professional license held?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

13. For the past 5 tax years, have you failed to file any required tax returns or failed to pay any applicable federal, state or local taxes or other assessed charges, including but not limited to water and sewer charges?

YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

I, Jared Littman , hereby acknowledge that a materially false statement willfully or fraudulently made in connection with this form may result in rendering the submitting business entity and/or any affiliated entities non-responsible, and, in addition, may subject me to criminal charges.

I, Jared Littman , hereby certify that I have read and understand all the items contained in this form; that I supplied full and complete answers to each item therein to the best of my knowledge, information and belief; that I will notify the County in writing of any change in circumstances occurring after the submission of this form; and that all information supplied by me is true to the best of my knowledge, information and belief. I understand that the County will rely on the information supplied in this form as additional inducement to enter into a contract with the submitting business entity.

CERTIFICATION

A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE IN CONNECTION WITH THIS QUESTIONNAIRE MAY RESULT IN RENDERING THE SUBMITTING BUSINESS ENTITY NOT RESPONSIBLE WITH RESPECT TO THE PRESENT BID OR FUTURE BIDS, AND, IN ADDITION, MAY SUBJECT THE PERSON MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.

Long Island University

Name of submitting business

Electronically signed and certified at the date and time indicated by:
Jared Littman, Ph.D. JARED.LITTMAN@LIU.EDU

Executive Director Office of Sponsored Projects

Title

04/25/2023 03:37:13 pm

Date

PRINCIPAL QUESTIONNAIRE FORM

All questions on these questionnaires must be answered by all officers and any individuals who hold a ten percent (10%) or greater ownership interest in the proposer. Answers typewritten or printed in ink. If you need more space to answer any question, make as many photocopies of the appropriate page(s) as necessary and attach them to the questionnaire.

COMPLETE THIS QUESTIONNAIRE CAREFULLY AND COMPLETELY. FAILURE TO SUBMIT A COMPLETE QUESTIONNAIRE MAY MEAN THAT YOUR BID OR PROPOSAL WILL BE REJECTED AS NON-RESPONSIVE AND IT WILL NOT BE CONSIDERED FOR AWARD

1. Principal Name: Joan Miceli
Date of birth: [redacted]
Home address: [redacted]
City: [redacted] State/Province/ Territory: [redacted] Zip/Postal Code: [redacted]
Country: US

Business Address: 700 Northern Blvd
City: Brookville State/Province/ Territory: NY Zip/Postal Code: 11548
Country US
Telephone: 5162992558

Other present address(es):
City: State/Province/ Territory: Zip/Postal Code:
Country:
Telephone:

List of other addresses and telephone numbers attached

2. Positions held in submitting business and starting date of each (check all applicable)

President		Treasurer	
Chairman of Board		Shareholder	
Chief Exec. Officer		Secretary	
Chief Financial Officer		Partner	
Vice President			
(Other)			

Type Other
Description Director of Sourcing and Procurement Services
Start Date 12/29/2021

3. Do you have an equity interest in the business submitting the questionnaire?
YES [ ] NO [X] If Yes, provide details.

4. Are there any outstanding loans, guarantees or any other form of security or lease or any other type of contribution made in whole or in part between you and the business submitting the questionnaire?
YES [ ] NO [X] If Yes, provide details.

5. Within the past 3 years, have you been a principal owner or officer of any business or notfor-profit organization other than the one submitting the questionnaire?
YES [ ] NO [X] If Yes, provide details.

6. Has any governmental entity awarded any contracts to a business or organization listed in Section 5 in the past 3 years while you were a principal owner or officer?
YES [ ] NO [X] If Yes, provide details.

NOTE: An affirmative answer is required below whether the sanction arose automatically, by operation of law, or as a result of any action taken by a government agency. Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.

7. In the past (5) years, have you and/or any affiliated businesses or not-for-profit organizations listed in Section 5 in which you have been a principal owner or officer:
   a. Been debarred by any government agency from entering into contracts with that agency?
   YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

   b. Been declared in default and/or terminated for cause on any contract, and/or had any contracts cancelled for cause?
   YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

   c. Been denied the award of a contract and/or the opportunity to bid on a contract, including, but not limited to, failure to meet pre-qualification standards?
   YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

   d. Been suspended by any government agency from entering into any contract with it; and/or is any action pending that could formally debar or otherwise affect such business's ability to bid or propose on contract?
   YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

8. Have any of the businesses or organizations listed in response to Question 5 filed a bankruptcy petition and/or been the subject of involuntary bankruptcy proceedings during the past 7 years, and/or for any portion of the last 7 year period, been in a state of bankruptcy as a result of bankruptcy proceedings initiated more than 7 years ago and/or is any such business now the subject of any pending bankruptcy proceedings, whenever initiated?
YES [ ] NO [X] If 'Yes', provide details for each such instance. (Provide a detailed response to all questions check "Yes". If you need more space, photocopy the appropriate page and attached it to the questionnaire.)

9.

a. Is there any felony charge pending against you?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

b. Is there any misdemeanor charge pending against you?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

c. Is there any administrative charge pending against you?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

d. In the past 10 years, have you been convicted, after trial or by plea, of any felony, or of any other crime, an element of which relates to truthfulness or the underlying facts of which related to the conduct of business?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

e. In the past 5 years, have you been convicted, after trial or by plea, of a misdemeanor?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

f. In the past 5 years, have you been found in violation of any administrative or statutory charges?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

10. In addition to the information provided in response to the previous questions, in the past 5 years, have you been the subject of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or investigative agency and/or the subject of an investigation where such investigation was related to activities performed at, for, or on behalf of the submitting business entity and/or an affiliated business listed in response to Question 5?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

11. In addition to the information provided, in the past 5 years has any business or organization listed in response to Question 5, been the subject of a criminal investigation and/or a civil anti-trust investigation and/or any other type of investigation by any government agency, including but not limited to federal, state, and local regulatory agencies while you were a principal owner or officer?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

12. In the past 5 years, have you or this business, or any other affiliated business listed in response to Question 5 had any sanction imposed as a result of judicial or administrative proceedings with respect to any professional license held?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

13. For the past 5 tax years, have you failed to file any required tax returns or failed to pay any applicable federal, state or local taxes or other assessed charges, including but not limited to water and sewer charges?

YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

I, Joan Miceli , hereby acknowledge that a materially false statement willfully or fraudulently made in connection with this form may result in rendering the submitting business entity and/or any affiliated entities non-responsible, and, in addition, may subject me to criminal charges.

I, Joan Miceli , hereby certify that I have read and understand all the items contained in this form; that I supplied full and complete answers to each item therein to the best of my knowledge, information and belief; that I will notify the County in writing of any change in circumstances occurring after the submission of this form; and that all information supplied by me is true to the best of my knowledge, information and belief. I understand that the County will rely on the information supplied in this form as additional inducement to enter into a contract with the submitting business entity.

CERTIFICATION

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Long Island University

Name of submitting business

Electronically signed and certified at the date and time indicated by:
Joan Miceli JOAN.MICELI@LIU.EDU

Director of Procurement

Title

04/12/2023 03:57:45 pm

Date

PRINCIPAL QUESTIONNAIRE FORM

All questions on these questionnaires must be answered by all officers and any individuals who hold a ten percent (10%) or greater ownership interest in the proposer. Answers typewritten or printed in ink. If you need more space to answer any question, make as many photocopies of the appropriate page(s) as necessary and attach them to the questionnaire.

COMPLETE THIS QUESTIONNAIRE CAREFULLY AND COMPLETELY. FAILURE TO SUBMIT A COMPLETE QUESTIONNAIRE MAY MEAN THAT YOUR BID OR PROPOSAL WILL BE REJECTED AS NON-RESPONSIVE AND IT WILL NOT BE CONSIDERED FOR AWARD

1. Principal Name: Barbara Neal
Date of birth: [redacted]
Home address: [redacted]
City: [redacted] State/Province/ Territory: [redacted] Zip/Postal Code: [redacted]
Country: US

Business Address: 700 Northern BoulevardNY
City: Greenvale, State/Province/ Territory: NY Zip/Postal Code: 11548
Country US
Telephone: 516-299-3514

Other present address(es):
City: State/Province/ Territory: Zip/Postal Code:
Country:
Telephone:

List of other addresses and telephone numbers attached

2. Positions held in submitting business and starting date of each (check all applicable)

President		Treasurer	
Chairman of Board		Shareholder	
Chief Exec. Officer		Secretary	12/12/2022
Chief Financial Officer		Partner	
Vice President			
(Other)			

3. Do you have an equity interest in the business submitting the questionnaire?
YES [ ] NO [X] If Yes, provide details.

4. Are there any outstanding loans, guarantees or any other form of security or lease or any other type of contribution made in whole or in part between you and the business submitting the questionnaire?
YES [ ] NO [X] If Yes, provide details.

5. Within the past 3 years, have you been a principal owner or officer of any business or notfor-profit organization other than the one submitting the questionnaire?
YES [ ] NO [X] If Yes, provide details.

6. Has any governmental entity awarded any contracts to a business or organization listed in Section 5 in the past 3 years while you were a principal owner or officer?
YES [ ] NO [X] If Yes, provide details.

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   YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

   b. Been declared in default and/or terminated for cause on any contract, and/or had any contracts cancelled for cause?
   YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

   c. Been denied the award of a contract and/or the opportunity to bid on a contract, including, but not limited to, failure to meet pre-qualification standards?
   YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

   d. Been suspended by any government agency from entering into any contract with it; and/or is any action pending that could formally debar or otherwise affect such business's ability to bid or propose on contract?
   YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

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YES [ ] NO [X] If 'Yes', provide details for each such instance. (Provide a detailed response to all questions check "Yes". If you need more space, photocopy the appropriate page and attached it to the questionnaire.)

9.
   a. Is there any felony charge pending against you?
   YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

b. Is there any misdemeanor charge pending against you?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

c. Is there any administrative charge pending against you?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

d. In the past 10 years, have you been convicted, after trial or by plea, of any felony, or of any other crime, an element of which relates to truthfulness or the underlying facts of which related to the conduct of business?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

e. In the past 5 years, have you been convicted, after trial or by plea, of a misdemeanor?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

f. In the past 5 years, have you been found in violation of any administrative or statutory charges?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

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YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

11. In addition to the information provided, in the past 5 years has any business or organization listed in response to Question 5, been the subject of a criminal investigation and/or a civil anti-trust investigation and/or any other type of investigation by any government agency, including but not limited to federal, state, and local regulatory agencies while you were a principal owner or officer?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

12. In the past 5 years, have you or this business, or any other affiliated business listed in response to Question 5 had any sanction imposed as a result of judicial or administrative proceedings with respect to any professional license held?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

13. For the past 5 tax years, have you failed to file any required tax returns or failed to pay any applicable federal, state or local taxes or other assessed charges, including but not limited to water and sewer charges?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

I, Barbara Neal , hereby acknowledge that a materially false statement willfully or fraudulently made in connection with this form may result in rendering the submitting business entity and/or any affiliated entities non-responsible, and, in addition, may subject me to criminal charges.

I, Barbara Neal , hereby certify that I have read and understand all the items contained in this form; that I supplied full and complete answers to each item therein to the best of my knowledge, information and belief; that I will notify the County in writing of any change in circumstances occurring after the submission of this form; and that all information supplied by me is true to the best of my knowledge, information and belief. I understand that the County will rely on the information supplied in this form as additional inducement to enter into a contract with the submitting business entity.

CERTIFICATION

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Long Island University

Name of submitting business

Electronically signed and certified at the date and time indicated by:
Barbara Neal BARBARA.NEAL@LIU.EDU

Director of Grants Management

Title

06/07/2023 11:48:58 am

Date

PRINCIPAL QUESTIONNAIRE FORM

All questions on these questionnaires must be answered by all officers and any individuals who hold a ten percent (10%) or greater ownership interest in the proposer. Answers typewritten or printed in ink. If you need more space to answer any question, make as many photocopies of the appropriate page(s) as necessary and attach them to the questionnaire.

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1. Principal Name: Suzanne Ornelas
Date of birth: [redacted]
Home address: [redacted]
City: [redacted] State/Province/ Territory: [redacted] Zip/Postal Code: [redacted]
Country: US

Business Address: 720 Northern Boulevard
City: Brookville State/Province/ Territory: NY Zip/Postal Code: 11548
Country US
Telephone: 516-299-2415

Other present address(es):
City: State/Province/ Territory: Zip/Postal Code:
Country:
Telephone:

List of other addresses and telephone numbers attached

2. Positions held in submitting business and starting date of each (check all applicable)

President		Treasurer	
Chairman of Board		Shareholder	
Chief Exec. Officer		Secretary	
Chief Financial Officer		Partner	
Vice President			
(Other)			

Type Other
Description Chief of Academic Operations
Start Date 10/17/2022

3. Do you have an equity interest in the business submitting the questionnaire?
YES [ ] NO [X] If Yes, provide details.

4. Are there any outstanding loans, guarantees or any other form of security or lease or any other type of contribution made in whole or in part between you and the business submitting the questionnaire?
YES [ ] NO [X] If Yes, provide details.

5. Within the past 3 years, have you been a principal owner or officer of any business or notfor-profit organization other than the one submitting the questionnaire?
YES [ ] NO [X] If Yes, provide details.

6. Has any governmental entity awarded any contracts to a business or organization listed in Section 5 in the past 3 years while you were a principal owner or officer?
YES [ ] NO [X] If Yes, provide details.

NOTE: An affirmative answer is required below whether the sanction arose automatically, by operation of law, or as a result of any action taken by a government agency. Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.

7. In the past (5) years, have you and/or any affiliated businesses or not-for-profit organizations listed in Section 5 in which you have been a principal owner or officer:
   a. Been debarred by any government agency from entering into contracts with that agency?
   YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

   b. Been declared in default and/or terminated for cause on any contract, and/or had any contracts cancelled for cause?
   YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

   c. Been denied the award of a contract and/or the opportunity to bid on a contract, including, but not limited to, failure to meet pre-qualification standards?
   YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

   d. Been suspended by any government agency from entering into any contract with it; and/or is any action pending that could formally debar or otherwise affect such business's ability to bid or propose on contract?
   YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

8. Have any of the businesses or organizations listed in response to Question 5 filed a bankruptcy petition and/or been the subject of involuntary bankruptcy proceedings during the past 7 years, and/or for any portion of the last 7 year period, been in a state of bankruptcy as a result of bankruptcy proceedings initiated more than 7 years ago and/or is any such business now the subject of any pending bankruptcy proceedings, whenever initiated?
YES [ ] NO [X] If 'Yes', provide details for each such instance. (Provide a detailed response to all questions check "Yes". If you need more space, photocopy the appropriate page and attached it to the questionnaire.)

9.

a. Is there any felony charge pending against you?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

b. Is there any misdemeanor charge pending against you?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

c. Is there any administrative charge pending against you?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

d. In the past 10 years, have you been convicted, after trial or by plea, of any felony, or of any other crime, an element of which relates to truthfulness or the underlying facts of which related to the conduct of business?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

e. In the past 5 years, have you been convicted, after trial or by plea, of a misdemeanor?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

f. In the past 5 years, have you been found in violation of any administrative or statutory charges?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

10. In addition to the information provided in response to the previous questions, in the past 5 years, have you been the subject of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or investigative agency and/or the subject of an investigation where such investigation was related to activities performed at, for, or on behalf of the submitting business entity and/or an affiliated business listed in response to Question 5?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

11. In addition to the information provided, in the past 5 years has any business or organization listed in response to Question 5, been the subject of a criminal investigation and/or a civil anti-trust investigation and/or any other type of investigation by any government agency, including but not limited to federal, state, and local regulatory agencies while you were a principal owner or officer?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

12. In the past 5 years, have you or this business, or any other affiliated business listed in response to Question 5 had any sanction imposed as a result of judicial or administrative proceedings with respect to any professional license held?
YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

13. For the past 5 tax years, have you failed to file any required tax returns or failed to pay any applicable federal, state or local taxes or other assessed charges, including but not limited to water and sewer charges?

YES [ ] NO [X] If yes, provide an explanation of the circumstances and corrective action taken.

I, Suzanne Ornelas , hereby acknowledge that a materially false statement willfully or fraudulently made in connection with this form may result in rendering the submitting business entity and/or any affiliated entities non-responsible, and, in addition, may subject me to criminal charges.

I, Suzanne Ornelas , hereby certify that I have read and understand all the items contained in this form; that I supplied full and complete answers to each item therein to the best of my knowledge, information and belief; that I will notify the County in writing of any change in circumstances occurring after the submission of this form; and that all information supplied by me is true to the best of my knowledge, information and belief. I understand that the County will rely on the information supplied in this form as additional inducement to enter into a contract with the submitting business entity.

CERTIFICATION

A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE IN CONNECTION WITH THIS QUESTIONNAIRE MAY RESULT IN RENDERING THE SUBMITTING BUSINESS ENTITY NOT RESPONSIBLE WITH RESPECT TO THE PRESENT BID OR FUTURE BIDS, AND, IN ADDITION, MAY SUBJECT THE PERSON MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.

Long Island University

Name of submitting business

Electronically signed and certified at the date and time indicated by:
Suzanne Ornelas SUZANNE.ORNELAS@LIU.EDU

Chief of Academic Operations

Title

05/03/2023 12:53:04 pm

Date

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 04/26/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
MARSH USA, LLC.
99 HIGH STREET
BOSTON, MA 02110

CN102398356--gawue-22-23

CONTACT NAME:
PHONE (A/C, No, Ext): **FAX (A/C, No):**
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : United Educators Insurance	10020
INSURER B : N/A	N/A
INSURER C : N/A	N/A
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Long Island University
700 Nothern Boulevard
Brookville, NY 11548

COVERAGES **CERTIFICATE NUMBER:** NYC-011495532-05 **REVISION NUMBER:** 7

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X **COMMERCIAL GENERAL LIABILITY**			B48-98T	10/01/2022	10/01/2023	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	X **UMBRELLA LIAB** X OCCUR			B48-98T	10/01/2022	10/01/2023	EACH OCCURRENCE	$ 5,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 5,000,000
	DED X RETENTION $ 1,000,000							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						PER STATUTE / OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Internships and Professional Services Liability			B48-98T	10/01/2022	10/01/2023	Each Claim	3,000,000
							Deductible	10,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Nassau County is included as additional insured where required by written contract.

CERTIFICATE HOLDER

County of Nassau
60 Charles Lindenberg Boulevard
Mineola, NY 11553

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
of Marsh USA Inc.

Marsh USA LLC

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NEW YORK STATE | Workers' Compensation Board

CERTIFICATE OF INSURANCE COVERAGE
NYS DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by NYS disability and Paid Family Leave benefits carrier or licensed insurance agent of that carrier

1a. Legal Name & Address of Insured (use street address only)
Long Island University
700 Northern Blvd.
Brookville, NY 11548

Work Location of Insured *(Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)*

1b. Business Telephone Number of Insured
516-299-4209

1c. Federal Employer Identification Number of Insured or Social Security Number
[redacted]

2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)
Nassau County Department of Health
Office of Food Protection
200 County Seat Drive
Mineola, NY 11501

3a. Name of Insurance Carrier
Lincoln Life & Annuity Company of New York

3b. Policy Number of Entity Listed in Box 1a
GS4-820-094809-NY

3c. Policy Effective Period
1/1/2023 to 12/31/2023

4. Policy provides the following benefits:
- [x] A. Both disability and Paid Family Leave benefits.
- [ ] B. Disability benefits only.
- [ ] C. Paid Family Leave benefits only.

5. Policy covers:
- [x] A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.
- [ ] B. Only the following class or classes of employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS disability and/or Paid Family Leave benefits insurance coverage as described above.

Date Signed 04/03/2023 By Cheryl Smithson
(Signature of insurance carrier's authorized representative or NYS licensed insurance agent of that insurance carrier)

Telephone Number 800-423-2765 Name and Title Statutory Contract Analyst

IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.

If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be emailed to PAU@wcb.ny.gov or it can be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4B, 4C or 5B have been checked)

State of New York
Workers' Compensation Board

According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law(Article 9 of the Workers' Compensation Law) with respect to all of their employees.

Date Signed _____ By _____
(Signature of Authorized NYS Workers' Compensation Board Employee)

Telephone Number _____ Name and Title _____

Please Note: *Only insurance carriers licensed to write NYS disability and Paid Family Leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1.* ***Insurance brokers are NOT authorized to issue this form.***

Additional Instructions for Form DB-120.1

By signing this form, the insurance carrier identified in Box 3 on this form is certifying that it is insuring the business referenced in Box 1a for disability and/or Paid Family Leave benefits under the NYS Disability and Paid Family Leave Benefits Law. The insurance carrier or its licensed agent will send this Certificate of Insurance Coverage (Certificate) to the entity listed as the certificate holder in Box 2.

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is cancelled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in Box 3c, whichever is earlier.

This Certificate is issued as a matter of information only and confers no rights upon the certificate holder. This Certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This Certificate may be used as evidence of a NYS disability and/or Paid Family Leave benefits contract of insurance only while the underlying policy is in effect.

Please Note: Upon the cancellation of the disability and/or Paid Family Leave benefits policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Insurance Coverage for NYS disability and/ or Paid Family Leave Benefits or other authorized proof that the business is complying with the mandatory coverage requirements of the NYS Disability and Paid Family Leave Benefits Law.

NYS DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

§220. Subd. 8

(a) The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in employment as defined in this article, and not withstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits and after January first, two thousand and twenty-one, the payment of family leave benefits for all employees has been secured as provided by this article. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any disability benefits to any such employee if so employed.

(b) The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in employment as defined in this article and notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits and after January first, two thousand eighteen, the payment of family leave benefits for all employees has been secured as provided by this article.

TRAVELERS
Document Management
CSS
300 Windsor Street
Hartford, CT 06120

Nassau County Department of Health
Office of Food Protection
200 County Seat Drive
Mineola, NY 11501

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/07/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
MARSH USA, LLC.
99 HIGH STREET
BOSTON, MA 02110

CN102398356--guwe-22-23

CONTACT NAME:
PHONE (A/C, No, Ext): **FAX (A/C, No):**
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : United Educators Insurance	10020
INSURER B :	
INSURER C : The Charter Oak Fire Insurance Company	25615
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Long Island University
700 Nothern Boulevard
Brookville, NY 11548

COVERAGES

CERTIFICATE NUMBER: NYC-011693446-00 **REVISION NUMBER:** 0

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY	X		B48-98T	10/01/2022	10/01/2023	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE [X] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB X OCCUR	X		B48-98T	10/01/2022	10/01/2023	EACH OCCURRENCE	$ 5,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 5,000,000
	DED X RETENTION $ 1,000,000							$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N	N / A		UB-8T356128-23-51-K	09/01/2023	09/01/2024	X PER STATUTE OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [N] (Mandatory in NH)						E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The County of Nassau is named as an Additional Insured.

CERTIFICATE HOLDER

County of Nassau
200 County Seat Drive
Mineola, NY 11501

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
of Marsh USA LLC

Marsh USA LLC

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NEW YORK STATE | Workers' Compensation Board

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

1a. Legal Name & Address of Insured (use street address only) Long Island University 700 Northern Blvd Greenville, NY 11501 Work Location of Insured *(Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)*	1b. Business Telephone Number of Insured 516-299-2900 1c. NYS Unemployment Insurance Employer Registration Number of Insured 1d. Federal Employer Identification Number of Insured or Social [redacted]
2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) Nassau County Department of Health Office of Food Protection 200 County Seat Drive Mineola, NY 11501	3a. Name of Insurance Carrier The Charter Oak Fire Insurance Company 3b. Policy Number of entity listed in box "1a" UB-8T356128-22-51-K 3c. Policy effective period 09/01/2022 to 09/01/2023 3d. The Proprietor, Partners or Executive Officer are ☒ included. (Only check box if all partners/officers included) ☐ all excluded or certain partners/officers excluded.

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. **(To use this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation insurance policy).** The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) **Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.**

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Workers' Compensation contract of insurance only while the underlying policy is in effect.

Please Note: Upon cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: Bessie Fletcher
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: Bessie Fletcher — 10/13/2022
(Signature) (Date)

Title: Sr. Customer Solutions Representative

Telephone Number of authorized representative or licensed agent of insurance carrier: 804-527-4812

Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.

Workers' Compensation Law

Section 57. Restriction on issue of permits and the entering into contracts unless compensation is secured.

1. The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any compensation to any such employee if so employed.

2. The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter.

CONTRACT FOR SERVICES

THIS AGREEMENT, dated as of _____, 20___ (together with the schedules, appendices, attachments and exhibits, if any, (this "Agreement"), is entered into by and between (i) Nassau County, a municipal corporation having its principal office at 1550 Franklin Ave., Mineola, New York 11501 (the "County"), acting on behalf of the County Department of Health, having its principal office at 200 County Seat Drive, Mineola, NY 11501 (the "Department") and (ii) Center for Community Integration, Long Island University – CW Post University a New York State not-for-profit agency, having its principal office at 720 Northern Boulevard, Brookville, New York 11548 (the "Contractor"). The parties to this Agreement shall hereinafter collectively be referred to as the "Parties."

W I T N E S S E T H:

WHEREAS, the County desires to hire the Contractor to perform the services described in this Agreement; and

WHEREAS, this is a personal service contract within the intent and purview of Section 2206 of the County Charter;

WHEREAS, the Contractor desires to perform the services described in this Agreement.

NOW, THEREFORE, in consideration of the premises and mutual covenants contained in this Agreement, the parties agree as follows:

9-12-23

1. Term. This Agreement shall commence upon the date last executed by all parties to this Agreement and terminate on September 30, 2025, unless sooner terminated in accordance with the provisions of this Agreement; provided, however, the County may renew this Agreement for an additional five (5) year period covering October 1, 2025 through September 30, 2030, in one year increments, subject to the availability of grant funding to fund any renewals under this Agreement.

2. Services. The services to be provided by the Contractor under this Agreement ("Services") shall be to assist families of children and youth (0-21 years old) with special health care needs by giving them information on health insurance, connecting them with health care providers, and working with families to help them meet the medical and non-medical needs of their children. The Nassau County Department of Health (NCDOH) wishes to contract with CCI for 1.0 FTE staff member to work at the DOH to meet workplan requirements as described in the Workplan attached as Appendix A. If this Agreement is renewed, the Parties will adjust the Workplan for the renewal period as necessary based on the terms of the grant that will fund such renewal.

3. Payment.

(a) Amount of Consideration. The maximum annual amount to be paid to the Contractor as full consideration for the Contractor's services under this Agreement shall be Four Hundred Forty-three Thousand One dollar ($443,001.00) ("Maximum Amount"), payable in accordance with the yearly budget attached hereto as Exhibit A. If this Agreement is renewed, the Parties will agree to a budget for the renewal period based on the terms of the grant that will fund such renewal.

(b) Partial Encumbrance. The Contractor acknowledges that the County will partially encumber funds to be applied toward the Maximum Amount throughout the term of this Agreement. The Contractor further acknowledges that there shall be no initial encumbrance under this Agreement. Thereafter, the Department will notify the Contractor of the availability of monies, which notice shall include the amount encumbered. Such notification shall serve as notice to proceed.

(c) Vouchers; Voucher Review, Approval and Audit. Payments shall be made to the Contractor in arears

and shall be contingent upon (i) the Contractor submitting claim vouchers (the "Voucher") for the Services provided in accordance with Appendix A and Exhibit A, as may be adjusted if this Agreement is renewed, and in a form satisfactory to the County, that (a) states with reasonable specificity the services provided and the payment requested as consideration for such services, (b) certifies that the services rendered and the payment requested are in accordance with this Agreement, and (c) is accompanied by documentation satisfactory to the County supporting the amount claimed, and (ii) review, approval and audit of the Voucher by the Department and/or the County Comptroller or his or her duly designated representative (the "Comptroller").

(d) Timing of Payment Claims. The Contractor shall submit claims no later than three (3) months following the County's receipt of the services that are the subject of the claim and no more frequently than once a month. The final claim is due thirty (30) days after the end of the contract.

(e) No Duplication of Payments. Payments under this Agreement shall not duplicate payments for any work performed or to be performed under other agreements between the Contractor and any funding source including the County.

(f) Payments in Connection with Termination or Notice of Termination. Unless a provision of this Agreement expressly states otherwise, payments to the Contractor following the termination of this Agreement shall not exceed payments made as consideration for services that were (i) performed prior to termination, (ii) authorized by this Agreement to be performed, and (iii) not performed after the Contractor received notice that the County did not desire to receive such services.

(g) Budget. The amount to be paid to the Contractor shall be in accordance with the line item budget (Exhibit A) attached to this Agreement, as may be adjusted if this Agreement is renewed. Amounts allocated to line items within the total amount of the budget attached hereto may be transferred among items upon approval by the Commissioner of the Department.

4. Independent Contractor. The Contractor is an independent contractor of the County. The Contractor shall not, nor shall any officer, director, employee, servant, agent or independent contractor of the Contractor (a "Contractor Agent"), be (i) deemed a County employee, (ii) commit the County to any obligation, or (iii) hold itself, himself, or herself out as a County employee or Person with the authority to commit the County to any obligation. As used in this Agreement the word "Person" means any individual person, entity (including partnerships, corporations and limited liability companies), and government or political subdivision thereof (including agencies, bureaus, offices and departments thereof).

5. No Arrears or Default. The Contractor is not in arrears to the County upon any debt or contract and it is not in default as surety, contractor, or otherwise upon any obligation to the County, including any obligation to pay taxes to, or perform services for or on behalf of, the County.

6. Compliance with Law. (a) Generally. The Contractor shall comply with any and all applicable Federal, State and local Laws, including, but not limited to those relating to conflicts of interest, discrimination, living wage, disclosure of information and vendor registration, in connection with its performance under this Agreement. In furtherance of the foregoing, the Contractor is bound by and shall comply with the terms of Appendices EE and L attached hereto and with the County's vendor registration protocol. In addition, if the Contractor is a not-for-profit corporation, by executing this Agreement, the Contractor certifies that it has completed, executed and submitted to the Comptroller an Agency Financial Controls Questionnaire. As used in this Agreement the word "Law" includes any and all statutes, local laws, ordinances, rules, regulations, applicable orders, and/or decrees, as the same may be amended from time to time, enacted, or adopted.

(b) Nassau County Living Wage Law. Pursuant to LL 1-2006, as amended, and to the extent that a waiver has not been obtained in accordance with such law or any rules of the County Executive, the Contractor agrees as follows:

(i) Contractor shall comply with the applicable requirements of the Living Wage Law, as amended;

(ii) Failure to comply with the Living Wage Law, as amended, constitutes a material breach of this Agreement, the occurrence of which may be determined solely by the County. Contractor has the right to cure such breach within thirty days of receipt of notice of breach from the County. In the event that such breach is not timely cured, the County may terminate this Agreement as well as exercise any other rights available to the County under applicable law.

(iii) It shall be a continuing obligation of the Contractor to inform the County of any material changes in the content of its certification of compliance, attached to this Agreement as Appendix L, and shall provide to the County any information necessary to maintain the certification's accuracy.

(c) Records Access. The parties acknowledge and agree that all records, information, and data ("Information") acquired in connection with performance or administration of this Agreement shall be used and disclosed solely for the purpose of performance and administration of the contract or as required by law. The Contractor acknowledges that Contractor Information in the County's possession may be subject to disclosure under Article 6 of the New York State Public Officer's Law ("Freedom of Information Law" or "FOIL"). In the event that such a request for disclosure is made, the County shall make reasonable efforts to notify the Contractor of such request prior to disclosure of the Information so that the Contractor may take such action as it deems appropriate.

(d) Prohibition of Gifts. In accordance with County Executive Order 2-2018, the Contractor shall not offer, give, or agree to give anything of value to any County employee, agent, consultant, construction manager, or other person or firm representing the County (a "County Representative"), including members of a County Representative's immediate family, in connection with the performance by such County Representative of duties involving transactions with the Contractor on behalf of the County, whether such duties are related to this Agreement or any other County contract or matter. As used herein, "anything of value" shall include, but not be limited to, meals, holiday gifts, holiday baskets, gift cards, tickets to golf outings, tickets to sporting events, currency of any kind, or any other gifts, gratuities, favorable opportunities or preferences. For purposes of this subsection, an immediate family member shall include a spouse, child, parent, or sibling. The Contractor shall include the provisions of this subsection in each subcontract entered into under this Agreement.

(e) Disclosure of Conflicts of Interest. In accordance with County Executive Order 2-2018, the Contractor has disclosed as part of its response to the County's Business History Form, or other disclosure form(s), any and all instances where the Contractor employs any spouse, child, or parent of a County employee of the agency or department that contracted or procured the goods and/or services described under this Agreement. The Contractor shall have a continuing obligation, as circumstances arise, to update this disclosure throughout the term of this Agreement.

(f) Vendor Code of Ethics. By executing this Agreement, the Contractor hereby certifies and covenants that:

(i) The Contractor has been provided a copy of the Nassau County Vendor Code of Ethics issued on June 5, 2019, as may be amended from time to time (the "Vendor Code of Ethics"), and will comply with all of its provisions;

(ii) All of the Contractor's Participating Employees, as such term is defined in the Vendor Code of Ethics (the "Participating Employees"), have been provided a copy of the Vendor Code of Ethics prior to their participation in the underlying procurement;

(iii) All Participating Employees have completed the acknowledgment required by the Vendor Code of Ethics;

(iv) The Contractor will retain all of the signed Participating Employee acknowledgements for the period it is required to retain other records pertinent to performance under this Agreement;

(v) The Contractor will continue to distribute the Vendor Code of Ethics, obtain signed Participating Employee acknowledgments as new Participating Employees are added or changed during the term of this Agreement, and retain such signed acknowledgments for the period the Contractor is required to retain other records pertinent to performance under this Agreement; and

(vi) The Contractor has obtained the certifications required by the Vendor Code of Ethics from any subcontractors or other lower tier participants who have participated in procurements for work performed under this Agreement.

7. Minimum Service Standards. Regardless of whether required by Law: (a) The Contractor shall, and shall cause Contractor Agents to, conduct its, his or her activities in connection with this Agreement so as not to endanger or harm any Person or property.

(b) The Contractor shall deliver services under this Agreement in a professional manner consistent with the best practices of the industry in which the Contractor operates. The Contractor shall take all actions necessary or appropriate to meet the obligation described in the immediately preceding sentence, including obtaining and maintaining, and causing all Contractor Agents to obtain and maintain, all approvals, licenses, and certifications ("Approvals") necessary or appropriate in connection with this Agreement.

8. Indemnification; Defense; Cooperation. (a) The Contractor shall be solely responsible for and shall indemnify and hold harmless the County, the Department and its officers, employees, and agents (the "Indemnified Parties") from and against any and all liabilities, losses, costs, expenses (including, without limitation, attorneys' fees and disbursements) and damages ("Losses"), arising out of or in connection with any acts or omissions of the Contractor or a Contractor Agent, regardless of whether due to negligence, fault, or default, including Losses in connection with any threatened investigation, litigation or other proceeding or preparing a defense to or prosecuting the same; provided, however, that the Contractor shall not be responsible for that portion, if any, of a Loss that is caused by the negligence of the County.

(b) The Contractor shall, upon the County's demand and at the County's direction, promptly and diligently defend, at the Contractor's own risk and expense, any and all suits, actions, or proceedings which may be brought or instituted against one or more Indemnified Parties for which the Contractor is responsible under this Section, and, further to the Contractor's indemnification obligations, the Contractor shall pay and satisfy any judgment, decree, loss or settlement in connection therewith.

(c) The Contractor shall, and shall cause Contractor Agents to, cooperate with the County and the Department in connection with the investigation, defense or prosecution of any action, suit or proceeding in connection with this Agreement, including the acts or omissions of the Contractor and/or a Contractor Agent in connection with this Agreement.

(d) The provisions of this Section shall survive the termination of this Agreement.

9. Insurance. (a) Types and Amounts. The Contractor shall obtain and maintain throughout the term of this Agreement, at its own expense: (i) one or more policies for commercial general liability insurance, which policy(ies) shall name "Nassau County" as an additional insured and have a minimum single combined limit of liability of not less than one million dollars ($1,000,000) per occurrence and two million dollars ($2,000,000) aggregate coverage, (ii) if contracting in whole or part to provide professional services, one or more policies for professional liability insurance, which policy(ies) shall have a minimum single combined limit liability of not less than one million dollars ($1,000,000) per occurrence and two million dollars ($2,000,000) aggregate coverage, (iii) compensation insurance for the benefit of the Contractor's employees ("Workers' Compensation Insurance"), which insurance is in compliance with the New York State Workers' Compensation Law, and (iv) such additional insurance as the County may from time to time specify.

(b) Acceptability; Deductibles; Subcontractors. All insurance obtained and maintained by the Contractor pursuant to this Agreement shall be (i) written by one or more commercial insurance carriers licensed to do business in New York State and acceptable to the County, and which is (ii) in form and substance acceptable to the County. The Contractor shall be solely responsible for the payment of all deductibles to which such policies are subject. The Contractor shall require any subcontractor hired in connection with this Agreement to carry insurance with the same limits and provisions required to be carried by the Contractor under this Agreement.

(c) Delivery; Coverage Change; No Inconsistent Action. Prior to the execution of this Agreement, copies of current certificates of insurance evidencing the insurance coverage required by this Agreement shall be delivered to the Department. Not less than thirty (30) days prior to the date of any expiration or renewal of, or actual, proposed or threatened reduction or cancellation of coverage under, any insurance required hereunder, the Contractor shall provide written notice to the Department of the same and deliver to the Department renewal or replacement certificates of insurance. The Contractor shall cause all insurance to remain in full force and effect throughout the term of this Agreement and shall not take or omit to take any action that would suspend or invalidate any of the required coverages. The failure of the Contractor to maintain Workers' Compensation Insurance shall render this contract void and of no effect. The failure of the Contractor to maintain the other required coverages shall be deemed a material breach of this Agreement upon which the County reserves the right to consider this Agreement terminated as of the date of such failure.

10. Assignment; Amendment; Waiver; Subcontracting. This Agreement and the rights and obligations hereunder may not be in whole or part (i) assigned, transferred or disposed of, (ii) amended, (iii) waived, or (iv) subcontracted, without the prior written consent of the County Executive or his or her duly designated deputy (the "County Executive"), and any purported assignment, other disposal or modification without such prior written consent shall be null and void. The failure of a party to assert any of its rights under this Agreement, including the right to demand strict performance, shall not constitute a waiver of such rights.

11. Termination. (a) Generally. This Agreement may be terminated (i) for any reason by the County upon thirty (30) days' written notice to the Contractor, (ii) for "Cause" by the County immediately upon the receipt by the Contractor of written notice of termination, (iii) upon mutual written Agreement of the County and the Contractor, and (iv) in accordance with any other provisions of this Agreement expressly addressing termination.

As used in this Agreement the word "Cause" includes: (i) a breach of this Agreement; (ii) the failure to obtain and maintain in full force and effect all Approvals required for the services described in this Agreement to be legally and professionally rendered; and (iii) the termination or impending termination of

federal or state funding for the services to be provided under this Agreement.

(b) By the Contractor. This Agreement may be terminated by the Contractor if performance becomes impracticable through no fault of the Contractor, where the impracticability relates to the Contractor's ability to perform its obligations and not to a judgment as to convenience or the desirability of continued performance. Termination under this subsection shall be effected by the Contractor delivering to the commissioner or other head of the Department (the "Commissioner"), at least sixty (60) days prior to the termination date (or a shorter period if sixty days' notice is impossible), a notice stating (i) that the Contractor is terminating this Agreement in accordance with this subsection, (ii) the date as of which this Agreement will terminate, and (iii) the facts giving rise to the Contractor's right to terminate under this subsection. A copy of the notice given to the Commissioner shall be given to the Deputy County Executive who oversees the administration of the Department (the "Applicable DCE") on the same day that notice is given to the Commissioner.

(c) Contractor Assistance upon Termination. In connection with the termination or impending termination of this Agreement the Contractor shall, regardless of the reason for termination, take all actions reasonably requested by the County (including those set forth in other provisions of this Agreement) to assist the County in transitioning the Contractor's responsibilities under this Agreement. The provisions of this subsection shall survive the termination of this Agreement.

12. Accounting Procedures; Records. The Contractor shall maintain and retain, for a period of six (6) years following the later of termination of or final payment under this Agreement, complete and accurate records, documents, accounts and other evidence, whether maintained electronically or manually ("Records"), pertinent to performance under this Agreement. Records shall be maintained in accordance with Generally Accepted Accounting Principles and, if the Contractor is a non-profit entity, must comply with the accounting guidelines set forth in the applicable provisions of the Code of Federal Regulations 2 C.F.R. Part 200, as may be amended. Such Records shall at all times be available for audit and inspection by the Comptroller, the Department, any other governmental authority with jurisdiction over the provision of services hereunder and/or the payment therefore, and any of their duly designated representatives. The provisions of this Section shall survive the termination of this Agreement.

13. Limitations on Actions and Special Proceedings against the County. No action or special proceeding shall lie or be prosecuted or maintained against the County upon any claims arising out of or in connection with this Agreement unless:

(a) Notice. At least thirty (30) days prior to seeking relief the Contractor shall have presented the demand or claim(s) upon which such action or special proceeding is based in writing to the Applicable DCE for adjustment and the County shall have neglected or refused to make an adjustment or payment on the demand or claim for thirty (30) days after presentment. The Contractor shall send or deliver copies of the documents presented to the Applicable DCE under this Section to each of (i) the Department and the (ii) the County Attorney (at the address specified above for the County) on the same day that documents are sent or delivered to the Applicable DCE. The complaint or necessary moving papers of the Contractor shall allege that the above-described actions and inactions preceded the Contractor's action or special proceeding against the County.

(b) Time Limitation. Such action or special proceeding is commenced within the earlier of (i) one (1) year of the first to occur of (A) final payment under or the termination of this Agreement, and (B) the accrual of the cause of action, and (ii) the time specified in any other provision of this Agreement.

14. Work Performance Liability. The Contractor is and shall remain primarily liable for the successful completion of all work in accordance this Agreement irrespective of whether the Contractor is

using a Contractor Agent to perform some or all of the work contemplated by this Agreement, and irrespective of whether the use of such Contractor Agent has been approved by the County.

15. Consent to Jurisdiction and Venue; Governing Law. Unless otherwise specified in this Agreement or required by Law, exclusive original jurisdiction for all claims or actions with respect to this Agreement shall be in the Supreme Court in Nassau County in New York State and the parties expressly waive any objections to the same on any grounds, including venue and forum non conveniens. This Agreement is intended as a contract under, and shall be governed and construed in accordance with, the Laws of New York State, without regard to the conflict of laws provisions thereof.

16. Notices. Any notice, request, demand or other communication required to be given or made in connection with this Agreement shall be (a) in writing, (b) delivered or sent (i) by hand delivery, evidenced by a signed, dated receipt, (ii) postage prepaid via certified mail, return receipt requested, or (iii) overnight delivery via a nationally recognized courier service, (c) deemed given or made on the date the delivery receipt was signed by a County employee, three (3) business days after it is mailed or one (1) business day after it is released to a courier service, as applicable, and (d)(i) if to the Department, to the attention of the Commissioner at the address specified above for the Department, (ii) if to an Applicable DCE, to the attention of the Applicable DCE (whose name the Contractor shall obtain from the Department) at the address specified above for the County, (iii) if to the Comptroller, to the attention of the Comptroller at 240 Old Country Road, Mineola, NY 11501, and (iv) if to the Contractor, to the attention of the person who executed this Agreement on behalf of the Contractor at the address specified above for the Contractor, or in each case to such other persons or addresses as shall be designated by written notice.

17. All Legal Provisions Deemed Included; Severability; Supremacy. (a) Every provision required by Law to be inserted into or referenced by this Agreement is intended to be a part of this Agreement. If any such provision is not inserted or referenced or is not inserted or referenced in correct form then (i) such provision shall be deemed inserted into or referenced by this Agreement for purposes of interpretation and (ii) upon the application of either party this Agreement shall be formally amended to comply strictly with the Law, without prejudice to the rights of either party.

(b) In the event that any provision of this Agreement shall be held to be invalid, illegal or unenforceable, the validity, legality and enforceability of the remaining provisions shall not in any way be affected or impaired thereby.

(c) Unless the application of this subsection will cause a provision required by Law to be excluded from this Agreement, in the event of an actual conflict between the terms and conditions set forth above the signature page to this Agreement and those contained in any schedule, exhibit, appendix, or attachment to this Agreement, the terms and conditions set forth above the signature page shall control. To the extent possible, all the terms of this Agreement should be read together as not conflicting.

(d) Each party has cooperated in the negotiation and preparation of this Agreement. Therefore, in the event that construction of this Agreement occurs, it shall not be construed against either party as drafter.

18. Section and Other Headings. The section and other headings contained in this Agreement are for reference purposes only and shall not affect the meaning or interpretation of this Agreement.

19. Entire Agreement. This Agreement represents the full and entire understanding and agreement between the parties with regard to the subject matter hereof and supersedes all prior agreements (whether written or oral) of the parties relating to the subject matter of this Agreement.

20. Executory Clause. Notwithstanding any other provision of this Agreement:

(a) Approval and Execution. The County shall have no liability under this Agreement (including any extension or other modification of this Agreement) to any Person unless (i) all County approvals have been obtained, including, if required, approval by the County Legislature, and (ii) this Agreement has been executed by the County Executive (as defined in this Agreement).

(b) Availability of Funds. The County shall have no liability under this Agreement (including any extension or other modification of this Agreement) to any Person beyond funds appropriated or otherwise lawfully available for this Agreement, and, if any portion of the funds for this Agreement are from the state and/or federal governments, then beyond funds available to the County from the state and/or federal governments.

21. Entire Agreement. This Agreement represents the full and entire understanding and agreement between the parties with regard to the subject matter hereof and supersedes all prior agreements (whether written or oral) of the parties relating to the subject matter of this Agreement.

[Remainder of Page Intentionally Left Blank.]

IN WITNESS WHEREOF, the Contractor and the County have executed this Agreement as of the date first above written.

Center for Community Integration, Long Island University – CW Post University

By: _____

Name: Christopher R. Fevola

Title: Vice President for Finance & Treasurer

Date: 7/20/23

NASSAU COUNTY

By: _____

Name: _____

Title: Deputy County Executive

Date: _____

PLEASE EXECUTE IN BLUE INK

STATE OF NEW YORK)
)ss.:
COUNTY OF NASSAU)

On the 20th day of July in the year 2023 before me personally came Christopher Pevola to me personally known, who, being by me duly sworn, did depose and say that he of she resides in the County of Nassau; that he or she is the VP for Finance + Treasurer of Long Island University, the corporation described herein and which executed the above instrument; and that he or she signed his or her name thereto by authority of the board of directors of said corporation.

Maria S Leathem
NOTARY PUBLIC

MARIA S. LEATHEM
NOTARY PUBLIC, State of New York
No. 01LE5037015
Qualified in Nassau County
Commission Expires Dec. 12, 2026

STATE OF NEW YORK)
)ss.:
COUNTY OF NASSAU)

On the ____ day of _____ in the year 20__ before me personally came _____ to me personally known, who, being by me duly sworn, did depose and say that he or she resides in the County of _____; that he or she is a Deputy County Executive of the County of Nassau, the municipal corporation described herein and which executed the above instrument; and that he or she signed his or her name thereto pursuant to Section 205 of the County Government Law of Nassau County.

NOTARY PUBLIC

EXHIBIT D

Business Associate Addendum

This addendum ("Addendum") is effective as of _____ ____, and amends and is made part of an agreement dated as of _____ (as the same may be amended, modified, or supplemented, including, without limitation, by this Addendum, the "Agreement") by and between _____ (the "Contractor") and Nassau County, a New York municipal corporation, acting on behalf of the County Department of Health (collectively, the "County"). The County, and the Contractor mutually agree to modify the Agreement to incorporate the terms and conditions of this Addendum to comply with the requirements of the Health Insurance Portability and Accountability Act of 1996, as amended, and its implementing regulations (45 C.F.R. Parts 160-164) (collectively, "HIPAA").

WITNESSETH:

WHEREAS, the County wishes to allow the Contractor to have access to Protected Health Information ("PHI"), including but not limited to, Electronic Protected Health Information ("EPHI") which is either provided to the Contractor by the County, or received, viewed, or created by the Contractor on behalf of the County in the course of performing the Services hereinafter set forth;

WHEREAS, the Contractor requires access to such PHI and EPHI to effectively perform the Services;

WHEREAS, the County is required by the Privacy and Security Rules promulgated pursuant to HIPAA to have a written agreement with the Contractor with respect to the use and disclosure of PHI and EPHI; and

WHEREAS, the parties desire to enter into this Addendum to set forth the terms and conditions pursuant to which PHI and EPHI will be handled by the Contractor and certain third parties, as applicable, during the duration of the Agreement of which it is a part, and upon that Agreement's termination, cancellation, expiration, or other conclusion.

NOW, THEREFORE, in consideration of the mutual promises and covenants set forth herein, and for other good and valuable consideration, the receipt of which is hereby mutually acknowledged, the parties hereby agree as follows:

1. DEFINITIONS

Capitalized terms used, but not otherwise defined, in this Addendum shall have the meaning set forth in HIPAA at 45 CFR §§160.103, 164.103 and 164.501.

1.1 Designated Record Set. "Designated Record Set" shall have the meaning set forth in 45 C.F.R. §164.501.

1.2 Electronic Protected Health Information. "Electronic Protected Health Information" or "EPHI" shall have the meaning set forth in 45 C.F.R. § 160.103.

1.3 HHS. "HHS" shall mean the U.S. Department of Health and Human Services, or any successor agency thereto.

1.4 Individual. "Individual" shall have the same meaning as the term "individual" set forth in 45 CFR §160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR §164.502(g).

1.5 Privacy Officer. "Privacy Officer" shall have the meaning set forth in 45 C.F.R. §164.530(a)(1).

1.6 Privacy Rule. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information provided at 45 CFR Part 160 and Part 164.

1.7 Protected Health Information or PHI. "Protected Health Information," or "PHI" shall have the same meaning as the term "protected health information" set forth in 45 CFR § 160.103.

1.8 Required by Law. "Required by Law" shall have the same meaning as the term "required by law" in 45 CFR §164.103.

1.9 Secretary. "Secretary" shall mean the Secretary of the Department of Health and Human Services or his or her designee, or their respective successors.

1.10 Security Incident. "Security Incident" shall mean the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with systems operations in an information system.

1.11 Security Rule. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 C.F.R. Part 160 and Part 164.

1.12 Standard Transactions. "Standard Transactions" shall have the meaning set forth in 45 C.F.R. §162.103.

2. PERMITTED USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION BY THE CONTRACTOR

2.1 Use and Disclosure to Provide the Services to the Contractor. The Contractor provides or will provide to, for, or on behalf of the County certain services (the "Services"), which Services require the use and/or disclosure of PHI pursuant to and as described in the Agreement, of which this Addendum is made a part. Except as otherwise expressly provided herein, the Contractor may use or disclose PHI in relation to such Services only as necessary to comply with applicable state and federal laws and to satisfy its obligations hereunder, as long as such use or disclosure of PHI would not violate (a) the Privacy Rule if done by the County and (b) any other applicable federal or state law which imposes requirements of confidentiality on the use and/or disclosure of PHI more stringent than those imposed by the Privacy Rule ("Other Legal Requirements"). If there shall exist any conflict between the requirements of the Privacy Rule and the Other Legal Requirements, the Contractor shall comply with both, to the extent possible, and otherwise with the more stringent requirements. All other uses or disclosures of the PHI not expressly authorized herein are strictly prohibited.

2.2 Use and Disclosure for Management and Administration Purposes. In addition to the uses and disclosures described above, the Contractor may:

a) use PHI for management and administration purposes and to satisfy any present or future legal responsibilities of the Contractor provided that such uses are permitted under applicable state and federal laws;

b) disclose PHI in its possession to third parties for management and administration purposes and to satisfy any present or future legal responsibilities of the Contractor, provided that the Contractor shall represent to the County, promptly in writing, that: (i) the disclosures are Required by Law, or (ii) the Contractor has obtained from the third party written assurances regarding its confidential handling of such PHI as required under 45 C.F.R. §164.504(e)(4). For such written assurances to be satisfactory, they must bind the third party to:

i) maintain the confidentiality of PHI in its possession and limit the use and/or disclosure of such PHI to the purposes for which the Contractor disclosed the PHI to the third party, unless otherwise Required by Law; and

ii) immediately notify the Contractor (who shall immediately notify the County) of any instance in which the third party learns of any unauthorized use and/or disclosure of such PHI.

3. RESPONSIBILITIES OF THE CONTRACTOR WITH RESPECT TO PHI

3.1 Contractor's Responsibilities. With respect to any use and/or disclosure of PHI, the Contractor hereby agrees that it shall:

a) use and/or disclose PHI only as permitted or required by this Addendum, as required by the Privacy Rule, or as otherwise Required by Law;

b) implement comprehensive procedures for mitigating any harmful effects from any unauthorized use and/or disclosure of PHI by the Contractor, its agents or subcontractors;

c) report to the County's designated Privacy Officer, in writing, any use and/or disclosure of PHI which is not authorized hereunder of which the Contractor becomes aware or has knowledge within one (1) day of the Contractor's discovery of such unauthorized use and/or disclosure. The Contractor's report of such unauthorized use and/or disclosure shall specify at least: (i) the nature of the unauthorized use and/or disclosure; (ii) the specific PHI that was disclosed; (iii) the party responsible for making the unauthorized use and/or disclosure; (iv) what, if any, actions the Contractor has taken or will take to limit the extent of the unauthorized use(s) and/or disclosure(s), and to mitigate the damage resulting therefrom; (v) what, if any, corrective actions the Contractor has or will take to prevent further unauthorized uses and/or disclosures; (vi) when such corrective measures will be taken (if they have not already been completed), and, as applicable, an explanation of why they have not already been completed; and (vii) provide the County with any other information it reasonably requests;

d) develop, implement, maintain and utilize appropriate administrative, technical, and physical safeguards, in compliance with the Social Security Act § 1173(d) (42 U.S.C. § 1320d-2(d)), the Privacy Rule, and any other regulations now in effect or later issued by HHS which implement HIPAA, to preserve the integrity and confidentiality, and to prevent unauthorized use and/or disclosure, of PHI;

e) require any of its subcontractors and/or agents that receive, use, or have any access to PHI, as authorized by this Addendum, to enter into a written agreement, which agreement shall contain provisions substantially similar to this Addendum, to comply with the same obligations and restrictions as are required of the Contractor hereunder;

f) provide the Secretary of HHS with access to all records, books, agreements, policies, and procedures relating to the use and/or disclosure of PHI for compliance investigations;

g) within ten days of receipt of a written request, provide the County with access to all records, books, agreements, policies, and procedures relating to the use and/or disclosure of PHI for purposes of enabling the County to determine the Contractor's compliance with the terms of this Addendum. Such access shall be at the Contractor's place of business during normal operating hours;

h) within five days of receipt of a written request from the County, provide the County with such information as is requested to permit it to respond to a request by an Individual for an accounting of disclosures of all PHI related to the Individual;

i) subject to Section 7.4 below, within 30 days of the earlier of the termination of the Agreement or this Addendum, return to the County or destroy all PHI in its possession. The Contractor shall not retain any copies of such information in any form; and

j) disclose to its subcontractors, agents, and any other third parties, and request from the County, only the minimum PHI necessary to conduct or fulfill a specific function authorized hereunder.

3.2 Responsibilities of the Contractor with Respect to Access, Amendment, Restrictions, and Accounting of Disclosures of PHI. The Contractor hereby agrees to do the following with respect to providing access to PHI, amending inaccuracies contained in PHI, restrictions regarding PHI, and accounting for disclosures of PHI in its possession:

a) at the request of, and in the time and manner designated by the County, provide access to any PHI contained in a Designated Record Set to the County or to the Individual who is the subject of such PHI or his or her authorized representative, as applicable, to satisfy a request for inspection and/or copying under 45 C.F.R. § 164.524;

b) at the request of, and in the time and manner designated by the County, make any amendment(s) that the County so directs, or permit the County access to amend, any portion of the PHI pursuant to 45 C.F.R. § 164.526 to allow the County to comply with the Privacy Rule;

c) at the request of, and in the time and manner designated by the County, comply with any restrictions that the County has agreed to adhere to with regard to the use and disclosure of PHI of any Individual that materially affects and/or limits the uses and disclosures which are otherwise permitted; and

d) record each disclosure that the Contractor makes of PHI for the County to respond to an Individual's request for an accounting in accordance with 45 C.F.R. §164.528. Such record shall include, but not be limited to: (i) the date of disclosure; (ii) the name and address of the Individual or organization to whom the disclosure was made; (iii) a description of the PHI disclosed; and (iv) a statement of the purpose for the disclosure (collectively the "disclosure information"). If the Contractor makes multiple disclosures of PHI to the same person or entity for a single purpose, the Contractor may provide: (i) the disclosure information for the first disclosure; (ii) the frequency, periodicity, or number of these repetitive disclosures; and (iii) the date of the last of these repetitive disclosures. Such disclosure information must be kept by the Contractor for a period of not less than six (6) years from the date of disclosure.

4. RESPONSIBILITIES OF THE COUNTY WITH RESPECT TO PHI

4.1 Responsibilities of the County. With respect to any use and/or disclosure of PHI, the County hereby undertakes to do the following to the extent material to the PHI held by the Contractor:

a) inform the Contractor of any changes in the County's Notice of Privacy Practices (the "Notice"), which the County provides to Individuals pursuant to 45 C.F.R. §164.520, and provide the

Contractor a current copy of such Notice and a copy of all updated versions thereof prior to their effective date;

b) inform the Contractor of any changes in, or withdrawal of, any relevant authorization provided to the County by Individuals pursuant to 45 C.F.R. §164.508, which impact the Contractor under the Agreement;

c) inform the Contractor of any applicable decisions made by any Individual to opt-out of allowing his or her PHI to be used for fundraising activities of the County pursuant to 45 C.F.R. §164.514(f), which impact the Contractor under the Agreement; and

d) notify the Contractor, in writing, of any arrangements permitted or required under 45 C.F.R. parts 160 and 164, which impact the use and/or disclosure of PHI by the Contractor under the Agreement, including, but not limited to, restrictions on use and/or disclosure of PHI as provided for in 45 C.F.R. §164.522 agreed to by the County.

4.2 Responsibilities of the County with Respect to Access, Amendment, Restrictions and Accounting of Disclosures of PHI. The County hereby agrees to do the following regarding access to PHI, amendments to inaccuracies contained in PHI, and restrictions regarding PHI in the Contractor's possession, to the extent material to the PHI held by the Contractor:

a) notify the Contractor, in writing, of any PHI that the County seeks to make available to an Individual pursuant to 45 C.F.R. § 164.524 and the time, manner, and form which the Contractor shall provide such access;

b) notify the Contractor, in writing, of any amendment(s) to PHI in the possession of the Contractor that the Contractor shall make and inform the Contractor of the time, form, and manner in which such amendment(s) shall be made; and

c) notify the Contractor, in writing, of any restrictions that the County has agreed to adhere to with regard to the use and disclosure of PHI of any Individual that materially affects and/or limits the uses and disclosures which are otherwise permitted.

5. RESPONSIBILITIES OF THE CONTRACTOR WITH RESPECT TO EPHI

5.1 The Contractor's Responsibilities. With respect to any use and/or disclosure of EPHI, Contractor agrees that it shall:

a) implement administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of EPHI that Contractor creates, receives, maintains, or transmits on behalf of the County. Contractor shall be responsible for ensuring that such safeguards are adequate to comply with the requirements of the Security Rule.

b) ensure that any agent to whom it provides EPHI, including a subcontractor, agrees to implement reasonable and appropriate safeguards to protect such EPHI.

c) report to the County, in writing, any Security Incident within three (3) business days of becoming aware of such Security Incident. Without limiting the foregoing, the Contractor shall report to the County regarding whether such Security Incident has resulted in a breach of the Security Rule.

d) upon the County's request, provide the County with immediate access to the

Contractor's security systems and programs in order for the County to investigate any Security Incident or to audit the Contractor's security systems and programs. The Contractor acknowledges that the County has the right, but not the obligation, to access and audit the Contractor's security systems and programs.

e) provide the Secretary of HHS with access to all records, books, agreements, policies and procedures relating to the use and/or disclosure of EPHI for compliance investigations.

f) within ten (10) days of receipt of a written request, provide the County with access to all records, books, agreements, policies and procedures relating to the use and/or disclosure of EPHI for purposes of enabling the County to determine the Contractor's compliance with the terms of this Agreement. Such access shall be at the Contractor's place of business during routine operating hours.

6. COMPLIANCE WITH STANDARD TRANSACTIONS

6.1 Compliance with Standard Transactions by the Contractor. If the Contractor conducts in whole or in part Standard Transactions for or on behalf of the County, the Contractor shall:

a) comply and require all subcontractors and agents of the Contractor to comply with each applicable requirement of 45 C.F.R. Part 162; and

b) not enter into, or permit its subcontractors or agents to enter into, any trading partner addendum or agreement in connection with the conduct of Standard Transactions for or on behalf of the County that:

i) alters the definition, data condition, or use of any data element or segment in any Standard Transaction;
ii) adds any elements or segments to the maximum defined data set;
iii) uses any code or data element that is marked "not used" in the Standard Transaction's specifications for execution or is not in the Standard Transaction's specifications for execution; or
iv) changes the meaning or intent of the Standard Transaction's specifications for implementation.

7. TERMS AND TERMINATION

7.1 Term. This Addendum shall become effective as of the date first indicated above, and shall continue in effect until all of the PHI provided by the County to the Contractor, or created or received by the Contractor on behalf of the County, is destroyed or returned to the County, and all other obligations of the parties have been met, unless terminated by the County as provided in Section 7.2. If it is infeasible to return or destroy such PHI, then such PHI shall continue to be protected as set forth in Section 7.4.

7.2 Termination by the County. As provided for under 45 C.F.R. §§ 164.504(e)(2)(iii) and 164.314(a)(2)(i), the County may (a) exercise its rights under Section 7.3 below or (b) immediately terminate the Agreement if the County, in its sole discretion, determines that the Contractor has breached a material term of this Addendum. The County may exercise such right to terminate the Agreement by providing the Contractor with written notice of its intent to terminate specifying the material breach of the Agreement that provides the basis for termination. Such termination will be effective immediately, unless another date is specified in such notice.

7.3 Opportunity to Cure. As provided for under 45 C.F.R. § 164.504(e)(2)(iii) and notwithstanding Section 7.2 hereof, the County may terminate the Agreement, after notice and

opportunity to cure as herein provided, if the County, in its sole discretion, determines that the Contractor has unintentionally breached a material term of this Addendum. If the County decides to provide an opportunity to cure in such case, it shall: (a) provide the Contractor with written notice of the existence of an alleged material breach; and (b) afford the Contractor an opportunity to cure the alleged material breach. Failure to cure within fourteen (14) days shall constitute grounds for the immediate termination of the Agreement by the County.

7.4 Effect of Termination. Upon the termination, cancellation, or any other conclusion of the Agreement, the Contractor shall, if feasible, return to the County or destroy all PHI, in whatever form or medium, pursuant to 45 C.F.R. § 164.504(e)(2)(ii)(I), including, but not limited to, PHI in the possession of its subcontractors and/or agents, within thirty (30) days of the effective date of the termination, cancellation, or other conclusion of the Agreement.

a) Once all PHI in the Contractor 's possession or control, including, but not limited to, PHI in the possession or control of its subcontractors and/or agents, has been returned to the County or destroyed, the Contractor shall provide a written certification to the County regarding the return or destruction of such PHI within such thirty (30) day period. Such certification shall be relied upon by the County as a binding representation; and

b) if the Contractor believes that return or destruction of PHI in its possession and/or in the possession of its subcontractors or agents is infeasible, the Contractor shall notify the County of such infeasibility in writing. Said notification shall include, but not be limited to: (i) a statement that the Contractor has, in good faith, determined that it is infeasible to return or destroy the PHI in its possession and/or in the possession of its subcontractors or agents, as applicable, (ii) identification of the PHI that the Contractor believes it is infeasible to return or destroy, and (iii) the specific reasons for such determination. In addition to providing such notification, the Contractor shall certify within such thirty (30) day period that it will and will require its subcontractors or agents, as applicable, to limit any further uses and/or disclosures of such PHI to the purposes that make the return or destruction of the PHI infeasible.

8. INDEMNIFICATION

8.1 Indemnity. The Contractor agrees to indemnify and hold harmless the County and any of its affiliates, officers, directors, employees, attorneys, or agents (collectively, "Indemnitees") from and against any claim, cause of action, liability, damage, cost, or expense, including attorneys' fees and court or proceeding costs, and the fees and costs of enforcement of the indemnification rights provided herein, arising out of or in connection with any non-permitted or violating use or disclosure of PHI or other breach of this Addendum by the Contractor or any subcontractor, agent, person, or entity under the Contractor 's control.

8.2 Control of Defense. If any Indemnitees are named a party in any judicial, administrative, or other proceeding arising out of or in connection with any use or disclosure of PHI by the Contractor or any subcontractor, agent, Individual, or organization under the Contractor 's control, and such use or disclosure of PHI was not permitted by this Addendum, then any Indemnitee shall have the option at any time either: (i) to tender defense to the Contractor, in which case the Contractor shall provide qualified attorneys, consultants, and other appropriate professionals to represent the Indemnitee's interests at the Contractor 's expense, or (ii) undertake its own defense, choosing the attorneys, consultants, and other appropriate professionals to represent its interests, in which case the Contractor shall be responsible for and pay the fees and expenses of such attorneys, consultants, and other professionals.

8.3 Control of Resolution. The Indemnitees shall have the sole right and discretion to settle,

compromise, or otherwise resolve any and all claims, causes of actions, liabilities, or damages against them, notwithstanding that the Indemnitees may have tendered their defense to the Contractor. Any such resolution will not relieve the Contractor of its obligation to indemnify the Indemnitees under this Section.

9. CONFIDENTIALITY

This Addendum does not affect any other obligations in the Agreement to the extent not inconsistent herewith or not involving the confidentiality, use, or disclosure of PHI. This Addendum, however, does supersede all other obligations in the Agreement to the extent they are inconsistent herewith and involve the confidentiality, use, or disclosure of PHI.

10. MISCELLANEOUS

10.1 Survival. The respective rights and obligations of the Contractor and the County under the provisions of Sections 3, 4, 5, 7.4, and 8, solely with respect to PHI the Contractor retains in accordance with Section 7.4 because it is not feasible to return or destroy such PHI, shall survive the termination of the Agreement indefinitely. In addition, Section 9 shall survive termination of this Addendum indefinitely, notwithstanding whether the Contractor retains PHI in accordance with Section 7.4 hereto.

10.2 Amendments. The Agreement (including the terms of this Addendum) may not be modified, nor shall any provision of the Agreement be waived or amended, except in a writing duly signed by authorized representatives of the parties and expressly referencing the Agreement. Notwithstanding anything in the Agreement to the contrary, to the extent that the Privacy Rule or Security Rule, or any other applicable law related to the privacy or security of health information is materially amended, updated, or revised following the execution of this Addendum, the parties agree to take such action as is necessary to amend this Addendum from time to time as is necessary for the County to comply with the requirements of HIPAA.

10.3 No Third-Party Beneficiaries. Nothing contained in the Agreement (including, but not limited to, this Addendum), whether express or implied, is intended to confer, nor shall anything herein confer, upon any person other than the parties and their respective successors or assigns of the parties, any rights, remedies, obligations, or liabilities whatsoever in relation to the disclosure or use of PHI.

10.4 Cooperation and Disputes. Each party will reasonably cooperate with the other in the performance of the mutual obligations under this Addendum. If any controversy, dispute, or claim arises between the parties with respect to the Agreement (including, but not limited to, this Addendum), the parties shall make reasonable good faith efforts to resolve such matters informally.

10.5 Regulatory References. Any reference to any part or section of the CFR shall include such part or section as drafted upon the effective date of this Addendum and as it is subsequently updated, amended, supplemented, superseded, or revised.

10.6 Conflicts. Any conflicts or inconsistencies between the terms in this Addendum and terms in other parts of the Agreement shall be resolved in favor of the terms in this Addendum.

10.7 Interpretation. Any ambiguity in the Agreement (including, but not limited to, this Addendum) shall be resolved in favor of a meaning that permits the County to comply to the greatest extent possible with the Privacy Rule, the Security Rule and Other Legal Requirements.

11. HITECH ACT

11.1

a) Contractor will comply with the requirements of Title XII, Subtitle D of the Health Information Technology for Economic and Clinical Health (hereinafter "HITECH") Act, codified at 42 U.S.C. Sections 17921 – 17954, which are applicable to business associates, and will comply with all regulations issued by the Department of Health and Human Services (hereinafter "HHS") to implement these referenced statutes, as of the date by which business associates are required to comply with such referenced statutes and HHS regulations; and

b) Contractor will make a report to the County of any breach of unsecured protected health information, as required by 42 U.S.C. Section 17932(b), within five business days of Contractor's discovery of the breach, and

c) Contractor will indemnify County for any reasonable expenses County incurs in notifying individuals of a breach caused by Contractor or its subcontractors or agents.

d) Contractor understands it is not in compliance with the HIPAA standards set forth in Sections 164.502(e) and 164.504(e) if the Contractor knows of a pattern of activity or practice that the County engages in which constitutes a material breach or violation of the County's obligation under a contract or other business arrangement, unless the Contractor takes reasonable steps to cure the breach or end the violation, as applicable, and if in taking steps to cure or end the breach it is unsuccessful, the Contractor must terminate the contract or arrangement if feasible, and if not feasible, the Contractor must report the problem to the Secretary.

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IN WITNESS WHEREOF, each of the undersigned has caused this Addendum to be duly executed in its name and on its behalf effective as of the date first indicated above.

NASSAU COUNTY

By: _____

Print Name: _____

Title: _____

Date: _____

Center for Community Integration, Long Island University – CW Post University

By: _____

Print Name: Christopher R. Fevola

Title: Vice President for Finance & Treasurer

Date: 7/11/23

Appendix EE
Equal Employment Opportunities for Minorities and Women

The provisions of this Appendix EE are hereby made a part of the document to which it is attached.

The Contractor shall comply with all federal, State and local statutory and constitutional anti-discrimination provisions. In addition, Local Law No. 14-2002, entitled "Participation by Minority Group Members and Women in Nassau County Contracts," governs all County Contracts as defined herein and solicitations for bids or proposals for County Contracts. In accordance with Local Law 14-2002:

(a) The Contractor shall not discriminate against employees or applicants for employment because of race, creed, color, national origin, sex, age, disability or marital status in recruitment, employment, job assignments, promotions, upgradings, demotions, transfers, layoffs, terminations, and rates of pay or other forms of compensation. The Contractor will undertake or continue existing programs related to recruitment, employment, job assignments, promotions, upgradings, transfers, and rates of pay or other forms of compensation to ensure that minority group members and women are afforded equal employment opportunities without discrimination.

(b) At the request of the County contracting agency, the Contractor shall request each employment agency, labor union, or authorized representative of workers with which it has a collective bargaining or other agreement or understanding, to furnish a written statement that such employment agency, union, or representative will not discriminate on the basis of race, creed, color, national origin, sex, age, disability, or marital status and that such employment agency, labor union, or representative will affirmatively cooperate in the implementation of the Contractor's obligations herein.

(c) The Contractor shall state, in all solicitations or advertisements for employees, that, in the performance of the County Contract, all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status.

(d) The Contractor shall make best efforts to solicit active participation by certified minority or women-owned business enterprises ("Certified M/WBEs") as defined in Section 101 of Local Law No. 14-2002, for the purpose of granting of Subcontracts.

(e) The Contractor shall, in its advertisements and solicitations for Subcontractors, indicate its interest in receiving bids from Certified M/WBEs and the requirement that Subcontractors must be equal opportunity employers.

(f) Contractors must notify and receive approval from the respective Department Head prior to issuing any Subcontracts and, at the time of requesting such authorization, must submit a signed Best Efforts Checklist.

(g) Contractors for projects under the supervision of the County's Department of Public Works shall also submit a utilization plan listing all proposed Subcontractors so that, to the greatest extent feasible, all Subcontractors will be approved prior to commencement of work. Any additions or changes to the list of subcontractors under the utilization plan shall be approved by the Commissioner of the Department of Public Works when made. A copy of the utilization plan any additions or changes thereto shall be submitted by the Contractor to the Office of Minority Affairs simultaneously with the submission to the Department of Public Works.

(h) At any time after Subcontractor approval has been requested and prior to being granted, the contracting agency may require the Contractor to submit Documentation Demonstrating Best Efforts to Obtain Certified Minority or Women-owned Business Enterprises. In addition, the contracting agency may require the Contractor to submit such documentation at any time after Subcontractor approval when the contracting agency has reasonable cause to believe that the existing Best Efforts Checklist may be inaccurate. Within ten working days (10) of any such request by the contracting agency, the Contractor must submit Documentation.

(i) In the case where a request is made by the contracting agency or a Deputy County Executive acting on behalf of the contracting agency, the Contractor must, within two (2) working days of such request, submit evidence to demonstrate that it employed Best Efforts to obtain Certified M/WBE participation through proper documentation.

(j) Award of a County Contract alone shall not be deemed or interpreted as approval of all Contractor's Subcontracts and Contractor's fulfillment of Best Efforts to obtain participation by Certified M/WBEs.

(k) A Contractor shall maintain Documentation Demonstrating Best Efforts to Obtain Certified Minority or Women-owned Business Enterprises for a period of six (6) years. Failure to maintain such records shall be deemed failure to make Best Efforts to comply with this Appendix EE, evidence of false certification as M/WBE compliant or considered breach of the County Contract.

(l) The Contractor shall be bound by the provisions of Section 109 of Local Law No. 14-2002 providing for enforcement of violations as follows:

a. Upon receipt by the Executive Director of a complaint from a contracting agency that a County Contractor has failed to comply with the provisions of Local Law No. 14-2002, this Appendix EE or any other contractual provisions included in furtherance of Local Law No. 14-2002, the Executive Director will try to resolve the matter.

b. If efforts to resolve such matter to the satisfaction of all parties are unsuccessful, the Executive Director shall refer the matter, within thirty days (30) of receipt of the complaint, to the American Arbitration Association for proceeding thereon.

c. Upon conclusion of the arbitration proceedings, the arbitrator shall submit to the Executive Director his recommendations regarding the imposition of sanctions, fines or penalties. The Executive Director shall either (i) adopt the recommendation of the arbitrator (ii) determine that no sanctions, fines or penalties should be imposed or (iii) modify the recommendation of the arbitrator, provided that such modification shall not expand upon any sanction recommended or impose any new sanction, or increase the amount of any recommended fine or penalty. The Executive Director, within ten days (10) of receipt of the arbitrators award and recommendations, shall file a determination of such matter and shall cause a copy of such determination to be served upon the respondent by personal service or by certified mail return receipt requested. The award of the arbitrator, and the fines and penalties imposed by the Executive Director, shall be final determinations and may only be vacated or modified as provided in the civil practice law and rules ("CPLR").

(m) The contractor shall provide contracting agency with information regarding all subcontracts awarded under any County Contract, including the amount of compensation paid to each Subcontractor and

shall complete all forms provided by the Executive Director or the Department Head relating to subcontractor utilization and efforts to obtain M/WBE participation.

Failure to comply with provisions (a) through (m) above, as ultimately determined by the Executive Director, shall be a material breach of the contract constituting grounds for immediate termination. Once a final determination of failure to comply has been reached by the Executive Director, the determination of whether to terminate a contract shall rest with the Deputy County Executive with oversight responsibility for the contracting agency.

Provisions (a), (b) and (c) shall not be binding upon Contractors or Subcontractors in the performance of work or the provision of services or any other activity that are unrelated, separate, or distinct from the County Contract as expressed by its terms.

The requirements of the provisions (a), (b) and (c) shall not apply to any employment or application for employment outside of this County or solicitations or advertisements therefore or any existing programs of affirmative action regarding employment outside of this County and the effect of contract provisions required by these provisions (a), (b) and (c) shall be so limited.

The Contractor shall include provisions (a), (b) and (c) in every Subcontract in such a manner that these provisions shall be binding upon each Subcontractor as to work in connection with the County Contract.

As used in this Appendix EE the term "Best Efforts Checklist" shall mean a list signed by the Contractor, listing the procedures it has undertaken to procure Subcontractors in accordance with this Appendix EE.

As used in this Appendix EE the term "County Contract" shall mean (i) a written agreement or purchase order instrument, providing for a total expenditure in excess of twenty-five thousand dollars ($25,000), whereby a County contracting agency is committed to expend or does expend funds in return for labor, services, supplies, equipment, materials or any combination of the foregoing, to be performed for, or rendered or furnished to the County; or (ii) a written agreement in excess of one hundred thousand dollars ($100,000), whereby a County contracting agency is committed to expend or does expend funds for the acquisition, construction, demolition, replacement, major repair or renovation of real property and improvements thereon. However, the term "County Contract" does not include agreements or orders for the following services: banking services, insurance policies or contracts, or contracts with a County contracting agency for the sale of bonds, notes or other securities.

As used in this Appendix EE the term "County Contractor" means an individual, business enterprise, including sole proprietorship, partnership, corporation, not-for-profit corporation, or any other person or entity other than the County, whether a contractor, licensor, licensee or any other party, that is (i) a party to a County Contract, (ii) a bidder in connection with the award of a County Contract, or (iii) a proposed party to a County Contract, but shall not include any Subcontractor.

As used in this Appendix EE the term "County Contractor" shall mean a person or firm who will manage and be responsible for an entire contracted project.

As used in this Appendix EE "Documentation Demonstrating Best Efforts to Obtain Certified Minority or Women-owned Business Enterprises" shall include, but is not limited to the following:

a. Proof of having advertised for bids, where appropriate, in minority publications, trade newspapers/notices and magazines, trade and union publications, and publications of general circulation in Nassau County and surrounding areas or having verbally solicited M/WBEs whom the County Contractor reasonably believed might have the qualifications to do the work. A copy of the advertisement, if used, shall be included to demonstrate that it contained language indicating that the County Contractor welcomed bids and quotes from M/WBE Subcontractors. In addition, proof of the date(s) any such advertisements appeared must be included in the Best Effort Documentation. If verbal solicitation is used, a County Contractor's affidavit with a notary's signature and stamp shall be required as part of the documentation.

b. Proof of having provided reasonable time for M/WBE Subcontractors to respond to bid opportunities according to industry norms and standards. A chart outlining the schedule/time frame used to obtain bids from M/WBEs is suggested to be included with the Best Effort Documentation

c. Proof or affidavit of follow-up of telephone calls with potential M/WBE subcontractors encouraging their participation. Telephone logs indicating such action can be included with the Best Effort Documentation

d. Proof or affidavit that M/WBE Subcontractors were allowed to review bid specifications, blue prints and all other bid/RFP related items at no charge to the M/WBEs, other than reasonable documentation costs incurred by the County Contractor that are passed onto the M/WBE.

e. Proof or affidavit that sufficient time prior to making award was allowed for M/WBEs to participate effectively, to the extent practicable given the timeframe of the County Contract.

f. Proof or affidavit that negotiations were held in good faith with interested M/WBEs, and that M/WBEs were not rejected as unqualified or unacceptable without sound business reasons based on (1) a thorough investigation of M/WBE qualifications and capabilities reviewed against industry custom and standards and (2) cost of performance The basis for rejecting any M/WBE deemed unqualified by the County Contractor shall be included in the Best Effort Documentation

g. If an M/WBE is rejected based on cost, the County Contractor must submit a list of all sub-bidders for each item of work solicited and their bid prices for the work.

h. The conditions of performance expected of Subcontractors by the County Contractor must also be included with the Best Effort Documentation

i. County Contractors may include any other type of documentation they feel necessary to further demonstrate their Best Efforts regarding their bid documents.

As used in this Appendix EE the term "Executive Director" shall mean the Executive Director of the Nassau County Office of Minority Affairs; provided, however, that Executive Director shall include a designee of the Executive Director except in the case of final determinations issued pursuant to Section (a) through (l) of these rules.

As used in this Appendix EE the term "Subcontract" shall mean an agreement consisting of part or parts of the contracted work of the County Contractor.

As used in this Appendix EE, the term "Subcontractor" shall mean a person or firm who performs part or parts of the contracted work of a prime contractor providing services, including construction services, to the County pursuant to a county contract. Subcontractor shall include a person or firm that provides labor, professional or other services, materials or supplies to a prime contractor that are necessary for the prime contractor to fulfill its obligations to provide services to the County pursuant to a county contract. Subcontractor shall not include a supplier of materials to a contractor who has contracted to provide goods but no services to the County, nor a supplier of incidental materials to a contractor, such as office supplies, tools and other items of nominal cost that are utilized in the performance of a service contract.

Provisions requiring contractors to retain or submit documentation of best efforts to utilize certified subcontractors and requiring Department head approval prior to subcontracting shall not apply to inter-governmental agreements. In addition, the tracking of expenditures of County dollars by not-for-profit corporations, other municipalities, States, or the federal government is not required.

Appendix L

Certificate of Compliance

In compliance with Local Law 1-2006, as amended (the "Law"), the Contractor hereby certifies the following:

1. The chief executive officer of the Contractor is:

   Christopher R. Fevola (Name)

   700 Northern Blvd, Brookville, NY 11548 (Address)

   516-299-2535 (Telephone Number)

2. The Contractor agrees to either (1) comply with the requirements of the Nassau County Living Wage Law or (2) as applicable, obtain a waiver of the requirements of the Law pursuant to section 9 of the Law. In the event that the contractor does not comply with the requirements of the Law or obtain a waiver of the requirements of the Law, and such contractor establishes to the satisfaction of the Department that at the time of execution of this agreement, it had a reasonable certainty that it would receive such waiver based on the Law and Rules pertaining to waivers, the County will agree to terminate the contract without imposing costs or seeking damages against the Contractor

3. In the past five years, Contractor _____ has ✓ has not been found by a court or a government agency to have violated federal, state, or local laws regulating payment of wages or benefits, labor relations, or occupational safety and health. If a violation has been assessed against the Contractor, describe below:

   _____

   _____

   _____

   _____

   _____

   _____

   _____

   _____

4. In the past five years, an administrative proceeding, investigation, or government body-initiated judicial action _____ has ✓ has not been commenced against or relating to the Contractor. If such a proceeding, action, or investigation has been commenced, describe below:

_____

_____

_____

_____

_____

_____

_____

_____

5. Contractor agrees to permit access to work sites and relevant payroll records by authorized County representatives for the purpose of monitoring compliance with the Living Wage Law and investigating employee complaints of noncompliance.

I hereby certify that I have read the foregoing statement and, to the best of my knowledge and belief, it is true, correct and complete. Any statement or representation made herein shall be accurate and true as of the date stated below.

7/19/23
Dated

Signature of Chief ~~Executive~~ Financial Officer

Christopher R. Fevola
Name of Chief ~~Executive~~ Financial Officer

Sworn to before me this
19th day of July, 2023

Maria S. Leathem
Notary Public

MARIA S. LEATHEM
NOTARY PUBLIC, State of New York
No. 01LE5037015
Qualified in Nassau County
Commission Expires Dec. 12 2026

ATTACHMENT – WORK PLAN
SUMMARY

PROJECT NAME: Children and Youth with Special Health Care Needs

CONTRACTOR SFS PAYEE NAME: _____

CONTRACT PERIOD From: October 1, 2020 To: September 30, 2025

Overview of the Project

The goal of the Children and Youth with Special Health Care Needs (CYSHCN) Program is for the Local Health Department (LHD) to support CYSHCN and their families by providing timely and appropriate information and referrals to insurance, health services, and community resources to address their identified needs. LHD will collaborate with the Department and Regional Support Centers (RSC), as available, to identify resources and develop a comprehensive resource list, access technical assistance, participate in webinars or professional development and identify unmet needs, gaps and barriers to access health care and related services of CYSHCN and their families. LHD will participate in quarterly statewide webinars to discuss promising practices; attend in-person regional CYSHCN meeting; and support family information gathering sessions. LHD will participate in community engagement activities to promote program awareness. LHD will engage community partners, including medical providers, childcare providers and school district representatives to assist families in obtaining available resources for CYSHCN and their families. LHD will develop a list of local resources for families of CYSHCN with the assistance of the RSC. LHD will ensure that communication, outreach, referrals and engagement strategies reflect the ethnicity and diversity of the community. LHD will support youth and young adults with special health care needs to make successful transitions to all aspects of adult life. LHD will provide families with information on support meetings and training workshops offered by community organizations and by the RSC.

OBJECTIVE	TASKS	PERFORMANCE MEASURES (PM)
Objective Name: Collaboration and Resource Development	**Task Name: Needs assessment**	**PM Name: Number participating in needs assessment**
1. Collaborate with the Department and Regional Support Center (RSC), as available, to identify resources and develop a comprehensive resource list, access technical assistance, participate in webinars or professional development, and identify barriers and unmet needs of CYSHCN and their families.	1.1 Participate in needs assessment with RSC.	1.1.1 LHD will participate in at least one needs assessment call with their RSC.
	Task Name: Family engagement	**PM Name: Provide information to families**
	1.2 Encourage family participation in family engagement activities.	1.2.1 LHD will provide families with information about family engagement sessions offered by the RSC.
	Task Name: Increase community awareness	**PM Name: LHD participation with RSC**
	1.3 Utilize individualized technical support from the RSC to increase community awareness of LHD's presence in their community.	1.3.1 LHD will participate in an initial in-person or teleconference meeting and follow-up calls quarterly to discuss barriers, challenges, improvements, etc.
	Task Name: In-person meetings	**PM Name: Number participating in annual meeting**
	1.4 Attend in-person regional CYSHCN meetings and follow up calls every quarter offered by the RSC.	1.4.1 At least one representative of the LHD will attend in-person annual regional CYSHCN meeting.
	Task Name: Webinars	**PM Name: Number that participate in webinar**
	1.5 Participate in quarterly statewide webinars to discuss promising practices.	1.5.1 At least one representative of the LHD will participate in quarterly webinars/conference calls.
	Task Name: Quality improvement	**PM Name: Report on progress in identifying barriers and unmet needs**
	1.6 Identify barriers and unmet needs and suggest strategies for addressing barriers and unmet needs.	1.6.1 LHD will identify gaps and unmet needs, suggest strategies to overcome barriers, unmet needs, and discuss progress towards addressing these unmet needs.
Objective Name: Outreach, Engagement and Community Promotion	**Task Name: Engage medical providers**	**PM Name: Report on outreach to medical providers**

2. Engage medical providers, childcare providers and local school systems in the county to develop a relationship, identify resources and unmet needs or challenges, and serve as a technical resource. Distribute information about services of the LHD CYSHCN program.	2.1 Engage medical providers in your county to develop a relationship, identify resources and unmet needs or challenges, and serve as a resource to the provider's practices and CYSHCN and their families.	2.1.1 LHD will report on the number and type of medical providers information was shared with and outcomes.
	Task Name: Engage childcare providers	**PM Name: Report on engaging childcare providers**
	2.2 Engage childcare providers in the county to assist CYSHCN and their families in navigating the available community systems of care.	2.2.1 LHD will report on the number and type of childcare providers information was shared with and outcomes.
	Task Name: Work with school systems	**PM Name: Report on working with school systems**
	2.3 Work with local school systems to improve communications between providers and administrators to assist families in acquiring appropriate educational accommodations.	2.3.1 LHD will report on the number of meetings or conferences held with school administrators and medical providers and describe the type of information that was obtained and shared between all parties and describe any outcomes.
	Task Name: Community engagement	**PM Name: Report on community engagement**
	2.4 Participate in community engagement activities to promote program awareness at least twice per year.	2.4.1 LHD will report on the number and type of community engagement information shared and outcomes.
Objective Name: Coordination of Community Resources	**Task Name: Community resources**	**PM Name: Record of resources provided**
3. Provide CYSHCN and their families referrals to services and connections to community resources such as medical, social and behavioral professionals, school system administrators, transportation services, insurance payers, medical	3.1 Provide families of CYSHCN with information, guidance, referrals and links about available community resources; refer to resources and follow up on outcomes of referrals; and document outcomes.	3.1.1 Each referral to community resources will have a documented follow up.
	Task Name: Resources documented	**PM Name: Report on information distributed**

equipment providers, home care agencies, transition services, childcare agencies, advocacy groups, and supportive therapies/services.	3.2 Inform families about support meetings and training workshops on CYSHCN-related topics offered by community organizations and the RSC.	3.2.1 LHDs will report on who was provided information and type of information provided.
Objective Name: Transition Services	**Task Name: Transition**	**PM Name: Number receiving transition information**
4. Work with local school systems and medical community to improve communications between school administrators and service providers to assist families with the referral process and to support the transition of youth and young adults with special health care needs ages 14 to 21 years from pediatric to adult health care.	4.1 Provide youth ages 14-21 and their families with information about transition..	4.1.1 LHDs will report on number of youth ages 14-21 who received transition information.
Objective Name: Family Satisfaction	**Task Name: Family feedback – work groups**	**PM Name: Families of CYSHCN involved in system of care for CYSHCN**
5. Facilitate families' and youth's satisfaction with CYSHCN Program activities by involving them in local planning events, work groups, committees, or advisory committees focused on improving the system of care for CYSHCN.	5.1 Involve families of CYSHCN in work groups, committees, task forces or advisory committees to improve the system of care for CYSHCN.	5.1.1 Number of CYSHCN involved as described to improve the system of care for CYSHCN.
	Task Name: Family feedback - planning	**PM Name: Families involved in the CHA or other local planning activities**
	5.2 Involve families and CYSHCN in local planning activities, such as the Community Health Assessment (CHA).	5.2.1 Number of families involved in Community Health Assessment or other local planning activities.
	Task Name: Family feedback – training	**PM Name: Families training of CYSHCN staff and providers**
	5.3 Use feedback from families of CYSHCN to develop training for CYSHCN staff and providers.	5.3.1 Describe how family feedback was used to develop training for CYSHCN staff and providers.

	Task Name: Reimbursement	**PM Name: Reimbursement for participation in CYSHCN program activities**
	5.4 Provide reimbursement of families of CYSHCN for their participation in CYSHCN program planning activities (i.e. travel expenses, attendant care, and stipends).	5.4.1 Number of families that are provided reimbursement for their participation in CYSHCN program planning activities.
	Task Name: Diverse family engagement	**PM Name: Engaging families of diverse cultures involved in CYSHCN activities**
	5.5 Engage families of CYSHCN of diverse cultures in family satisfaction activities.	5.5.1 Number of families of diverse cultures that are engaged in CYSHCN activities.
Objective Name: Health Equity	**Task Name: Health equity**	**PM Name: Health equity**
6. Integrate health equity into written materials, communication, outreach and referrals for CYSHCN and families. The Department and RSCs will collaborate with LHDS to support health equity work.	6.1 Ensure that communication, outreach, referrals and engagement strategies reflect the diversity of the community.	6.1.1 Describe how the communication, outreach, referrals and engagement strategies reflected the diversity of the community.
Objective Name: Database	**Task Name: Data entry**	**PM Name: Ensure complete record**
7. Record each encounter with CYSHCN and their families in the New York State CYSHCN database.	7.1 Enter complete record for all eligible children assisted by the program in the New York State CYSHCN database.	7.1.1 Each record in the database is complete and accurate. All referrals will have a documented follow up and outcome.
Objective Name: Program Administration	**Task Name: Organizational chart**	**PM Name: Provide organizational chart**
8. Develop and maintain an updated organizational chart of all personnel, including vacant positions.	8.1 The organizational chart must include all personnel who perform CYSHCN activities and the location of the CYSHCN Program (submit with 1st quarterly report).	8.1.1 LHD will submit an organizational chart with the 1st quarterly report annually.
Objective Name: Policies and Procedures	**Task Name: Policies and procedures are current**	**PM Name: Policies and procedures are kept current**
9. Develop and update, as needed, a CYSHCN Program policies and procedures (including CYSHCN	9.1 The CYSHCN Program policies and procedures (including CYSHCNSS, when applicable) must be current and up to date.	9.1.1 CYSHCN and CYSHCNSS policies and procedures are written, reviewed and kept current.

Support Services (CYSHCNSS), when applicable) for daily use, orientation of new staff and in-service education.	**Task Name: Policies and procedures are available**	**PM Name: Policies and procedures are centrally located**
	9.2 The CYSHCN Program policies and procedures (including CYSHCNSS, when applicable) must be centrally located and available for use by LHD staff and for review by NYSDOH staff during the site review process or upon request.	9.2.1 CYSHCN and CYSHCNSS policies and procedures are centrally located and available for use by LHD staff and for review by NYSDOH staff.

Exhibit A - Budget

Nassau County Human Services
Universal Budget Form

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Contract # CQHE23000010

Contract Name: Long Island University

Program Name: Center for Community Inclusion

Select Line To Work On Here

Budget Summary

	Line #	Expense type	Total $
	1a	Salary	$88,500
Work on Salary and Fringe	1b	Fringe	$33,630
	1 Total	Personnel (Salary plus Fringe)	$122,130
Work on Line 2	2	Consultant(s)	$0
Work on Line 3	3	Travel / Per Diem / Transportation	$2,000
Work on Line 4	4	Equipment	$2,000
Work on Line 5	5	Supplies	$0
Work on Line 6	6	Contractual Services	$0
Work on Line 7	7	Rent/Utilities	$0
Work on Line 8	8	Department Specific Costs	$0
Work on Line 9	9	Other Costs	$9,980
Work on Line 10	10	Administrative Overhead	$10,888
		Gross Expenditures (Lines 1 – 10)	$146,998
Work on Line 11	11	Revenue, Income, Agency Contribution, Matches	$0
		Net Budget Total (Lines 1 – 10 minus line 11)	$146,998
Agency Contribution		Agency Contribution	$0
		Net Contract Total (Net Budget Total minus Agency Contribution)	$146,998

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Administrative Approval of Universal Budget Form:

Department Head Approval

Fiscal Approval

Program Head Approval

Line 1 - Personnel

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Cost of salaries and/or wages of personnel assigned to the project

-------- Contract Amount Only -------

Staff Title/Name	# of Staff	Explanation/Description of Function/Expense	FTE	Salary $	Fringe $	Total $
Project Coordinator	1	Over see project responsibilities/coordinating all	1.00	$75,000	$28,500	$103,500
Project Liaison	1			$7,000	$2,660	$9,660
Executive director	1			$5,000	$1,900	$6,900
Administrative Assitant	1	Responsible for Social Media, Brochure Development, and		$1,500	$570	$2,070
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
Line 1 Total		n/a	n/a	$88,500	$33,630	$122,130

Notes:

1. Personnel cost is salaries and/or wages (including base, OT, differentials, etc.) of personnel assigned to the project.
2. For each position, provide the: job title; name, if known; time commitment to the project as a full-time equivalent; annual salary; and/or hourly wage rate. If salary other than 100% of FTE note salary amount in description
3. All Direct Personnel Costs or Allocations are to be included in this section, not in Other.
4. Hourly Workers: Note hourly wage and number of hours worked in comments. Salary = Wage x Hours.
5. Fringe may be allocated or reported as a lump sum. Check with the department.
6. For FTE: Enter in the whole number if FTE represents the number of people (e.g., 3.5 staff). Enter a decimal if FTE represents a percentage of a person's salary and fringe (e.g., .5 for 50% of salary and fringe).

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Line 2 - Consultants ***Return to Summary Page***

Costs of professional consultant services provided by persons who are members of a particular profession or possess a special skill, and who are not employees of the contractor. Excludes Line 2 Personnel Costs and Line 9 Other Costs

Expense type: Consultant(s)	**#**	**Explanation - Description of Expense**	**FTE**	**Total $**
Line 2 Total		n/a		$0

Note(s): ***Return to Summary Page***

1. For each position, provide the: job title; name, if known; time commitment to the project as a percentage of a full-time equivalent; annual salary; and/or hourly wage rate. For hourly wage rate position provide annual hours to
2. Consultants must either provide a direct client service (e.g., case manager) or support a direct client service (e.g., file clerk).
3. For FTE: Enter in the whole number if FTE represents the number of people (e.g., 3.5 staff). Enter a decimal if FTE represents a percentage of a person's salary and fringe (e.g., .5 for 50% of salary and fringe).

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Line 3 - Travel / Per diem / Transportation

Expense type: Travel / Per Diem	**Explanation - Description of Expense**	**Total $**
Travel	Travel outside of commute	$2,000
Line 3 Total	n/a	$2,000

Note(s):

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1. Costs of transportation, mileage allowance, lodging, subsistence, and related items incurred by contractor staff on project-related travel, and client transportation. This expense type does not include consultant travel costs.
2. Aggregate separately for staff and client expenses.

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Line 4 - Equipment ***Return to Summary Page***

Costs of all nonexpendable, tangible personal property.

Expense type: Equipment Rental	**Explanation - Description of Expense**	**Total $**
laptop	Laptop to be able to directly support the delivery of the project	$2,000

Note(s): ***Return to Summary Page***

1. Rental costs of all nonexpendable, tangible personal property. Includes rental costs of furniture and office equipment such as printers, copy machines, computers, etc. For each type of equipment / furniture requested provide: a description of the item, cost per unit, the number of units, and total rental cost.

Expense type: Equipment Purchase	**Explanation - Description of Expense**	**Total $**

Note(s): ***Return to Summary Page***

1. Purchase costs of all nonexpendable, tangible personal property. Includes purchase costs of furniture and office equipment such as printers, copy machines, desktop computers, etc. For each type of equipment / furniture requested provide: a description of the item, cost per unit, the number of units, and total purchase cost.
2. Some smaller equipment purchases may be recorded as supplies (e.g., fax machines, etc). Check with the Department.

Line 4 Total	n/a	$2,000

Note(s): ***Return to Summary Page***

1. Total the cost of equipment purchases and rentals.

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Line 5 - Supplies ***Return to Summary Page***

Cost of supplies

Expense type: Supplies	**Explanation - Description of Expense**	**Total $**
Line 5 Total	n/a	$0

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Note(s):

1. Costs of all tangible personal property other than that included under the Equipment expense type. Includes supplies and materials used on a regular, daily basis to directly support the delivery of the project. Specify general categories of supplies and their costs. Show computations and provide other information that supports the amount requested.
2. Supplies can include some types of small equipment (e.g., fax machine). Please consult with the department regarding equipment that can be recorded as a supply.

Line 6 - Contractual Services ***Return to Summary Page***

Costs of indirect services acquired by the contractor under a separate contract or subcontract.

Expense type: Contractual Services	**Explanation - Description of Expense**	**Total $**
Line 6 Total	n/a	$0

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Note(s):

1. Costs of indirect services acquired by the contractor under a separate contract or subcontract.
2. Costs of all contracts for indirect services and goods except for those that belong under other expense types such as equipment, supplies, etc. Provide computations, a narrative description and a justification for each contract under this expens
3. Indirect services include contract consultants providing services such as computer support, payroll, accounts, legal, etc.

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Line 7 - Rent/Utilities ***Return to Summary Page***

Cost related to rent and utilities associated with provide direct client services.

Expense type: Misc./Other Costs	**Explanation - Description of Expense**	**Total $**
Line 7 Total	n/a	$0

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Note(s):

1. Costs of all rent and utility expenses used to directly support the delivery of the project. Specify physical address in the description.

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Line 8 - Department Specific Costs

Please itemize all expenses ***Return to Summary Page***

Expense type: Dept. Specific Costs	**Explanation - Description of Expense**	**Total $**
Line 8 Total	n/a	$0

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Note(s):

1. List any department specific cost or expense that cannot be listed on any other budget line. Provide computations (where appropriate), a narrative description and a justification for each cost under this expense type.

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Line 9 - Misc./Other Costs ***Return to Summary Page***

Please itemize all expenses

Expense type: Misc./Other Costs	**Explanation - Description of Expense**	**Total $**
Community Outreach and Incentives	Costs associated with providing community outreach and/or incentivising programs.	$9,980
Line 9 Total	n/a	$9,980

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Note(s):

1. Such costs may include but are not limited to: printing and publication, training, conferences and other costs. Provide computations, a narrative description and a justification for each cost under this expense type.

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Line 10 - Administrative Overhead

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Administrative Overhead costs

-------- Contract Amount Only -------

Expense type: Administrative Overhead	Explanation - Description of Expense	Salary $	Fringe $	Total $
Indirect Costs	Long Island University Approved Restricted Indirect Cost Rate 8%	$10,888		$10,888
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
Line 10 Total	n/a	$10,888	$0	$10,888

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Note(s):

1. Includes total administrative and overhead costs indirectly associated with the project but attributable to the overall operation of the contractor such as: costs for the overall direction of the contractor's organization; central executive functions that do not directly support the specific project; costs for general record keeping, budgeting, fiscal management, accounting, personnel and procurement; etc. Provide total administrative / overhead costs as a percentage of total Personnel and Fringe costs.

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Line 11 - Revenue

Please itemize all revenue, income, agency contribution, and matches, if any, expected to be generated from this project.

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Revenue type: Income/Matches	**Explanation - Description of Revenue**	**Total $**
Line 11 Total	n/a	$0

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Note(s):

1. Describe the nature, source and anticipated use of project revenue, income, agency contribution, and matches, if any. Provide computations, a narrative description and a justification for each category.

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