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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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Charles R Drew University of Medicine and Science

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1731 East 120th Street

City or town, state or country, and ZIP + 4
Los Angeles, CA 90059

D Employer identification number
95-6151774

E Telephone number
(323) 563-5820

G Gross receipts $ 55,060,148

F Name and address of Principal Officer
KEITH C NORRIS MD
1731 EAST 120TH STREET
LOS ANGELES, CA 90059

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)

H(c) Group Exemption Number ▶

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

J Web site: ▶ www cdrewu edu

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1966 | **M** State of legal domicile CA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

To conduct education, research, and clinical services in the context of community engagement to train health professionals to promote wellness and provide care in underserved communities

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of employees (Part V, line 2a)	5	836
6	Total number of volunteers (estimate if necessary)	6	20
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	12,875,827	1,627,074
	9	Program service revenue (Part VIII, line 2g)	60,755,098	43,724,033
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,200,649	91,015
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,297,584	156,990
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	78,129,158	45,599,112
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	672,288	675,671
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	36,185,086	33,915,101
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	(Total fundraising expenses, Part IX, column (D), line 25 563,132)		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	35,699,246	19,875,170
	18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	72,556,620	54,465,942
	19	Revenue less expenses Subtract line 18 from line 12	5,572,538	-8,866,830

			Beginning of Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	129,263,726	112,580,177
	21	Total liabilities (Part X, line 26)	63,080,458	64,380,283
	22	Net assets or fund balances Subtract line 21 from line 20	66,183,268	48,199,894

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

Please Sign Here

Signature of officer | Date 2010-05-14

Ron Lau Chief Financial Officer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ | Date | Check if self-employed ▶ ☐ | Preparer's PTIN (See Gen Inst)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ KPMG LLP
355 S Grand Ave Suite 2000
Los Angeles, CA 90071

EIN ▶

Phone no ▶ (213) 972-4000

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

Part III Statement of Program Service Accomplishments (See the instructions.)

1 Briefly describe the organization's mission

See Additional Data Table

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts 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 $ 4,898,291 including grants of $) (Revenue $ 43,724,033)

INSTRUCTION THE UNIVERSITY'S COLLEGE OF SCIENCE AND HEALTH (COSH) HAS 27 FULL-TIME FACULTY AND 16 PART-TIME FACULTY STUDENT ENROLLMENT FOR 2008 STOOD AT 249 THE COLLEGE OF MEDICINE (COM) HAS 222 FULL-TIME ACTIVE FACULTY AND 136 CLINICAL FACULTY MEMBERS THE MAJORITY OF FULL-TIME FACULTY MEMBERS HAVE DUAL APPOINTMENTS WITH UCLA CURRENT ENROLLMENT CONSISTS OF 95 UNDERGRADUATE STUDENTS, AND 8 MASTERS OF SCIENCE STUDENTS

4b (Code) (Expenses $ 20,717,272 including grants of $) (Revenue $)

RESEARCH THE UNIVERSITY'S RESEARCH PORTFOLIO HAS ACHIEVED NATIONAL RECOGNITION, PARTICULARLY IN ADVANCING MEDICAL SOLUTIONS TO MEET THE UNIQUE HEALTH CARE NEEDS OF UNDESERVED COMMUNITIES DIABETES, HYPERTENSION, CANCER, REPRODUCTIVE HEALTH, CHRONIC KIDNEY DISEASE, NEURO-PSYCHIATRIC DISORDERS AND HIV/AIDS ARE JUST A FEW OF THE AREAS WHERE CHARLES DREW UNIVERSITY RESEARCHERS, FACULTY AND STAFF MEMBERS MAKE A DIFFERENCE OUR NATIONALLY AND INTERNATIONALLY RENOWNED RESEARCHERS ARE BREAKING NEW GROUND, INTEGRATING RESEARCH ADVANCES INTO THE BASIC SCIENCES AND SETTING NEW STANDARDS IN HEALTHCARE DISPARITIES RESEARCH FOR UNDERSERVED COMMUNITIES RESEARCH ACTIVITIES AT THE UNIVERSITY ENCOMPASS THE ENTIRE SPECTRUM OF RESEARCH ENDEAVORS, FROM MOLECULAR BIOLOGISTS DISCOVERING GENES WHICH IDENTIFY PATIENTS AT INCREASED RISK FOR BREAST CANCER AND CLINICAL RESEARCHERS STUDYING ADVANCED PHARMACOLOGIC TREATMENT OF DIABETES AND HYPERTENSION, AND EPIDEMIOLOGISTS ASSESSING RISK FACTORS FOR BLINDNESS IN DIVERSE POPULATIONS TO ASSISTING AND HELPING TRAIN MEDICAL PROVIDERS, EQUIP HOSPITALS AND CLINICS, AND TESTING PEOPLE FOR HIV IN COUNTRIES AS FAR AS ANGOLA CHARLES DREW UNIVERSITY OF MEDICINE AND SCIENCE IS ENGAGED AS A TRUE RESEARCH PARTNER LOCALLY WITH NATIONALLY RECOGNIZED RESEARCH INTENSIVE INSTITUTIONS, SUCH AS THE UNIVERSITY OF CALIFORNIA - LOS ANGELES AND THE RAND CORPORATION FROM OVER 3,000 NIH-FUNDED INSTITUTIONS, THE UNIVERSITY RANKS IN THE TOP 7% FOR THE LEVEL OF FUNDING RECEIVED AND IS IN THE TOP 50 PRIVATE RESEARCH UNIVERSITIES AS RATED BY THE CENTER FOR MEASURING UNIVERSITY PERFORMANCE

4c (Code) (Expenses $ 12,315,774 including grants of $) (Revenue $)

ACADEMIC & INSTITUTIONAL SUPPORT THE UNIVERSITY OFFERS 18 ACADEMIC PROGRAMS ORGANIZED INTO THREE COLLEGES 1) THE COLLEGE OF SCIENCE AND HEALTH WHICH FEATURES ONE MASTER OF SCIENCE, 11 UNDERGRADUATES AND CERTIFICATES, AND ONE CONTINUING EDUCATION PROGRAM, 2) THE COLLEGE OF MEDICINE WHICH IS COMPRISED OF FOUR PROGRAMS - THE DREW/ UCLA MEDICAL EDUCATION PROGRAM, THE GRADUATE MEDICAL EDUCATIONAL PROGRAM, THE MASTERS OF SCIENCE IN CLINICAL RESEARCH, THE CONTINUING MEDICAL EDUCATION PROGRAM, AND 3) THE MERVYN M DYMALLY SCHOOL OF NURSING WITH A MISSION TO EDUCATE AND TRAIN STUDENTS WHO WILL ACHIEVE EXCELLENCE IN PATIENT CARE AND BECOME INNOVATIVE LEADERS THAT WILL HELP IMPROVE DIVERSITY AND CULTURAL SENSITIVITY IN THE NURSING WORKFORCE, THE SCHOOL IS SCHEDULED TO ADMIT ITS FIRST COHORT OF FORTY STUDENTS IN THE FALL OF 2010

(Code) (Expenses $ 3,102,887 including grants of $) (Revenue $)

PUBLIC & STUDENT SERVICES

(Code) (Expenses $ 1,088,974 including grants of $) (Revenue $)

OPERATIONS & MAINTENANCE PLANT/OTHER/FUNDRAISING

4d Other program services (Describe in Schedule O)

(Expenses $ 4,191,861 including grants of $) (Revenue $)

4e Total program service expenses $ 42,123,198 *Must equal Part IX, Line 25, column (B).*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25*	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No

Part IV Checklist of Required Schedules *(Continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable*	1a	230			
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	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	836			
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? **Note:** *If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.*			2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?			3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b		
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		No
b	If "Yes," enter the name of the foreign country ______ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** *Report of Foreign Bank and Financial Accounts.*					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*			5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		No
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 provide goods or services in exchange for any quid pro quo contribution of $75 or more?			7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h		
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the 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				

Part VI **Governance, Management, and Disclosure** *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

			Yes	No
1a	Enter the number of voting members of the governing body . . . 1a 12			
b	Enter the number of voting members that are independent . . . 1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		No
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		No
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		No
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14		No
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		No
b	Other officers or key employees of the organization?	15b		No
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken 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 CA

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

☐ own website ☐ another's website ☑ upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

JOHN GERAGHTY
1731 E 120TH STREET
LOS ANGELES, CA 90059
(323) 563-5820

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed

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

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

* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations

* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

Part VII Continued

(A) Name and Title	(B) Average hours per week	(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-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Total							▶	2,811,918	0	5,500

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶16

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
ASSIST MANAGEMENT CONSULTING LLC 1864 WAGNER STREET PASADENA, CA 91107	GRANT WRITING	874,260
MARC DRUYTS 333 WASHINGTON BLVD 357 MARINA DEL REY, CA 90292	COMPUTER SERVICES	126,962
ALAN J BURGENER 931 RIDER ST IOWA CITY, IA 52246	CONSULTING SERVICES	163,200
DANIEL WRIGHT 411 S OLIVE ST ORANGE, CA 92866	CONSULTING SERVICES	127,556

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 4

Part VIII **Statement of Revenue**

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations . . . 1d					
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	1,627,074				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total (Add lines 1a-1f)** . . . . ▶		1,627,074			
Program Service Revenue			Business Code				
	2a	TUITION/FEES/CONTINUING EDUC	611,710	2,528,231	2,528,231		
	b	FEES/CONTRACTS GOVERNMENT AGENCIES	611,710	40,238,256	40,238,256		
	c	AUXILIARY ENTERPRISES	722,210	957,546	957,546		
	d						
	e						
	f	All other program service revenue					
	g	**Total. Add lines 2a-2f** . . . . ▶ $ 43,724,033					
Other Revenue	3	Investment income (including dividends, interest other similar amounts) . . . . ▶		1,862,532			1,862,532
	4	Income from investment of tax-exempt bond proceeds . . ▶		0			
	5	Royalties		0			
			(i) Real / (ii) Personal				
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . ▶					
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	7,689,519				
	b	Less cost or other basis and sales expenses	9,461,036				
	c	Gain or (loss)	-1,771,517				
	d	Net gain or (loss) . . . . ▶		-1,771,517			-1,771,517
	8a	Gross income from fundraising events (not including $ of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000* . . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from fundraising events . . ▶		0			
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000* a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . . ▶		0			
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶		0			
		Miscellaneous Revenue	Business Code				
	11a	OTHER REVENUE	900,099	156,990		0	156,990
	b						
	c						
	d	All other revenue					
	e	**Total. Add lines 11a-11d** . . . . $ 156,990					
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . . . ▶		45,599,112	43,724,033	0	248,005

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) but are not required to complete columns (B), (C), and (D).

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	675,671	675,671		
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,791,655	1,384,617	390,533	16,505
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	24,973,676	19,290,796		239,286
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,366,279	1,065,698	300,581	
9	Other employee benefits	3,791,025	2,884,867	834,026	72,133
10	Payroll taxes	1,992,466	1,554,123	438,343	
11	Fees for services (non-employees)				
a	Management	146,961	114,630	32,331	
b	Legal	1,257,180	980,600	276,580	
c	Accounting	498,476	388,811	109,665	
d	Lobbying	0			
e	Professional fundraising *See Part IV, line 17* . .	0			
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	526,148	355,083	115,753	55,312
13	Office expenses	1,663,123	1,279,341	365,887	17,895
14	Information technology	483,828	377,058	106,442	328
15	Royalties . .	0			
16	Occupancy	2,526,849	1,970,367	555,907	575
17	Travel	59,929	32,832	13,182	13,915
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	453,609	326,666	99,794	27,149
20	Interest	34,487	26,900	7,587	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	1,693,715	1,321,098	372,617	
23	Insurance	692,585	540,216	152,369	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	PURCHASED SERVICES	1,076,543	819,340	236,839	20,364
b	DISPOSAL OF ASSETS	833,590	650,200	183,390	0
c	MISC /PROVISION FOR BAD DEBT	79,436	55,526	17,476	6,434
d	PROGRAMS/PARTICIPANT EXPENSES	2,871,490	2,219,878	631,728	19,884
e	OTHER EXPENSES	4,977,221	3,808,880	1,094,989	73,352
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	54,465,942	42,123,198	11,779,613	563,132
26	**Joint Costs.** Check ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		0	1	0
	2	Savings and temporary cash investments		51,449,074	2	30,661,468
	3	Pledges and grants receivable, net		7,409,627	3	4,152,730
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*			6	
	7	Notes and loans receivable, net		15,193	7	0
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		3,578,357	9	2,604,031
	10a	Land, buildings, and equipment cost basis	10a 60,047,981			
	b	Less accumulated depreciation *Complete Part VI of Schedule D*	10b 27,190,658	17,503,915	10c	32,857,323
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*		48,439,651	12	42,215,928
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*		60,422	13	25,147
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*		807,487	15	63,550
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*		129,263,726	16	112,580,177
Liabilities	17	Accounts payable and accrued expenses		11,301,485	17	8,400,369
	18	Grants payable			18	
	19	Deferred revenue		3,884,748	19	4,287,812
	20	Tax-exempt bond liabilities		43,000,000	20	43,000,000
	21	Escrow account liability *Complete Part IV of Schedule D*			21	
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		3,047,831	23	3,004,898
	24	Unsecured notes and loans payable			24	
	25	Other liabilities *Complete Part X of Schedule D*		1,846,394	25	5,687,204
	26	**Total liabilities.** *Add lines 17 through 25*		63,080,458	26	64,380,283
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		27,639,618	27	4,271,142
	28	Temporarily restricted net assets		7,807,486	28	13,192,588
	29	Permanently restricted net assets		30,736,164	29	30,736,164
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		66,183,268	33	48,199,894
	34	Total liabilities and net assets/fund balances		129,263,726	34	112,580,177

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ cash ☑ accrual ☐ other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 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	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

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SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Charles R Drew University of Medicine and Science

Employer identification number
95-6151774

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1 ☐ A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i).**

2 ☑ A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **Section 509(a)(4).** (See instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?	**11g(i)**		No
(ii) a family member of a person described in (i) above?	**11g(ii)**		No
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		No

h Provide the following information about the organizations the organization supports

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

Part II **Support Schedule for Organizations Described in IRC 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.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
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 line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 **Public Support** subtract line 5 from line 4						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total Support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) | 12 |

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

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) | 14 |

15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f | 15 |

16a **33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% Test - 2007.** If the organization did not check the 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 - 2008.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10% Facts and Circumstances Test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	**(a)** 2004	**(b)** 2005	**(c)** 2006	**(d)** 2007	**(e)** 2008	**(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 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	**(a)** 2004	**(b)** 2005	**(c)** 2006	**(d)** 2007	**(e)** 2008	**(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 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total Support** (Add lines 9, 10c, 11 and 12)						

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

Computation of Public Support Percentage

15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	**15**	
16 Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	**16**	

Computation of Investment Income Percentage

17 Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	**17**	
18 Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	**18**	

19a **33 1/3% Tests - 2008.** 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% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

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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

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

2008

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)
- Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax)
- Section 501(c)(4), (5), or (6) organizations complete Part III

Name of the organization	Employer identification number
Charles R Drew University of Medicine and Science	95-6151774

Part I-A **To be completed by all organizations exempt under section 501(c) and section 527 organizations.** (See the instructions for Schedule C for details.)

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures $ ______

3 Volunteer hours ______

Part I-B **To be completed by all organizations exempt under section 501(c)(3).** (See the instructions for Schedule C for details.)

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 in 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 **To be completed by all organizations exempt under section 501(c), except section 501(c)(3).** (See the instructions for Schedule C for details.)

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 internal funds contributed to other organizations for section 527 exempt funtion activities $ ______

3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b $ ______

4 Did the filing organization file **Form 1120-POL** for this year? ☐ **Yes** ☐ **No**

5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and 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 internal 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-

Part II-A **To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

A Check ☐ if the filing organization belongs to an affiliated group
B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing Organization's Totals	**(b)** Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns—		

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

	(a) Filing Organization's Totals	**(b)** Affiliated Group Totals
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a Enter -0- if line g is more than line a		
i Subtract line 1f from line 1c Enter -0- if line f is more than line c		

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 instructions for lines 1a through 1f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2005	**(b)** 2006	**(c)** 2007	**(d)** 2008	**(e)** Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line d, column (e))					
f Grassroots lobbying expenditures					

Part II-B **To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

		(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?		No	
b	Paid staff or management (include compensation in expenses reported on lines c through i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		No	
i	Other activities If "Yes," describe in Part IV	Yes		64,071
j	Total lines 1c through 1i			64,071
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

Part III-A **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** (See the instructions for Schedule C for details.)

			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 carryover lobbying and political expenditures from the prior year?	3		

Part III-B **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** (See the instructions for Schedule C for details.)

1	Dues, assessments and similar amounts from members	1 $
2	Section 162(e) non-deductible 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 (line 2c total minus 3 and 4)	5 $

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information

Identifier	Return Reference	Explanation
OTHER ACTIVITIES	SCHEDULE C PART II-B LINE 1I	CHARLES R DREW UNIVERSITY OF MEDICINE AND SCIENCE (CDU) HIRED TWO FIRMS TO ASSIST THE UNIVERSITY IN PROMOTING ITS MISSION IN EDUCATION, RESEARCH, CLINICAL SERVICES, AND COMMUNITY SERVICE ENGAGEMENTS

Part IV **Supplemental Information**

Identifier	Return Reference	Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Charles R Drew University of Medicine and Science

Employer identification number
95-6151774

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate 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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

Part II **Conservation Easements.** Complete if the organization answered "Yes" to 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 (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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 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 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 SFAS 116 relating to these items

a Revenues included in 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 accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

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

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

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

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

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

b If "Yes," explain why in Part XIV 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? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	42,712,753				
b Contributions	5,000,000				
c Investment earnings or losses	-5,332,043				
d Grants or scholarships					
e Other expenditures for facilities and programs	2,600,000				
f Administrative expenses					
g End of year balance	39,780,710				

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ▶ 0 %

b Permanent endowment ▶ 75 %

c Term endowment ▶ 25 %

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

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land	1,087,034			1,087,034
b Buildings	12,931,950		6,819,546	6,112,404
c Leasehold improvements	714,813		307,234	407,579
d Equipment	22,089,161		19,684,897	2,404,264
e Other	23,225,023		378,981	22,846,042
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				32,857,323

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or cateory (including name of security)	**(b)**Book value	**(c)** Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other ABSOLUTE RETURN	348,749	F
Other UCLA ENDOWMENT FUND	20,292,508	F
Other STIP FUNDS	20,454,219	F
Other COMMON FUND	1,120,452	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	42,215,928	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	**(b)** Book value	**(c)** Method of valuation Cost or end-of-year market value
STUDENT LOANS	265,617	F
LESS ALLOWANCE	-240,470	F
COMMUNITY DEVELOPMENT LOAN	0	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	**(b)** Book value
OTHER RECEIVABLES	63,550
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	**(b)** Amount
Federal Income Taxes	
OBLIGATIONS UNDER CAP LEASES	492,997
INTEREST RATE SWAP AGREEMENT	5,194,207
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	5,687,204

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	45,599,112
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	54,465,942
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-8,866,830
4	Net unrealized gains (losses) on investments	4	-5,348,017
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-3,768,526
9	Total adjustments (net) Add lines 4 - 8	9	-9,116,543
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-17,983,373

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	35,806,898
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-5,348,017		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-4,444,197		
e	Add lines **2a** through **2d**			2e	-9,792,214
3	Subtract line **2e** from line **1**			3	45,599,112
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			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	45,599,112

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	53,790,271
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	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	53,790,271
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			
b	Other (Describe in Part XIV)	4b	675,671		
c	Add lines **4a** and **4b**			4c	675,671
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	54,465,942

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
FIN 48 LIABILITY	SCHEDULE D, PART X	THE UNIVERSITY HAS ADOPED THE DEFERRAL AND DISCLOSURE PROVISIONS OF FIN 48 FOR ITS JUNE 30, 2009 FINANCIAL STATEMENTS AND WILL ADOPT THE PROVISIONS OF FIN 48 FOR THE YEAR ENDED JUNE 30, 2010 THE IMPACT OF ADOPTION OF FIN 48 HAS BEEN DETERMINED TO BE IMMATERIAL TO THE AUDITED FINANCIAL STATEMENTS
ENDOWMENT FUNDS INTENDED USE	SCHEDULE D, PART V, LINE 4	THE CORPUS WILL BE MAINTAINED IN PERPETUITY AND THE INVESTMENT INCOME PORTION WILL BE USED TO SUPPORT (1) FACULTY AND PROFESSIONAL DEVELOPMENT, INCLUDING CREATION OF A FACULTY RESEARCH AND TEACHING RESOURCE CENTER, AND A COMPREHENSIVE INSTRUCTIONAL PROGRAM FOR FACULTY THAT WILL OPTIMIZE THE EFFECTIVENESS OF FACULTY AS RESEARCH MENTORS, AND (2) CONTINUE TO ENHANCE AND STRENGTHEN THE UNIVERSITY'S RESEARCH INFRASTRUCTURE THROUGH MODERNIZATION OF THE EXISTING LEARNING RESOURCE CENTER FOR STUDENTS
REVENUE REPORTED ON AUDITED REPORT BUT NOT ON FORM 990	SCHEDULE D PART XII LINE 4B	($3,768,526) REPRESENTS UNREALIZED LOSS ON INTEREST RATE SWAP RELATED TO BONDS ($675,671) REPRESENTS SCHOLARSHIPS AND DISCOUNTS THAT WERE RECLASSIFIED INTO EXPENSE FOR FORM 990 REPORTING
EXPENSES REPORTED ON FORM 990 BUT NOT ON AUDIT REPORT	SCHEDULE D PART XIII LINE 4B	$675,671 IN SCHOLARSHIPS AND DISCOUNTS WERE REPORTED AS A REDUCTION OF TUITION AND FEES REVENUE ON THE AUDIT REPORT
OTHER ADJUSTMENT TO CHANGE IN NET ASSETS	SCHEDULE D PART XI LINE 8	UNREALIZED LOSS ON INTEREST RATE SWAP RECORDED ON BOOKS BUT NOT ON FORM 990

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

Attach to Form 990 or Form 990-EZ. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Charles R Drew University of Medicine and Science

Employer identification number
95-6151774

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain	3	Yes	
	CHARLES DREW HAS PUBLICIZED ITS RACIALY NONDISCRIMINATORY POLICY THROUGH THE COURSE CATALOG, THE WEBSITE STATEMENT, THE APPLICATION FOR ADMISSION, THE ADMISSIONS PUBLICATIONS, THE FINANCIAL AID APPLICATION, THE EMPLOYEMENT APPLICATION AND OTHER EMPLOYMENT MATERIALS			
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
5	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
e	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities?	5h		No
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		No
	If you answered "Yes" to either 6a or b, please explain using an attached statement			
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," attach an explanation	7	Yes	

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Charles R Drew University of Medicine and Science

Employer identification number
95-6151774

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

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

2 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(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 in region
Sub-Saharan Africa	0	1	Program Services	HIV/AIDS TREATMENT MGT	0
Totals . . . . . ▶	0	1			0

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . ▶ ☐
Use Schedule F-1 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 of non-cash assistance	**(h)** Description of non-cash assistance	**(i)** Method of valuation (book, FMV, appraisal, other)

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶ ______

3 Enter total number of other organizations or entities . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	**(b)** Region	**(c)** Number of recipients	**(d)** Amount of cash grant	**(e)** Manner of cash disbursement	**(f)** Amount of non-cash assistance	**(g)** Description of non-cash assistance	**(h)** Method of valuation (book, FMV, appraisal, other)

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	ReturnReference	Explanation
GRANT-SUBAWARD MONITORING	SCHEDULE F, PART 1, LINE 2	THE LEVEL OF MONITORING FOR ALL ACTIVE SUBRECIPIENT AWARDS, BOTH IN AND OUTSIDE THE U S , IS DETERMINED BY THE RISK RATING ASSIGNED, INTERNALLY, AT THE TIME OF ISSUANCE BY THE UNIVERSITY HIGHER RATINGS MANDATE CLOSER SCRUTINY BY THE ISSUING PROGRAMS PRINCIPAL INVESTIGATOR (PI) WHO HAS PRIMARY RESPONSIBILITY FOR ENSURING COMPLIANCE WITH FEDERAL REGULATIONS FOR BOTH PRIME AND SUBRECIPIENT AWARDS PRINCIPAL INVESTIGATORS (PIS) WHO HAVE PRIMARY RESPONSIBILITY FOR ENSURING COMPLIANCE WITH FEDERAL REGULATIONS FOR BOTH PRIME AND SUBRECIPIENT AWARDS, REVIEW THE WORK OF SUBRECIPIENTS AND SIGN A SUBAWARD PERFORMANCE PAYMENT APPROVAL FORM ATTESTING TO THEIR SATISFACTION WITH THE SUBAWARDS PROGRESS TO DATE AND INDICATING THAT TO THE BEST OF THEIR KNOWLEDGE, THE COSTS INCLUDED ON THE INVOICE ARE ALLOWABLE, ALLOCABLE, AND REASONABLE FOR THE WORK PERFORMED

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Charles R Drew University of Medicine and Science

Employer identification number
95-6151774

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? . . . ☑ 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 Governments and Organizations in the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 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 non-cash assistance	**(h)** Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations . . . ▶

3 Enter total number of other organizations . . . ▶

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	152	675,671			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Identifier	Return Reference	Explanation
GRANT RECORDS	SCHEDULE I PART I LINE 2	Grants and other assistance represent student financial aid When awarding aid, Charles R Drew University follows all laws and regulations of federal and state of California aid programs

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Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Charles R Drew University of Medicine and Science

Employer identification number
95-6151774

Part I Questions Regarding Compensation

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
SUSAN KELLY	(i)	402,083	0	23,540	0	5,500	431,123	0
	(ii)	0	0	0	0	0	0	0
KEITH NORRIS	(i)	346,419	0	24,193	0	0	370,612	0
	(ii)	0	0	0	0	0	0	0
GAIL ORUM ALEXANDER	(i)	157,245	0	9,132	0	0	166,377	0
	(ii)	0	0	0	0	0	0	0
ELIZABETH GARCIA	(i)	242,662	0	0	0	0	242,662	0
	(ii)	0	0	0	0	0	0	0
RONALD EDELSTEIN	(i)	170,230	0	12,647	0	0	182,877	0
	(ii)	0	0	0	0	0	0	0
RICHARD BAKER	(i)	281,668	0	19,125	0	0	300,793	0
	(ii)	0	0	0	0	0	0	0
PATRICK BRADY	(i)	191,348	0	6,563	0	0	197,911	0
	(ii)	0	0	0	0	0	0	0
ERIC BING	(i)	200,904	0	15,350	0	0	216,254	0
	(ii)	0	0	0	0	0	0	0
JAYDUTT VADGAMA	(i)	187,158	0	13,236	0	0	200,394	0
	(ii)	0	0	0	0	0	0	0
NANCY HANNA	(i)	170,580	0	0	0	0	170,580	0
	(ii)	0	0	0	0	0	0	0
MAYER DAVIDSON	(i)	166,478	0	7,439	0	0	173,917	0
	(ii)	0	0	0	0	0	0	0
IDA DAVIS	(i)	153,048	0	10,870	0	0	163,918	0
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
SEVERANCE PAYMENTS	SCHEDULE J PART I LINE 4A	SUSAN KELLY AND PATRICK BRADY RECEIVED SEVERANCE PAYMENTS DURING THE YEAR IN THE AMOUNTS OF $57,231 AND $93,750, RESPECTIVELY THESE SEVERANCE PAYMENTS WERE MADE IN CONSIDERATION FOR THEIR RELEASE AND WAIVER OF ANY CLAIM AGAINST THE UNIVERSITY AND ITS EMPLOYEES

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 95-6151774
Name: Charles R Drew University of Medicine and Science

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

(A) Name		(B)(i) Base Compensation	(B)(ii) Bonus & incentive compensation	(B)(iii) Other compensation	(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
SUSAN KELLY	(i)	402,083	0	23,540	0	5,500	431,123	0
	(ii)	0	0	0	0	0	0	0
KEITH NORRIS	(i)	346,419	0	24,193	0	0	370,612	0
	(ii)	0	0	0	0	0	0	0
GAIL ORUM ALEXANDER	(i)	157,245	0	9,132	0	0	166,377	0
	(ii)	0	0	0	0	0	0	0
ELIZABETH GARCIA	(i)	242,662	0	0	0	0	242,662	0
	(ii)	0	0	0	0	0	0	0
RONALD EDELSTEIN	(i)	170,230	0	12,647	0	0	182,877	0
	(ii)	0	0	0	0	0	0	0
RICHARD BAKER	(i)	281,668	0	19,125	0	0	300,793	0
	(ii)	0	0	0	0	0	0	0
PATRICK BRADY	(i)	191,348	0	6,563	0	0	197,911	0
	(ii)	0	0	0	0	0	0	0
ERIC BING	(i)	200,904	0	15,350	0	0	216,254	0
	(ii)	0	0	0	0	0	0	0
JAYDUTT VADGAMA	(i)	187,158	0	13,236	0	0	200,394	0
	(ii)	0	0	0	0	0	0	0
NANCY HANNA	(i)	170,580	0	0	0	0	170,580	0
	(ii)	0	0	0	0	0	0	0
MAYER DAVIDSON	(i)	166,478	0	7,439	0	0	173,917	0
	(ii)	0	0	0	0	0	0	0
IDA DAVIS	(i)	153,048	0	10,870	0	0	163,918	0
	(ii)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.
Provide descriptions, explanations, and any additional information in Schedule O.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Charles R Drew University of Medicine and Science

Employer identification number
95-6151774

Part I Bond Issues *(Required for 2008)*

	(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
A	CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY (CEFA)	52-1705592	130178ME3	11-15-2007	43,000,000	FINANCE CONSTR OF LSRN EDUC BLDG		X		X

Part II Proceeds *(Optional for 2008)*

		A	B	C	D	E
1	Total Proceeds of Issue					
2	Gross Proceeds in Reserve Funds					
3	Proceeds in Refunding or Defeasance Escrows					
4	Other Unspent Proceeds					
5	Issuance Costs from Proceeds					
6	Working Capital Expenditures from Proceeds					
7	Capital Expenditures from Proceeds					
8	Year of Substantial Completion					

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
9	Were the bonds issued as part of a current refunding issue?										
10	Were the bonds issued as part of an advance refunding issue?										
11	Has the final allocation of proceeds been made?										
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use *(Optional for 2008)*

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?										
2	Are there any lease arrangements with respect to the financed property which may result in private business use?										

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or 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 501(c)(3) organization or a state or local government										
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 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV Arbitrage *(Optional for 2008)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?										
6	Did the bond issue qualify for an exception to rebate?										

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Charles R Drew University of Medicine and Science

Employer identification number
95-6151774

Identifier	Return Reference	Explanation
OTHER PROGRAM SERVICES	Form 990, Part III, Line 4d	CHARLES R DREW UNIVERSITY IS ACTIVELY COMMITTED TO TRAINING FUTURE GENERATIONS TO MAKE A DIFFERENCE THROUGH A NUMBER OF NOVEL AND INNOVATIVE YOUTH EDUCATION "PIPELINE PROGRAMS" WHICH ARE UNIQUE AMONG MEDICAL EDUCATION PROGRAMS IN SOUTHERN CALIFORNIA THE PIPELINE PROGRAMS HAVE TWO IMPORTANT GOALS EXPOSE URBAN MINORITY STUDENTS TO SCIENCE STUDIES WHILE HELPING THEM DEVELOP A STRONG INTEREST IN SCIENCE AND RESEARCH, AND IMPROVE OPPORTUNITIES FOR URBAN MINORITY STUDENTS WHO WISH TO PURSUE CAREERS IN MEDICINE AND SCIENCE THE PROGRAMS ARE A SERIES OF EDUCATIONAL STEPS THAT ESTABLISH AN ACADEMIC CONTINUUM IN MEDICAL EDUCATION THE ACADEMIC CONTINUUM STARTS AT PRESCHOOL WITH THE SATURDAY SCIENCE ACADEMY (SSA) PROGRAMS, INCLUDING THE SSA JUNIOR WHITE COAT CEREMONY, AND EXTENDS UPWARD THROUGH THE LINCOLN-DREW ELEMENTARY SCHOOL (GRADES K-6) LINCOLN-DREW MIDDLE SCHOOL (GRADES 7 THROUGH 9) AND THE KING/DREW MAGNET HIGH SCHOOL OF MEDICINE AND SCIENCE (GRADES 10 THROUGH 12) THE WHITE COAT CEREMONY IS A NATIONWIDE MEDICAL SCHOOL ACTIVITY TO SIGNAL THE TRANSITION OF MEDICAL STUDENTS FROM BOOK LEARNING AND LAB WORK TO THE WORLD OF CLINICAL PRACTICE AND DIRECT INTERACTION WITH REAL PATIENTS THE SSA JUNIOR WHITE COAT CEREMONY SEEKS TO EMBRACE THE SPIRIT OF THIS EXERCISE THROUGH ENCOURAGING STUDENTS TO COMMIT TO LIFELONG LEARNING

Identifier	Return Reference	Explanation
PROCESS FOR REVIEW OF FORM 990	PART VI SECTION A LINE 10	THE ORGANIZATION'S FINANCE AND ACCOUNTING TEAM WORKS CLOSELY WITH THE ACCOUNTING FIRM HIRED TO PREPARE THE FORM 990 AND THE CFO PERFORMS A REVIEW OF THE FORM 990 PRIOR TO THE TIME IT IS FILED

Identifier	Return Reference	Explanation
ANNUAL CONFLICT OF INTEREST DISCLOSURE PROGRAM	FORM 990, PART VI, LINE 12C	ALL NEW EMPLOYEES MUST COMPLETE A CONFLICT OF INTEREST (COI) FORM AS A REQUIREMENT FOR HIRE ONCE ALL COIS ARE COLLECTED, ANY DISCLOSED CONFLICTS ARE PRESENTED TO THE AUDIT & COMPLIANCE COMMITTEE FOR RESOLUTION AND/OR MITIGATION THE CONFLICT OF INTEREST POLICY REQUIRES THAT EMPLOYEES COMPLETE A NEW COI IF THERE IS AN ACTUAL OR AN APPEARANCE OF CONFLICT DURING THE YEAR

Identifier	Return Reference	Explanation
PROCESS FOR DETERMINING COMPENSATION	PART VI SECTION B LINE 15	THERE WAS NO FORMAL COMPENSATION DETERMINATION PROCESS FOR THE PRESIDENT/CEO THE UNIVERSITY'S BOARD OF TRUSTEES RELIED ON THE EXPERTISE OF AN EXTERNAL EXECUTIVE SEARCH FIRM WITH EXCELLENT REFERENCES THE RANGE FOR THE PRESIDENT'S COMPENSATION WAS RECOMMENDED AND AGREED TO BETWEEN THE SEARCH FIRM AND THE BOARD OF TRUSTEES WITHIN THIS RANGE, THE PRESIDENT'S SALARY WAS DETERMINED BY DIRECT NEGOTIATION BETWEEN THE PRESIDENT AND THE BOARD OF DIRECTORS RELYING UPON THE UNIVERSITY'S LEGAL COUNSEL AND THE EXECUTIVE SEARCH FIRM

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS, COI, FINANCIAL STATEMENTS	FORM 990, PART VI, SECTION C, LINE 19	WHILE FEDERAL TAX LAWS DO NOT MANDATE THAT THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS BE MADE AVAILABLE FOR PUBLIC INSPECTION, THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AVAIALBLE UPON REQUEST

Additional Data

Software ID:
Software Version:
EIN: 95-6151774
Name: Charles R Drew University of Medicine and Science

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(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-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
BART H WILLIAMS ESQ , CHAIRMAN OF THE BOARD	1 0	X						0	0	0
HENRY W FOSTER MD , 1ST VICE CHAIRMAN	1 0	X						0	0	0
RICHARD A VELOZ MPH JD , Secretary	1 0	X						0	0	0
HECTOR FLORES MD , Trustee	1 0	X						0	0	0
CAROLE JORDAN-HARRIS MD MS , Trustee	1 0	X						0	0	0
PATRICK T DOWLING MD MPH , Trustee	1 0	X						0	0	0
ANDREW B LEEKA MBA MPH , Trustee	1 0	X						0	0	0
GERALD S LEVEY MD , Trustee	1 0	X						0	0	0
STEVEN A SCHROEDER MD , TRUSTEE	1 0	X						0	0	0
MARTHA VALVERDE BSC , Trustee	1 0	X						0	0	0
TIMOTHY WATKINS SR , Trustee	1 0	X						0	0	0
ERIC BING MD PHD , President - Academic Senate	1 0	X						0	0	0
SUSAN KELLY , PRESIDENT & CEO	50 0			X				425,623	0	5,500
PATRICK BRADY , CHIEF FINANCIAL OFFICER	50 0			X				197,911	0	0
KEITH NORRIS , INTERIM PRESIDENT/VP-RESEARCH	50 0				X			370,612	0	0
GAIL ORUM ALEXANDER , DEAN-COLL OF SCIENCE & HEALTH	50 0				X			166,377	0	0
ELIZABETH GARCIA , VP-ADMINISTRATION & FINANCE	50 0				X			242,662	0	0
RONALD EDELSTEIN , DEAN-ACADEMIC AFFAIRS	50 0				X			182,877	0	0
RICHARD BAKER , DEAN-COLLEGE OF MEDICINE	50 0				X			300,793	0	0
ERIC BING , ASSISTANT PROFESSOR	50 0					X		216,254	0	0
JAYDUTT VADGAMA , PROFESSOR	50 0					X		200,394	0	0
NANCY HANNA , ASSOCIATE DEAN	50 0					X		170,580	0	0
MAYER DAVIDSON , PROFESSOR	50 0					X		173,917	0	0
IDA DAVIS , ASSISTANT PROFESSOR	50 0					X		163,918	0	0

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

CHARLES R DREW UNIVERSITY OF MEDICINE AND SCIENCE IS A NONPROFIT EDUCATIONAL INSTITUTION THAT IS COMPRISED OF A COLLEGE OF MEDICINE, COLLEGE OF ALLIED HEALTH AND SCIENCE, AND A VARIETY OF EDUCATIONAL, RESEARCH, AND COMMUNITY PROGRAMS. THE UNIVERSITYS MISSION IS TO CONDUCT EDUCATION, RESEARCH AND CLINICAL SERVICES IN THE CONTEXT OF COMMUNITY ENGAGEMENT TO TRAIN HEALTH PROFESSIONALS WHO PROMOTE WELLNESS, PROVIDE CARE WITH EXCELLENCE AND COMPASSION, AND TRANSFORM THE HEALTH OF UNDERSERVED COMMUNITIES.

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 95-6151774
Name: Charles R Drew University of Medicine and Science

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

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