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DLN: 93493122002461

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

Open to Public
Inspection

A Fo	r the	2009 cal	endar yea	r, or tax year beginnii	ng 07-01-2009	and ending 06-30-20	10			
		applicable	Please	C Name of organization		-		D Er	nployer id	entification number
	dress cl		use IRS	FAIRLEIGH DICKINSON	UNIVERSITY			22	2-14944	34
Г№	me cha	inge	label or print or	Doing Business As				E Te	lephone n	umber
┌ Inr	tıal retu	ırn	type. See Specific	Number and street (or	D.O. boy if mail is	not delivered to street addi	ross\ Doom	(2	01)692-	-2381
	mınate		Instruc- tions.	1000 River Road Mail C		not delivered to street addi	less) Room/	G Gr	oss receipts	s \$ 257,541,420
	nended		tions.	City or town, state or c	country and 7TP +	Δ				
_		n pending		Teaneck, NJ 0766619		•				
, Ap	piicatioi	ii periuling			1 66					
				ne and address of prir ael Adams	ncipal officer			Is this a gr affiliates?	oup retur	rn for □ Yes 🔽 No
				River Road				ammates		, , , , , , , , ,
			reaned	k,NJ 076661914			1 ' '	Are all affilia		
——— Та	x-exen	not status	▼ 501(c)) (3) ◄ (insert no)	4947(a)(1) or F	- 527				t (see instructions)
			•		(=,(=, -, -,		H(c)	Group exe	iliption in	ullibel F
		e:► www					1			
				tion Trust Associatio	n Other ►		L Yea	r of formation	n 1942	M State of legal domicile NJ
Ра	rt I		*	e organization's missi	ion or most sid	rificant activities				
	*	•		_	_	excellence dedicated	to the prep	paration of	world cıtı	zens through global
w						with the multi-disciplin				understandıngs
≧		necessa	ry to parti	cipate, lead, and pros	per in the globa	ıl marketplace of ıdeas	s, commer	ce and cuit	ure	
Ē										
Governance										
	2		,			operations or dispose				
40 97	3					VI, line 1a)				3 26
Ě	4					ig body (Part VI, line 1	.b)			1 25
Activities &	5			nployees (Part V , line						5 <u>2,473</u> 5 107
q,	6			olunteers (estimate if						5
				iness taxable income		, column (C), line 12 -T line 34				b -53,410
		Tree dille	Tated Busi	THE ST CANADIC MECHIC		1,11110 31 1 1		Prior Year		Current Year
	8	Contrib	utions and	d grants (Part VIII, lıı	ne 1h)				82,215	10,718,889
ant	9			revenue (Part VIII, lı	•			61,764	235,874,058	
Revenue	10	Investr	nent incor	me (Part VIII, column	ı (A), lınes 3, 4		1,1	03,637	899,618	
益	11	Otherr	evenue (P	art VIII, column (A),	lines 5, 6d, 8c	9c, 10c, and 11e)		1,3	93,496	1,480,203
	12			_		ırt VIII, column (A), lı	ne	232 8	41,112	248,972,768
	13					, lines 1–3)			86,414	56,686,514
	14			or for members (Part I				,-	0	0
	15					t IX, column (A), lines	5-			
\$		10)						•	10,925	111,364,607
Expenses	16a			lraising fees (Part IX,				1	46,211	98,998
ठ	b			enses (Part IX, column (D)	-					
	17					11f-24f)	•	<u> </u>	21,481	69,717,031
	18		•	•	•	(, column (A), line 25)		•	65,031	237,867,150
	19	Kevenu	e iess exp	penses Subtract line	Rog	9,2 inning of C	76,081	11,105,618		
Net Assets or Fund Balances							Deg	Year	arrent	End of Year
88.48 8.48 8.48 8.48 8.48 8.48 8.48 8.4	20	Total a	ssets (Pai	rt X, lıne 16)				262,2	65,183	271,586,869
2 E	21	Total li	abilities (F	Part X, line 26)				176,3	68,237	171,938,058
	22			d balances Subtract	line 21 from lin	e 20		85,8	96,946	99,648,811
Pa	rt II	_	ture Bl							
						turn, including accompanyir er (other than officer) is bas				the best of my knowledge arer has any knowledge
		l 								
Sign Here		Grana	6 -66					2011-03-25		
пег	e	, Signal	ture of office	;I				Date		
			Ferrara VP or print nam	for Finance & Treasurer ne and title						
		<u> </u>			Ī	Date	Charle of	D	araria .d - ···	ofung number
Det-I		Preparer's signature				Date	Check if self-	(see	arer's ident instruction	afying number s)
Paid	arer's		<u>, </u>				empolyed	· I		
Use		ıf self-em		•				EIN	٠	
_ ••	y	address, a	and ZIP + 4	•				Phor	ne no 🕨	
		1								
May	the IR	RS discuss	s this retu	rn with the preparer s	hown above? (s	ee instructions) .				Yes No

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

Fairleigh Dickinson University is a center of academic excellence dedicated to the preparation of world citizens through global education. The University strives to provide students with the multi-disciplinary, intercultural, and ethical understandings necessary to participate, lead, and prosper in the global marketplace of ideas, commerce and culture.

4e	Total program serv	vice evpenses#¢	219.499.87	" "		
	(Expenses \$	0 inc	cluding grants	of\$	0) (Revenue \$	0)
4d	Other program ser	vices (Describe in Sch	nedule O)			
	benefit of the commur publishes several work Campus houses the cli cognitive, psychologica prominent in the psych	nity at large The Silberman ing papers series and The Jo nical psychology and school il and psych-educational tes	College of Busines ournal of Pharmac psychology doctor ting and women's e and communicat	s sponsors a series of busine eutical Chemical Business Ui al programs where students issues In the Maxwell Becto	scovery and revision of accepted co ss research studies that involve fact inversity College Arts, Sciences, Pro and faculty do research in such are in College of Arts and Sciences, rese at Florham psychology department	Ilty and students The College fessional Studies Metropolitan as as behavorial medicine, arch efforts are particularly
4c	(Code) (Expenses \$	253,792	including grants of \$	0) (Revenue \$	239,566)
		AUXILIARY - To provide fooc re University residence halls		ent halls for University stude	nts Approximately 2,297 undergrad	uate U S and International
4b	(Code) (Expenses \$	21,480,342	ıncludıng grants of \$	274,908) (Revenue \$	25,976,189)
	of higher education in its own identity and se County, New Jersey, it Florham the kind of plathat feeds off the ener Campus The Universit Rothman Institute cele College in Oxfordshire, State of New Jersey, a baccalaureate, master	New Jersey, serving more ti parate mission, the Universi s a picture-perfect collegiate ace people dream about Th gy of nearby New York City y took a prominent leadersl brated its 20th anniversary England, and Fairleigh Dick and through on-line courses s and doctorate levels Its w	han 12,000 studenty preserves the meteropolitan Camany of the Uning role in educating of offering extraorings on University-Vaccessible from a rude range of offering of offering extraorings on University-Vaccessible from a rude range of offering of other offering of offering of offering of other other offering offering of other other offering offering offering of other	its With a wide range of acantimacy of a small college will-covered buildings, a strong mpus, in Teaneck, New Jersiversity's business, profession in veterans and welcomed to dinary entrepreneurial programicouver in British Columbia bywhere in the world. The Urings include a wide variety of	in 1942, is one of the largest indepedemic programs and two main came thin a large suburban institution. The student life program, and traditionally, is by contrast a fast-paced, proficial, science, and healthcare programs or campus a strong contingent under the strong contract in the University also operates in a Canada Courses are also offered inversity offers over 100 degree programs in education, is to the changing needs of society	puses in New Jersey, each wite College at Florham, in Morns I amenities and activities makessionally oriented environments are based at the Metropolita the new GI Bill Our acclaimed ternational campuses Wroxto at many locations around the grams at the associate,
4a	(Code) (Expenses \$	197,765,738	ıncludıng grants of \$	56,411,606) (Revenue \$	209,524,584)
4	Section 501(c)(3) a	nd 501(c)(4) organiza	tions and secti		argest program services by e re required to report the amou ervice reported	
	If "Yes," describe th	nese changes on Sched	lule O			
3	Did the organization services?		make significa	nt changes in how it cor		Yes ✓ No
	If "Yes," describe th	iese new services on S	chedule O			
2		or 990-EZ?		ervices during the year	which were not listed on	Yes ✓ No

Part IV Checklist of Required Schedul	les
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			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		Νο
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 similar funds or 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? <i>If "Yes," complete Schedule D, Part II</i>	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, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	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 United States? 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 U S? 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 U S ? If "Yes," complete Schedule F, Part III	16	Yes	
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 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, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νο
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		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III </i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		Νo
Ь	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		Νο
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		N o
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
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		N o
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		N o
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	Yes	
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	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		N o
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		N o
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99 0	(2009)

art V	Statements	Regarding	Other	IRS	Filings	and	Tax	Compliance	
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	Otalements Regarding other Lite I mings 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			
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
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	Yes	
Ь	If "Yes," enter the name of the foreign country ▶UK, CA 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		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
6a	Prohibited Tax Shelter Transaction?	5c 6a		Νο
b	organization solicit any contributions that were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
Ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νο
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
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	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	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		
LO	Section 501(c)(7) organizations. Enter			
	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			
L1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
L2a	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			

Teaneck, NJ 076661914

(201) 692-2381

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances,

	below, and for a two response to lines ou, ob, or rob below, describe the encambanes,
r	processes, or changes in Schedule O. See instructions.
<u>}</u>	nocesses, or changes in senedale of see hist detions.

Se	ction A. Governing Body and Management		Yes	No
la	Enter the number of voting members of the governing body			
ь	Enter the number of voting members that are independent 1b 25			
	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	Yes	
	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		N
	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		N
	Did the organization become aware during the year of a material diversion of the organization's assets?	5		N
	Does the organization have members or stockholders?	6		N
ı	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		N
,	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		N
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	75		
3	The governing body?	8a	Yes	
,	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		N
	ction B. Policies (This Section B requests information about policies not required by the Internal			
<u>te</u>	venue Code.)		Yes	N
-	Does the organization have local chapters, branches, or affiliates?	10a	165	N
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	10a		IN
	affiliates, and branches to ensure their operations are consistent with those of the organization? Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
	Describe in Schedule O the process, if any, used by the organization to review the Form 990	11	Yes	
^	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
а	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	Yes	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
	Does the organization have a written whistleblower policy?	13	Yes	
	Does the organization have a written document retention and destruction policy?	14	Yes	
	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
а	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		N
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		
Se	ction C. Disclosure			
,	List the States with which a copy of this Form 990 is required to be filed▶			
3	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 V Upon request			
)	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			
)	$State\ the\ name,\ physical\ address,\ and\ telephone\ number\ of\ the\ person\ who\ possesses\ the\ books\ and\ records\ of\ the\ person\ who\ possesses\ the\ books\ and\ records\ of\ the\ person\ who\ possesses\ the\ books\ and\ records\ of\ the\ person\ who\ possesses\ the\ books\ and\ records\ of\ the\ person\ who\ possesses\ the\ books\ and\ records\ of\ the\ person\ who\ possesses\ the\ books\ and\ records\ of\ the\ person\ who\ possesses\ the\ books\ and\ records\ of\ the\ person\ who\ possesses\ the\ books\ and\ person\ person$	ne orga	anızatıor	1 F
	Hania Ferrara-VP Finance Treasurer Fairleigh Dickinson University			

Part VIII 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 Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

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

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

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

1b Total	4,488,270	0 817,201

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►130

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

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
Gourmet Dining Services 285 Madison Avenue Madison, NJ 07940	Food Services	6,598,815
Collins Building Services Court Square Pl 24-01 44th Rd LIC, NY 11101	Building - Cleaning	2,390,064
ISS TMC Services Inc 81 Dorsa Avenue Livingston, NJ 07039	Building - Mechanical	1,487,110
Louis Gargiulo Company Inc 44-46 State Street Jersey City, NJ 07304	Construction	967,893
Dı Cara Rubino Architects 30 Galesi Drive West Wing Wayne, NJ 07470	Architectural Design	720,000
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►26) who received more than	

Page 8

Form 99								Page 9
Part \	/	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
at se	1a	Federated cam		95,400				
E E	b	Membership du	es 1b					
⊞.	С	Fundraising eve	ents 1c	448,565				
<u>≅</u> ,≅	d		rations 1d					
ώE E	e	Government grants		6,141,765				
Contributions, gifts, grants and other similar amounts	f g	sımılar amounts no Noncash contri	ons, gifts, grants, and ot included above butions included in 11,092	4,033,159				
Cont	h	IIIIes ra-ri \$ _	s 1a-1f		10,718,889			
<u> </u>				Business Code				
Ven	2a	Tuition		611,310	196,862,444	196,862,444	0	0
22	Ь	Student Residence		611,310	18,036,004	18,036,004	0	0
905	C	Student Fees		611,310	9,839,938	9,839,938	0	0
Program Serwce Revenue	d	Student Food		611,310	7,940,185	7,940,185	0	0
Ē	е	Government Grant		611,310	307,780	307,780	0	0
i Do	f	All other progra	am service revenue		2,887,707	2,872,632	15,075	0
<u>*</u>	g	Total. Add lines	s 2a-2f		235,874,058			
	3		ome (including dividen	·				
			ar amounts)	-	820,611	0	0	820,611
	4		stment of tax-exempt bond	proceeds F	0	0	0	0
	5	Royalties	(ı) Real	(II) Personal	0	o	-	- u
	6a	Gross Rents	1,598,847	(11) F e13011a1				
	ь	Less rental	0	0				
	l c	expenses Rental income	1,598,847	0				
		or (loss)	me or (loss)		1,598,847	0	0	1,598,847
	d	Net rental inco	(i) Securities	(II) O ther	2,556,617	J		1,556,617
	7a	Gross amount from sales of assets other than inventory	8,421,407	0				
	ь	Less cost or other basis and sales expenses	8,342,400	0				
	c	Gain or (loss)	79,007	0	79,007	0	0	70.007
	d 8a	Net gain or (los Gross income f	rom fundraising		79,007	0	0	79,007
Other Revenue		events (not inc \$ 448 of contributions	_	107.500				
Ē	ь	less directey	penses b	107,608 226,252				
₹	С		(loss) from fundraising		-118,644	-118,644	0	О
	9a	Gross income f See Part IV, lin	rom gaming activities ie 19					
	b c		penses b	0 0 vities •	o	0	0	0
	10a	Gross sales of returns and allo		0				
	ь	Less cost of a	oods sold b	0				
	С		(loss) from sales of inve	entory 🟲	О	О	0	О
		Miscellaneous	s Revenue	Business Code				
	11a							
	ь							
	С							
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d		0			
	12	Total revenue	See Instructions .	-	ď			
		iotai ievenue.	Jee instructions .	· · · _ [248,972,768	235,740,339	15,075	2,498,465

	990 (2009)				Page 10
Par	Statement of Functional Expenses				
А	Section 501(c)(3) and 501(c)(4) organizations m Il other organizations must complete column (A) but are not required to			D).	
Do no	ot include amounts reported on lines 6b, b, 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	0		·
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	55,598,755	55,598,755		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	1,087,759	1,087,759		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	4,029,951	1,669,578	1,985,773	374,600
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	0	0	0
7	Other salaries and wages	80,439,827	73,001,534	6,797,617	640,676
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,951,767	4,389,247	505,080	57,440
9	Other employee benefits	15,688,619	14,260,715	1,282,097	145,807
10	Payroll taxes	6,254,443	5,543,938	637,953	72,552
11	Fees for services (non-employees)				<u> </u>
а	Management	0	0	0	0
ь	Legal	325,245	0	325,245	0
С	Accounting	306,632	0	306,632	0
d	Lobbying	169,718	169,718	0	0
e	Professional fundraising See Part IV, line 17	98,998	,		98,998
f	Investment management fees	63,567	0	63,567	0
g	Other	9,499,511	8,841,142	652,754	5,615
12	Advertising and promotion	1,225,240		22,667	16,740
13	Office expenses	7,761,328		802,395	117,485
14	Information technology	5,045,288	4,496,974	547,752	562
15	Royalties	11,753	8,364	3,389	0
16	Occupancy	17,198,279	,	366,412	60
17	Travel	2,668,631	2,484,115	176,774	7,742
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	3,210,778	2,849,659	303,277	57,842
20	Interest	5,708,309	5,611,749	96,560	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	7,327,558	6,784,660	542,106	792
23	Insurance	2,982,252	2,048,375	933,877	0
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)				
а	BAD DEBT EXPENSE	1,715,000	1,715,000	0	0
b	BOOKS & PERIODICALS	890,302	848,634	40,472	1,196
c	STUDENT ACTIVITIES FEES	631,876	631,876	0	0
d	PROFESSIONAL DUES & FEES	432,596	201,873	230,398	325
е	EQUIPMENT MAINTENANCE	332,750	307,798	24,952	0
f	All other expenses	2,210,418	2,089,321	119,831	1,266
25	Total functional expenses. Add lines 1 through 24f	237,867,150	219,499,872	16,767,580	1,599,698
26	Joint costs. Check here ► ☐ 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		-	-	
				_	000 (2000)

Part X Balance Sheet (A) (B) End of vear Beginning of year ol 0 1 1 Cash—non-interest-bearing 56.887.799 2 59.371.590 2 8,628,767 8,827,131 3 3 4 15.296.381 15.968.665 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 833 5 2,119 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 0 0 6 0 0 7 0 0 4,097,299 4,153,527 Land, buildings, and equipment cost or other basis Complete 247.951.984 10a 10a Part VI of Schedule D 153,546,440 **10c** 10b 92.021.542 155.930.442 b Less accumulated depreciation 23.492.311 27.104.554 11 11 30.000 12 30,000 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 0 14 86.989 15 15 397.205 16 262,265,183 16 271,586,869 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 22.413.410 17 19.435.815 17 Accounts payable and accrued expenses . 0 18 18 2,552,853 19 2,845,424 19 20 Tax-exempt bond liabilities 110,861,197 20 107, 180, 557 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 0 0 22 0 0 23 23 Secured mortgages and notes payable to unrelated third parties . . 0 0 24 Unsecured notes and loans payable to unrelated third parties 24 40.540.777 42.476.262 25 Other liabilities Complete Part X of Schedule D 25 26 **Total liabilities.** Add lines 17 through 25 176,368,237 171,938,058 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 53.033.581 64,309,840 27 27 Unrestricted net assets 28 19.785.957 28 21.215.395 Temporarily restricted net assets Fund 13.077.408 29 14.123.576 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 Total net assets or fund balances 85,896,946 33 99,648,811 34 Total liabilities and net assets/fund balances 262, 265, 183 34 271,586,869

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
C	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both Separate basis Consolidated basis Both consolidated and separated basis			
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? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Form **990** (2009)

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Inspection

		e organization CKINSON UNIVERSITY	Employer identification number								
TAIKE	LION DI	CKINSON ONIVERSITY				22-1494434					
Pa	rt I	Reason for P	ublic Charity Sta	tus (All organizations	must complete this par						
					h 11, check only one box						
1	Γ	A church, conven	tion of churches, or as	ssociation of churches se	ection 170(b)(1)(A)(i).						
2	굣	A school describe	ed in section 170(b)(1	.)(A)(ii). (Attach Schedu	le E)						
3	Γ	A hospital or a co	operative hospital se	rvice organization describ	oed in section 170(b)(1)(A)(iii).					
4	Γ	A medical researd hospital's name, o	- '	ed in conjunction with a l	nospital described in secti o	on 170(b)(1)(A)(iii). Enter the					
5	Γ	=	perated for the benefit (A)(iv). (Complete P		owned or operated by a g	overnmental unit described in					
6	Γ	A federal, state, o	or local government or	governmental unit descr	ıbed ın section 170(b)(1)(A)(v).					
7	Γ	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	\vdash			170(b)(1)(A)(vi) (Com	plete Part II)						
9		An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross									
		receipts from acti	(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	Γ	An organization o	rganized and operated	exclusively to test for p	ublic safety See section 5 (9(a)(4).					
11	Γ	one or more publi	cly supported organiz	ations described in section orting organization and c		ons of, or to carry out the purposes of 9(a)(2) See section 509(a)(3). Check 11h d Type III - Other					
e	Γ	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 check this box	n received a written de	etermination from the IRS	that it is a Type I, Type I	I or Type III supporting organization,					
g			•	zation accepted any gift	or contribution from any of	the					
		(i) a person who	directly or indirectly c	ontrols, either alone or to	gether with persons descr	ibed in (ii) Yes No					
		and (III) below, the	e governing body of th	e the supported organiza	tion?	11g(i)					
(ii) a family member of a person described in (i) above?					11g(ii)						
		(iii) a 35% contro	olled entity of a perso	n described in (i) or (ii) al	oove?	11g(iii)					
h		Provide the follow	ing information about	the supported organization	on(s)						
			_ (iii)	(iv)	()	()					

(i) Name of supported organization	(ii) EIN	(ii) (described on col (i) listed in		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) A mount of support?	
		instructions))	Yes	No	Yes	No	Yes	No]
Total									

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	֥ <i>)</i>		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
_	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ation qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						▶ ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support	T			1	T	I
cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 Gross receipts from activities that						
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
6	Total. Add lines 1 through 5 Amounts included on lines 1, 2,						
/a	and 3 received from disqualified				1		
	persons						
b	A mounts included on lines 2 and 3						
	received from other than disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	rom line 6) ction B. Total Support						
	ndar year (or fiscal year beginning						
cuic	in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar						
	sources						
ь	Unrelated business taxable						
	income (less section 511 taxes) from businesses acquired after						
	June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included						
	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						
13	IV) Total support (Add lines 9, 10c,						
13	11 and 12)						
14	First Five Years If the Form 990 is for	or the organizat	ion's first, second	l, thırd, fourth, or	fifth tax year as a	a 501(c)(3) orgar	
	check this box and stop here						► □
Se	ction C. Computation of Publ	ic Support P	ercentage				
15	Public Support Percentage for 2009			13 column (f))		15	
16	Public support percentage from 200	-		.,,		16	
	Table support personage nom 200	o o o modulo / i / i	arc 111, mrs 15			10	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ae			
17	Investment income percentage for 2				n (f))	17	
18	Investment income percentage from	•		•		18	
	33 1/3% support tests—2009. If the		•		d line 15 is more		line 17 is not
1.7a	more than 33 1/3%, check this box a					uii 22 1/3/0 dill	. IIIC 17 13 110t
	organization	•厂		•			
ь	33 1/3% support tests—2008. If the	organization di	d not check a box	on line 14 or line	e 19a, and line 16	5 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 **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. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493122002461

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

Open to Public Inspection

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

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

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

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

lf th	, ,, , =	t have NOT filed Form \$768 (electic s," to Form 990, Part IV, Line 5 zations Complete Part III			•
	me of the organization	·		Employer iden	itification number
FAI	RLEIGH DICKINSON UNIVERSITY			22-1494434	
Par	t I-A Complete if the or	ganization is exempt und	er section 501(c) or is a section 527	organization.
1	Provide a description of the or	ganızatıon's dırect and ındırect po	litical campaign ac	tivities in Part IV	
2	Political expenditures			.	\$
3	Volunteer hours				
Par	t I-B Complete if the or	ganization is exempt und	er section 501(c)(3).	
1		tax incurred by the organization			\$
2	Enter the amount of any excise	e tax incurred by organization mai	nagers under sectio	n 4955 ►	\$
3	If the organization incurred a s	ection 4955 tax, did it file Form 4	1720 for this year?		☐ Yes ☐ No
4a	Was a correction made?				┌ Yes ┌ No
ь	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt und	er section 501(c) except section 501	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for	section 527 exem	pt function activities 🕨	\$
2	Enter the amount of the filing of exempt funtion activities	rganization's funds contributed to	other organization	s for section 527	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter he	re and on Form 112	20-POL, line 17b	¢
4	Did the filing organization file I	Form 1120-POL for this year?			√ Yes No
5	State the names, addresses at were made For each organizat contributions received that we fund or a political action comm	ızatıon's funds Also enter t ıcal organızatıon, such as a	he amount of political		
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

section 4911 tax for this year?

┌ Yes ┌ No

P	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3)	and file	ed Form 5768 ((election
4	Check If the filing organization belongs to a				
<u>B</u>	Check If the filing organization checked bo	x A and "limited control" provisions apply			
	Limits on Lobbying E (The term "expenditures" means a			(a) Filing Organization's Totals	(b) A ffiliated Group Totals
1a	Total lobbying expenditures to influence public o	opinion (grass roots lobbying)		0	
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)		169,718	
c	Total lobbying expenditures (add lines 1a and 1	b)		169,718	
d	Other exempt purpose expenditures			219,330,154	
е	Total exempt purpose expenditures (add lines 1	c and 1d)		219,499,872	
f	Lobbying nontaxable amount Enter the amount columns	from the following table in both		1,000,000	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:			
	Not over \$500,000	20% of the amount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000			
	Over \$17,000,000	\$1,000,000			
g	Grassroots nontaxable amount (enter 25% of lir	ne 1f)		250,000	
h	Subtract line 1g from line 1a If zero or less, ent	er -0-		0	
	Subtract line 1 f from line 1 c If zero or less ente	ar - 0-		0	

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expendi	tures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c	Total lobbying expenditures	188,460	150,097	150,015	169,718	658,290
_d	Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e 	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f_	Grassroots lobbying expenditures	0	0	0	0	0

che	dule C (Form 990 or 990-EZ) 200						Page 3
Pa	rt II-B Complete if the or (election under se	rganization is exempt under ection 501(h)).	section 501(c)(3) and has I				
			-	(a)		(b)
				Yes	No	A mo	unt
1		anization attempt to influence foreign t to influence public opinion on a legis					
а	Volunteers?						
b	Paid staff or management (includ	e compensation in expenses reported	l on lines 1c through 1i)?				
c	Media advertisements?						
d	Mailings to members, legislators	, or the public?					
е	Publications, or published or broa	adcast statements?					
f	Grants to other organizations for	lobbying purposes?					
g	Direct contact with legislators, th	neır staffs, government officials, or a l	egislative body?				
h	Rallies, demonstrations, seminar	s, conventions, speeches, lectures, c	rany sımılar means?				
i	Other activities? If "Yes," descri	ibe in Part IV					
j	Total lines 1c through 1:						
2a	Did the activities in line 1 cause	the organization to be not described	n section 501(c)(3)?				
Ь	If "Yes," enter the amount of any	tax incurred under section 4912					
c	If "Yes," enter the amount of any	tax incurred by organization manage	rs under section 4912				
d	If the filing organization incurred	a section 4912 tax, did it file Form 4	720 for this year?				
Par	t III-A Complete if the or 501(c)(6).	ganization is exempt under	section 501(c)(4), section !	501(c)(5), o		
	W					Yes	s No
1		nore) dues received nondeductible by			-	2	
2	=	n-house lobbying expenditures of \$2,0			-	3	
3		ryover lobbying and political expendit		-01/-	\(\(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
26H	501(c)(6) if BOTH	rganization is exempt under Part III-A, lines 1 and 2 are					ion
	answered "Yes".						
1	Dues, assessments and similar a			1			
2	expenses for which the section 5	bbbying and political expenditures (do 27(f) tax was paid).	o not include amounts of political				
a	Current year	(. , para).		2a			
ь	Carryover from last year			2b			
c	Total			2c			
3	Aggregate amount reported in se	ction 6033(e)(1)(A) notices of nonde	ductible section 162(e) dues	3			
4	If notices were sent and the amo	unt on line 2c exceeds the amount or	line 3, what portion of the excess				
	does the organization agree to ca political expenditure next year?	arryover to the reasonable estimate o	f nondeductible lobbying and	4			
5	Taxable amount of lobbying and p	political expenditures (see instruction	ıs)	5			
Pä	rt IV Supplemental Info	ormation					
	mplete this part to provide the des o, complete this part for any addit	criptions required for Part I-A, line 1, ional information	Part I-B, line 4, Part I-C, line 5, an	d Part	II-B, lıne	11	
	Ident if ier	Return Reference	Explana	t ion			

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DLN: 93493122002461

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

FALLA	chi to Form 990. F See separate instructions.	Inspection
me of the organization RLEIGH DICKINSON UNIVERSITY		Employer identification number
		22-1494434
		r Funds or Accounts. Complete if the
organization answered "Yes" to Fe	(a) Donor advised funds	(b) Funds and other accounts
Total number at end of year	(a) Bonor davised rands	(E) Failes and seller dessains
Aggregate contributions to (during year)		
Aggregate grants from (during year)		
Aggregate value at end of year		
Did the organization inform all donors and doi funds are the organization's property, subject		
Did the organization inform all grantees, dono used only for charitable purposes and not for conferring impermissible private benefit	ors, and donor advisors in writing that grant fu	ınds may be
rt III Conservation Easements. Cor	nplete if the organization answered "Ye	s" to Form 990, Part IV, line 7.
Purpose(s) of conservation easements held be Preservation of land for public use (e.g., Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held easement on the last day of the tax year	recreation or pleasure) Preservation o	of an historically importantly land area of a certified historic structure form of a conservation
easement on the last day of the tax year		Held at the End of the Year
Total number of conservation easements		2a
Total acreage restricted by conservation eas	ements	2b
Number of conservation easements on a cert		2¢
Number of conservation easements included	` '	2d
Number of conservation easements modified,		
Number of states where property subject to c Does the organization have a written policy re enforcement of the conservation easements i	egarding the periodic monitoring, inspection,	
Staff and volunteer hours devoted to monitori		sements during the year 🛌
A mount of expenses incurred in monitoring, i	nspecting, and enforcing conservation easem	nents during the year ► \$
Does each conservation easement reported of 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the requirements of	section Yes No
In Part XIV, describe how the organization re balance sheet, and include, if applicable, the the organization's accounting for conservatio	text of the footnote to the organization's finar	
	llections of Art, Historical Treasure vered "Yes" to Form 990, Part IV, line 8	
If the organization elected, as permitted undeart, historical treasures, or other similar asse provide, in Part XIV, the text of the footnote t	ets held for public exhibition, education or res	earch in furtherance of public service,
If the organization elected, as permitted unde historical treasures, or other similar assets b provide the following amounts relating to thes	ield for public exhibition, education, or resear	•
(i) Revenues included in Form 990, Part VII	I, line 1	▶ \$
(ii) Assets included in Form 990, Part X		▶ \$
If the organization received or held works of a following amounts required to be reported und		
Revenues included in Form 990, Part VIII, li	ne 1	► \$
, ,		• •

b Assets included in Form 990, Part X

'ar	Titl Organizations Maintaining Co	<u>llections of Art</u>	, His	toric	<u>al Tre</u>	asu	ires, or (<u> </u>	<u>er Simila</u>	r Asse	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	y of th	e follo	wing th	at ar	e a signific	ant ι	use of its co	ollectio	n	
а	Public exhibition d Loan or exchange programs											
b	Scholarly research e Other											
с	Preservation for future generations											
1	Provide a description of the organization's co	ollections and expla	ın how	they	further	the	organizatio	n's e	xempt purp	ose in		
5	During the year, did the organization solicity assets to be sold to raise funds rather than t								nılar	Г	Yes	┌ No
Pai	t IV Escrow and Custodial Arrang						n answere	ed "Y	es" to Fo	rm 99	0,	
	Part IV, line 9, or reported an ar		-									
.a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other interme	diary	for co	ntributi	ons	or other as:	sets	not	Г	Yes	┌ No
Ь	If "Yes," explain the arrangement in Part XI	V and complete the	followi	ıng tal	ble		ı					
										A mo	unt	
С	Beginning balance							1c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance							1f				
a	Did the organization include an amount on Fe	orm 990, Part X, line	e 21?							Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI\	/										
a	rt V Endowment Funds. Complete											
		(a)Current Year	(b	Prior Y		(c)⊺	Two Years Bad	:k (d	I) Three Years	Back (e) Four Ye	ears Back
а	Beginning of year balance	20,072,125			755,590			_				
b	Contributions	2,264,012			870,557			_				
C	Investment earnings or losses	2,692,448			473,697			_				
d	Grants or scholarships	683,867			706,900							
е	Other expenditures for facilities and programs	416,520			373,425							
f	Administrative expenses	0			0							
g	End of year balance	23,928,198		20,	072,125							
	Provide the estimated percentage of the yea	r end balance held a	 as		!							
а	Board designated or quasi-endowment	24 %										
- b	Permanent endowment F 76 %											
	remailent endowment P											
c a	Term endowment 4 0 % Are there endowment funds not in the posse	ccion of the organiz	ation t	hat ar	o hold s	and a	dminictor	d for	tho			
a	organization by	331011 Of the organize	ation t	.iiat ai	e neid e	and c	aummstere	u ioi	tile		Yes	No
	(i) unrelated organizations									3a(i)		Νο
	(ii) related organizations									3a(ii)		Νo
Ь	If "Yes" to 3a(II), are the related organization							•		3b		
	Describe in Part XIV the intended uses of th											
a i	t VI Investments—Land, Buildings	s, and Equipme	nt. S	ee Fo	rm 990	0, P	art X, line	10.				
	Description of investment				ost or oth (investme		(b)Cost or o basis (othe		(c) Accumu depreciat		(d) Boo	k value
а	Land					0	15,51	2,950			1	5,512,950
b	Buildings				,	0	207,32	7,910	77,38	32,888	129	9,945,022
c	Leasehold improvements					0	81	0,086	18	36,361		623,725
d	Equipment					0	21,94	7,070	14,45	52,293		7,494,777
e	Other					0	2,35	3,968		0		2,353,968

155,930,442

Part VII Investments—Other Securities. See (a) Description of security or category		od of valuation
(including name of security)	(b)Book value	f-year market value
Financial derivatives	0	
Closely-held equity interests Other	0	
Allied Signal Stock Certificates	30,000	С
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	,	
Part VIII Investments—Program Related. See	Form 990, Part X, line	
(a) Description of investment type	(b) Book value	od of valuation f-year market value
		·
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, lin		
Investments in Buildings and Improvements	tion	(b) Book value 86,989
Real Estate held for sale		310,216
		,
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1		 397,205
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability		
	(b) A mount	
Federal Income Taxes Post-Retirement Benefits Liability	22 122 122	
U S Government Grants Refundable	23,123,122 7,980,879	
FIN 47 Asset Retirement Obligations	6,371,768	
Misc Other Liabilities	2,025,518	
Deferred Liabilities	2,974,975	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	42,476,262	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	248,972,768
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	237,867,150
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	11,105,618
4	Net unrealized gains (losses) on investments	4	2,646,247
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	0
9	Total adjustments (net) Add lines 4 - 8	9	2,646,247
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	13,751,865
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	251,837,853
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	2,646,247
3	Subtract line 2e from line 1	3	249,191,606
4	A mounts 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 63,567		
Ь	Other (Describe in Part XIV)	_	240.020
C -	Add lines 4a and 4b	4c 5	-218,838
5 Part	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)		248,972,768 Return
1	Total expenses and losses per audited financial	, pc.	238,085,988
	statements	1	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	238,085,988
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 63,567		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	-218,838
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	237,867,150

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

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 IV, 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 Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
SchD_P05_S00_L04	Schedule D, Part V, Line 4	The University's endowment fund provides continuous support for student assistance, faculty retention and recruitment, and essential maintenance of our campuses. Endowed scholarships enable the University to expand need and merit based awards. Programmatic endowments allow for the overall enhancement of programs such as technology, research, library acquisitions, and closest to the mission of the University, Global Education and research benefiting student learning and faculty instruction. Faculty endowments include Endowed Chairs and Endowed.
SchD_P10_S00_L00	Schedule D, Part X	The University does not have a liability for uncertain tax positions under the provisions of FIN 48 for the tax year ending June 30, 2010
SchD_P12_S00_L04b	Schedule D, Part XII, Line 4b	Reclassifications between Revenue and Expense for 990 reporting (\$226,252) special event expenses + \$10,772 unrealized loss on investment+ (\$67,300) budget transfer elimination + \$375 miscellaneous adjustment
SchD_P13_S00_L04b	Schedule D, Part XIII, Line 4b	Reclassifications between Revenue and Expense for 990 reporting (\$226,252) special event expenses + \$10,772 unrealized loss on investment + (\$67,300) budget transfer elimination + \$375 miscellaneous adjustment

Employer identification number

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization FAIRLEIGH DICKINSON UNIVERSITY

Schools

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public

22-1494434 YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain 3 Yes In all recruitment efforts, applications, official publications for registration, including radio and TV media, a statement is set forth to advertise our racially non-discriminatory policy Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes 4d d Copies of all material used by the organization or on its behalf to solicit contributions? Yes If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990) Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? 5c Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990) 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes h Has the organization's right to such aid ever been revoked or suspended? 6b Yes If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) 🎜 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 CB 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form Yes 990)

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DLN: 93493122002461

OMB No 1545-0047

2009

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

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

Statement of Activities Outside the United States

Open to Public Inspect ion

lame of th	ie organiz	ation	
AIRLEIG	H DICKI	NSON UN	IVERSITY

Employer identification number

22-1494434

Part I	General Information on A	ctivities Outside the United States.	Complete if the organization answered
	"Yes" to Form 990, Part IV, lii	ne 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?
2	For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed) (d) Activities conducted in (e) If activity listed in (d) (a) Region (f) Total expenditures (b) Number of (c) Number of region (by type) (i e, is a program service, for region offices in the employees or fundraising, program services, describe specific type of grants to recipients located in agents in region region the region) service(s) in region Europe (including Iceland and 1 34 Program Services Higher Education 2,160,057 Greenland) Europe (including Iceland and Grantmaking Educational grants to 618,168 Greenland) Fairleigh Dickinson University students 2,924,839 North America (including 47 Program Services Higher Education Canada and Mexico, but not the United States) North America (including Grantmaking Educational grants to 469,591 Canada and Mexico, but not Fairleigh Dickinson the United States) University students 6,172,655 Totals ▶

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 (Form 990) 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) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Enter total n tax-exempt	number of recipions by the IRS, or f	ent organizations lis or which the grante	ted above that are e or counsel has pr	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►	
3 Enter total n	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.

Ose Schedule 1-1 (101111 990) if additional space is fleeded.							
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
University Funded Scholarships	North America (including Canada and Mexico, but not the United States)	124		See Part IV Supplemental Information			
University Funded Scholarships	Europe (including Iceland and Greenland)	80	618,168	See Part IV Supplemental Information			
-							
						1	

Schedule F (Form 990) 2009

Part IV Supplemental Information Complete this part to provide the information required in Part I, line 2, and any additional information.						
Identifier	ReturnReference	Explanation				
SchF_P01_S00_L02	Schedule F, Part I, Line 2	All grant funds awarded to students outside of the United States are posted electronically by the bursar to the tuition receivable account for each student. The University enrollment services office is provided with a weekly report identifying any student refunds. These procedures ensure that all funds are being applied.				
SchF_P01_S00_L03	Schedule F, Part I, Line 3	and used for their intended educational purpose Wroxton College is a campus of Fairleigh Dickinson University, and offers a large number of credit courses in literature, history, political science, fine arts, core, and sociology. The study-abroad program is available to second-semester sophomores, juniors, seniors, or graduates that meet all of the program academic criteria. Program Services in each region consist of expenses for those activities that further the University's exempt purpose of higher education. Such program service expenses include instructional materials, supplies, advertising/marketing, salaries & benefits, and scholarship financial aid.				
SchF_P03_S00_L00	Schedule F, Part III	Column (e) - All University funded scholarships are recorded as a credit on the students tuition receivable account				

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047 2009

	rtment of the Treasury al Revenue Service		rganization a anization ent h to Form 990	tered more t	line 6a.	Open to Public Inspection		
	ne of the organization RLEIGH DICKINSON UN	IVERSITY				22-1494434	tification number	
Pa		Activities. Comple lers are not require			tion answered "Yes" s part.		, line 17.	
a b c d	Did the organization had or key employees listed If "Yes," list the ten hig	solicitations ons ve a written or oral agr I in Form 990, Part VI hest paid individuals o	eement wi I) or entity r entities	e f g th any ind v in conne (fundraise	Solicitation of nor Solicitation of gov Special fundraisin dividual (including office	n-government grants vernment grants ig events rs, directors, trustees fundraising activities? ents under which the fur		
	(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fundrais custo contri contribu Yes	er have dy or ol of	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization	
Ruf	falo CODY	Telemarketing Services		No	146,080	98,998	47,082	
Tot	al			>	146,080	98,998	47,082	

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

NJ

			(a) Event #1	(b) Event #2	(c) O ther Events	(d) Tot (Add col	al Event	
			Charter Day Dinner Dance (event type)	Robt T Shields Annual FDU Golf Outing (event type)	(total number)		(a) thro	ougn
₽	1	Gross receipts	381,786		99,927		556,	,173
Revenue	2	Less Charitable	346,486	48,610	53,469		448,	,565
ш.	3	Gross income (line 1 minus line 2)	35,300	25,850	46,458		107,	,608
	4	Cash prizes	C	0	0			(
ω	5	Non-cash prizes	C	0	0			(
Expenses	6	Rent/facility costs	C	0	0			C
	7	Food and beverages	С	0	0			(
Direct	8	Entertainment	С	0	0			C
ឨ	9	Other direct expenses .	148,798	29,314	48,140		226,	,252
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)	🛌		226,	,252
	11	Net income summary Combine li					-118,	,644
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more	e than	
₽			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tot (Add col	al gamır (a) thro	
Sever							(c))	
Revenue	1	Gross revenue					(c))	
		Gross revenue					(c))	
	2						(c))	
	2	Cash prizes					(c))	
Direct Expenses Rever	2 3 4	Cash prizes					(c))	
	2 3 4 5	Cash prizes Non-cash prizes Rent/facility costs	Г Yes		Г Yes		(c))	
	2 3 4 5	Cash prizes Non-cash prizes Rent/facility costs Other direct expenses	Гио	Г No			(c))	
	2 3 4 5 6	Cash prizes Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor	No S 2 through 5 in column (П No d)			(c))	
e Direct Expenses	2 3 4 5 6 7 8	Cash prizes	No s 2 through 5 in column (bine lines 1, column d, ar	No N	Γ Nο	col		No
Direct Expenses	2 3 4 5 6 7 8 Ent Is t	Cash prizes	No s 2 through 5 in column (bine lines 1, column d, ar	No N	Γ Nο	col		No
birect Expenses	2 3 4 5 6 7 8 Ent Is t	Cash prizes	No s 2 through 5 in column (bine lines 1, column d, ar	No N	Γ Nο	col		No
birect Expenses	2 3 4 5 6 7 8 Ent Is t If "I Wer	Cash prizes	No s 2 through 5 in column (bine lines 1, column d, an ation operates gaming act gaming activities in each	No d)	Γ No	col		No
sesuedt Expenses	2 3 4 5 6 7 8 Ent Is t If "I Wer	Cash prizes	No s 2 through 5 in column (bine lines 1, column d, an ation operates gaming act gaming activities in each	No d)	Γ No	· 9a		No

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	+	
	amount of gaming revenue retained by the third party 🟲 \$		
c	If "Yes," enter name and address		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Director/officer I Employee I Independent contractor		
.7	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year ▶ \$	1	

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

DLN: 93493122002461 OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

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

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

Open to Public **Inspection**

Name of the organization						Employer identifica	ation number
FAIRLEIGH DICKINSON UN	NIVERSITY					22-1494434	
Part I General Info	rmation on Gra	nts and Assistance				•	
	sed to award the gra	substantiate the amount of t nts or assistance? edures for monitoring the us					✓ Yes I
Form 990, Par	t IV, line 21 for a	e to Governments and ny recipient that receive (990) if additional space	d more than \$5,000	. Check this box if n	o one recipient receiv	ed more than \$5,00	0. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 s	ection 501(c)(3) and	d government organizations					ı

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

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d) A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
UNIVERSITY FUNDED SCHOLARSHIPS	5052	52,989,682			
EDUCATIONAL OPPORTUNITY FUND	309	1,144,877			
PRIVATE & ENDOWED SCHOLARSHIPS	509	1,108,126			
MISC STATE & OTHER SCHOLARSHIPS	115	288,010	0		
PRIVATE & ENDOWED FELLOWSHIPS	11	68,060			

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

Ident if ier	Return Reference	Explanation
SchI_P01_S00_L02	Schedule I, Part I, Line 2	The University monitors its grants to ensure that such grants are used for proper purposes and are not otherwise diverted from the intended use by having the Enrollment Services Office provide the Financial Aid Office with a weekly report identifying any financial aid refunds to students. This process ensures that all grants and scholarships are being applied and used for their intended purpose. All financial aid is posted directly to each students account electronically by the bursar.

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

DLN: 93493122002461

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Compensated Employees ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

FAI	RLEIGH DICKINSON UNIVERSITY			• •			
				22-1494434			
Pa	rt I Questions Regarding Compensation						
						Yes	Νo
1a	Check the appropiate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III t						
	First-class or charter travel	୕୲୵	Housing allowance or residence for	personal use			
	Travel for companions	Ē	Payments for business use of perso				
	Tax idemnification and gross-up payments	Ė	Health or social club dues or initiati				
	Discretionary spending account	Γ	Personal services (e g , maid, chauf				
b	If any of the boxes in line 1a are checked, did the org reimbursement orprovision of all the expenses descri				1b	Yes	
2	Did the organization require substantiation prior to re officers, directors, trustees, and the CEO/Executive I				2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all tha		•				
	Compensation committee	<u> </u>					
	✓ Independent compensation consultant	굣	Compensation survey or study				
	Form 990 of other organizations	▽	Approval by the board or compensa	tion committee			
4	During the year, did any person listed in Form 990, Por a related organization	art VI	I, Section A, line 1a with respect to t	ne filing organization			
а	Receive a severance payment or change-of-control p	aymer	nt?		4a		Νo
Ь	Participate in, or receive payment from, a supplement	tal nor	nqualified retirement plan?		4b	Yes	
c	Participate in, or receive payment from, an equity-bas	sed co	mpensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro-	vide th	ne applicable amounts for each item i	n Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mus	t com	plete lines 5-9.				
5	For persons listed in form 990, Part VII, Section A, li compensation contingent on the revenues of	ine 1a	, did the organization pay or accrue a	ıy			
а	The organization?				5a		Νo
b	Any related organization?				5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, li compensation contingent on the net earnings of	ine 1a	, did the organization pay or accrue a	ıy			
а	The organization?				6a		Νo
Ь	Any related organization?				6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in Form 990, Part VII, Section A, I payments not described in lines 5 and 6? If "Yes," de			n-fixed	7		No
8	Were any amounts reported in Form 990, Part VII, pa subject to the initial contract exception described in		·				
	ın Part III				8		Νo
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	rebutt	able presumption procedure describe	d ın Regulatıons	9		

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)(1)-(111) 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) Date compensation (II) Date compensation (III) Date compensation (IV) Com								
(i) Base incentive reportable compensation reportable compensation compensation compensation	(A) Name				(C) Retirement and		(E) Total of columns	
See Additional Data Table		(i) Base compensation	ıncentive	(iii) Other reportable compensation		benefits	(B)(ı)-(D)	Form 990 or
	See Additional Data Table							

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

Ident if ier	Ret urn Ref erence	Explanation
SchJ_P01_S00_L01a	Schedule J, Part I, Line 1a	The President receives \$72,000 a year for a housing allowance. This allowance is included in reportable compensation on form W-2. In limited circumstances when the President is engaged in University-related activities requiring travel, he may be accompanied by his wife when her presence is required for business purposes, and such travel is approved in advance by the Chairman of the Board of Trustees. The President's wife is entitled to have all appropriate bona fide business purpose expenses reimbursed by the University upon submission of proper substantiation of such expenses by the President. Mere performance of social functions does not sufficiently meet the requirements of bona fide business expenses.
SchJ_P01_S00_L03	Schedule J, Part I, Line 3	The Board of Trustees Compensation Committee is responsible for making recommendations to the Board of Trustees Executive Committee concerning compensation of the University President, and setting compensation and other terms and conditions of employment for officers of the University in consultation with the President. The process for determining compensation includes retaining and independent firm triennially, to study executive compensation to assure that the compensation of each officer is consistent with market trend and in compliance with regulations. The Compensation Committee is also responsible for conducting or commissioning any other necessary survey or studies and report the results of such surveys and studies to the Board of Trustees. Meetings and decisions of this Committee are documented contemporaneously in Committee minutes.
SchJ_P01_S00_L04	Schedule J, Part I, Line 4	The following 457(f) supplemental retirement plan amounts awarded in previous years were distributed to the employees stated below during the calendar year ending December 31, 2009 President J Michael Adams \$258,493, Richard Riccio \$41,642, Richard Reiss \$70,723, and Hania Ferrara \$46,472

Schedule J (Form 990) 2009

J Michael Adams

Curtis R Artis

Cheryl K Beebe

Kenneth L Brier

Guy F Budinscak

Robert P Saltarelli

Paul C Santucci

Molly Easo Smith

Steven Weinstein

Winston I Lowe Esq

Anthony L Marano

Robert J Pures

Mary Kay Stratis

Susan Welsh DC

Sheldon Drucker

Kenneth R Greene

Robert Greenfield

Joseph Kiernan

Richard Reiss

Richard Riccio

Neal Sturm

Wayne Richardson

Jonathan Wexler

Martha C Young

Kenneth T Vehrkens

Geoffrey Weinman

Pattı A Mılls

William M Moore

Robert E Calissi

Christopher Capuano

Mınerva S Guttman

Brian D Domenick

Diana L Marin

Carl Viola

John Bailye

Hanıa Ferrara

Patrick Zenner

Carol Knauff

Anthony P D'Ambrosio

(F) Compensation

reported in prior Form

990 or Form 990-EZ

217,500

0

0

0

0

0

0

0

0

0

0

0

0

45.000

80,000

40,000

(B)(ı)-(D)

657,285

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

320,981

290,185

221,840

188,616

245,614

385,348

277,400

229,976

181,249

162,021

69,328

213,838

218,020

205,181

214,911

200,290

260,549

197,414

189,258

169,541

206,625

Software ID: 09000073 **Software Version:** v1.00 **EIN:** 22-1494434

Name: FAIRLEIGH DICKINSON UNIVERSITY

(iii) Other

compensation

353,514

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

42,450

36,033

33,751

17,701

36,710

42,450

20,088

35,078

17,681

11,200

4,802

18,556

19,645

14,000

15,348

15,363

23,665

15,057

17,675

10,169

30,525

68,954

27,570

6,928

26,354

98,223

96,937

30,995

19,082

7,274

10,495

9,843

18,623

21,998

26,185

4,830

14,201

10,950

17,354

8,474

206,625

compensation

42,450

0

benefits

23,082

0

0

0

0

0

0

0

0

0

0

0

26,691

21,370

20,078

9,051

9,094

22,356

20,159

9,075

432

8,907

21,782

20,096

20,097

17,335

4,673

17,327

22,232

22,636

9,055

1,801

0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (B) Breakdown of W-2 and/or 1099-MISC compensation (D) Nontaxable (C) Deferred (E) Total of columns (A) Name

0

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(ii) Bonus &

ıncentıve

compensation

(i) Base

Compensation

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238,239

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Ronald J Doerfler	(1)	0	0	0	0	0	0	0
	(11)	0	0	0	0	0	0	0
Robert M Hallenbeck	(1)	0	0	О	0	0	0	О
	(11)	0	0	0	0	0	0	0
Ahmad Kamal	(1)	0	О	О	0	О	О	o
	(11)	0	0	0	0	0	0	0
Stewart Krentzman	(1)	0	o	О	0	О	0	О
	(11)	0	0	0	0	0	0	0
Donna DelPrete Markı	(1)	0	О	О	О	О	0	О
	(11)	0	0	0	0	0	0	0
Vıncent J Naımolı	(1)	0	О	0	0	О	0	0
	(11)	0	0	0	0	0	0	0
Gergory H Olsen	(1)	0	0	0	0	0	0	О
	(11)	0	0	0	0	0	0	0
William L O'Neill DDS	(1)	0	0	0	0	0	0	0
	(11)	0	0	0	0	0	0	0
Antoinette Petrocelli	(1)	0	0	0	0	0	0	0
	(11)	0	ō	ō	ō	ō	Ö	o

	(ii)	0	0	0	C
Ahmad Kamal	(I) (II)	0	0	0	(
Stewart Krentzman	(ı) (ıı)	0 0	0	0 0	0
Donna DelPrete Markı	(I) (II)	0 0	0	0 0	0
Vincent J Naimoli	(I) (II)	0 0	0 0	0 0	C

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221,315

163,828

140,441

154,936

173,456

222,319

140,216

154,828

144,054

134,640

32,249

165,343

159,655

151,848

168,705

162,770

200,451

148,771

145,174

149,097

0

DLN: 93493122002461 OMB No 1545-0047

Open to Public

Inspect ion

2009

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions,

> explanations, and any additional information in Schedule O (Form 990). ► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization FAIRLEIGH DICKINSON UNIVERSITY Employer identification number

22-1494434

(b) Issuer EIN s 22-1829511 s 22-1829511	(c) CUSIP #	(d) Date	e Issued	(e) Issue	Price	(f) Desc	ription of P	urpose		feased	Beh	On alf of
s 22-1829511				(e) Issue	Price	(f) Desc	ription of P	'urpose		feased	Beh	
22-1829511 s	64605LQA9	07-14						(f) Description of Purpose		(g) Defeased		uer
22-1829511 s	64605LQA9	07-14							Yes	No	Yes	No
			-2004	35,5	572,504	Refunding of	funding of NJEFA 1993 Series C			х		Х
	64605KCZ1	06-29	-2006	16,6	, , , <u>, , , , , , , , , , , , , , , , </u>	Refunding of various loans	efunding of NJEFA 1998 G & H arious loans			х		X
s 22-1829511	64605NBU7	10-09	-2003	5	14x /41 I	_	inancing Dormitory Safety nprovements			х		×
			A	В				D			E	
1 Total proceeds of issue			36,104,646		8,050,500	_	602,022					
Gross proceeds in reserve funds			3,208,950		1,128,63	5	0					
sance escrows			0			0	0					
		0				0	0					
		617,555		277,40		9,101						
rom proceeds		0				0 0		0				
eeds			592,921			592,921						
		20	04	20	06	2004						
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	<u>: </u>	No
of a current refunding	ıssue?	Х		Х			Х					
• Were the bonds issued as part of an advance refunding issue?			x	x			х					
or an advance refund.	Has the final allocation of proceeds been made?			Х		Х						
	Does the organization maintain adequate books and records to support the final allocation of proceeds?					+						
eeds been made?	records to support	^		l ^ i		1 ^	1	1				
eeds been made?	records to support											
eeds been made? n adequate books and ?	records to support		A No	A B	B No	C	No	D Yes	No	Yes	E	No
_			adequate books and records to support	ı adequate books and records to support	adequate books and records to support	ı adequate books and records to support						7

Χ

Χ

which owned property financed by tax-exempt bonds?

which may result in private business use?

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

Are there any lease arrangements with respect to the financed property

Χ

Χ

Χ

Χ

Schedule K (Form 990) 2009

Part III Private Business Use (Continued)

			A	ı	В	С		D			Е
		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?		х		х		Х				
3b	Are there any research agreements with respect to the financed property which may result in private business use?		Х		х		Х				
3с	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?	х		x		x					
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 %		0 %		0 %				
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 %		0 %						
6	Total of lines 4 and 5		0 %		0 %		0 %				
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	х		х		х					
Da	at TV Arbitrage	•			•	•	•	•	•	•	•

Part IV Arbitrage

			A		В		c]	D		 E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		x		x		×				
2	Is the bond issue a variable rate issue?		Х		Х		Х				
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		x		х		х				
ь	Name of provider										•
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		Х		Х		Х				
ь	Name of provider										
С	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?		х		×		х				
6	Did the bond issue qualify for an exception to rebate?		х		х		х				
			·			·			Cahadul	a K /Farm 00	0) 2000

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization FAIRLEIGH DICKINSON UNIVERSITY

SCHEDULE M

Department of the Treasury

(Form 990)

Employer identification number

					22-1494434			
Pa	It I Types of Property			T				
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of de reven	termı	nıng	
1	Art-Works of art							
2								
3	Art—Fractional Interests							
4	Books and publications	X		3 700	Market Value			
5	Clothing and household							
_	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	8	202,713	Market Value			
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .	Х	1	300,000	Market Value			
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	Flower							
25	Other ► (Donation)	X	1	4,000	Market Value			
	Wedgwood		_	(-	Manulouk Manlou			
26	Other ► (Plate) Athletic	X	1	65	Market Value			
27	Other > (Equipment)	x	1	512	 Market Value			
28	Other ► (Food)	X	1		Market Value			
29	Number of Forms 8283 received		_		I I			
23	for which the organization compl				29			
	-			-			Yes	No
30a	During the year, did the organiza	ation receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it			
	must hold for at least three year	s from the o	date of the initial contributi	on, and which is not require	d to be used			
	for exempt purposes for the enti	re holding p	eriod?			30a		No
b	If "Yes," describe the arrangem							
31	Does the organization have a gif			review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us	e third part	ies or related organizations	to solicit, process, or sell i	non-cash			
	contributions?					32a	Yec	
h	If "Yes," describe in Part II					u		
33	If the organization did not report	t revenues i	n column (c) for a type of n	roperty for which column (a) is checked.			
	describe in Part II		(2).2. 2 (), 50 01 p	,,	,,			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Ident if ier	Return Reference	Explanation
SchM_P01_S00_L09	Schedule M, Part I, Line 9	Donations of publicly traded securities
SchM_P01_S00_L32b	, ,	The organization uses TD Ameritrade to sell stock contributions

Schedule M (Form 990) 2009

Software ID: **Software Version:**

EIN: 22-1494434

Name: FAIRLEIGH DICKINSON UNIVERSITY

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SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization FAIRLEIGH DICKINSON UNIVERSITY

Supplemental Information to Form 990

OMB No 1545-0047

DLN: 93493122002461

 $\label{lem:complete} \textbf{Complete to provide information for responses to specific questions on } \\$ Form 990 or to provide any additional information. ► Attach to Form 990.

Employer identification number

22-1494434

Identifier	Return Reference	Explanation
F990_P01_S00_L04	Form 990, Part I, Line 4	President J Michael Adams is not included in the total number of independent voting members of the governing body reported on Line 4, Part I, Summary

ldentifier	Return Reference	Explanation
F990_P06_S0A_L01b		President J Michael Adams is not included in the total number of voting members that are independent reported on Line 1b, Part VI, Section A

ldentifier	Return Reference	Explanation
F990_P06_S0A_L02	Section A, Line 2	President J Michael Adams serves as a member of the Board of Directors of First Sealord Surety, Inc., Villanova, Pennsylvania Kenneth L Brier serves as a Trustee on the Fairleigh Dickinson University Board of Trustees and also as Chief Executive Officer of Sealord LLC, and on the Board of Directors of First Sealord Surety, Inc

ldentifier	Return Reference	Explanation
F990_P06_S0B_L11	Form 990, Part VI, Section B, Line 11	The University's Board of Trustees assigned the primary responsibility for the detailed review of Form 990 to the Finance, Audit and Budget Committee (the "FABC") of the Board. The FABC has worked closely with management to become familiar with the requirements and to ensure that the University's policies and procedures accurately reflect its operations. Form 990 was reviewed by management with oversight responsibility prior to submission to the governing body for review. The FABC reviewed the Form 990 at its meeting on April 18, 2011, after receiving the draft document several days in advance. This review also included the University's officers. Form 990 was subsequently distributed by mail to all members of the Board of Trustees for their review prior to filing.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	Fairleigh Dickinson University is committed to the highest standards of ethics in all aspects of the operation of the University and has a written conflict of interest policy for all members of the University community (trustees, officers, faculty members, staff members, student employees, consultants or anyone else who has an official affiliation with the University). This policy requires trustees, officers, faculty members, and staff members to avoid conflicts of interest, and the appearance of impropriety, in University business transactions. Trustees, officers, and key employees are required to provide a signed conflict of interest disclosure annually to the University's general counsel, who is responsible for the administration of this policy. The policy states that no member shall make recommendations, vote, deliberate, or participate in decision-making where a conflict exist. The University's conflict of interest policy is also available on the University's website. It calls for any member of the University to make a disclosure regarding policy violation to the general counsel for investigation. In addition, the University's Finance Department monitors payment requests and identifies any questionable items. Such items are referred to the general counsel for analysis, investigation, and guidance.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	The Board of Trustees Compensation Committee is responsible for making recommendations to the Board of Trustees Executive Committee concerning compensation of the University President, and setting compensation and other terms and conditions of employment for officers of the University in consultation with the President. The process for determining compensation includes retaining an independant firm triennially to study executive compensation to assure that the compensation of each officer is consistent with market trend and in compliance with regulations. The most recent independent study was completed in 2010. The Compensation Committee is also responsible for conducting or commissioning any other necessary survey or studies and report the results of such surveys and studies to the Board of Trustees. Meetings and decisions of this Committee are documented contemporaneously in Committee minutes.

ldentifier	Return Reference	Explanation
F990_P06_S0C_L17	Form 990, Part VI, Section C, Line 17	Pursuant to Subchapter 3 of the New Jersey Charities Registration Section, General Requirements - N J A C Section 13 48-3 3 states registration requirements of these rules shall not apply to, any educational institution, the curricula of which in whole or in part are registered or approved by the State Department of Education or the Commission on Higher Education, either directly or by acceptance of accreditation by an accrediting body recognized by these agencies

ldentifier	Return Reference	Explanation
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	The University's conflict of interest policy and financial statements are available on the University's website at www fdu edu. The governing documents are available upon request

ldentifier	Return Reference	Explanation
F990_P10_S00_L05	Form 990, Part X, Line 5	The receivable pertains to outstanding travel advances for two officers at the end of the tax year. All University travel advances are part of an accountable plan and are cleared upon submission of an expense report with original receipts.

ldentifier	Return Reference	Explanation
SchK_P01_S00_L00f	Schedule K, Part I, Column f	Safety Trust Fund Bonds, Series 2003 A These bonds were issued pursuant to a state-backed program pursuant to which loans or grants were made to several colleges and universities. The issue price for the entire issue is \$5,523,846.05. The issue price shown on Schedule K is the percentage of the issue price allocable to the amount lent to the University. NJEAFA Fairleigh Dickinson University Issue 2006. Series G & H. This issue refunded all of the outstanding principal amount of the Revenue Bonds, Fairleigh Dickinson University issue, 1998. Series G issued on September 3, 1998 by the NJEFA and repaid a loan made to the University by the U.S. Department of Education on June 7, 1997 in the amount of \$1,117,000 and a loan made to the University by the Bank of New York on June 17, 2004 in the amount of \$1,165,000.

ldentifier	Return Reference	Explanation
SchK_P03_S00_L03a		The University maintains a janitorial service contract for dormitory financed properties. IRS Reg. Sec. 1.141-3(b)(4)(iii) provides that certain arrangements generally are not treated as management contracts that may give rise to private business use. These are, (a) contracts for services that are solely incidental to the primary functions of a financed facility (for example, contracts for janitorial, or similar services)

ldentifier	Return Reference	Explanation
SchR_P02_S00_L00	Schedule R, Part II	Fairleigh Dickinson University of British Columbia Foundation (FDU-Vancouver) is a campus of Fairleigh Dickinson University located in Vancouver, British Columbia, Canada, and was incorporated under the Society Act of British Columbia on July 19th, 2006

DLN: 93493122002461

2009

OMB No 1545-0047

Open to Public Inspection

Schedule R (Form 990) 2009

SCHEDULE R **Related Organizations and Unrelated Partnerships** (Form 990)

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

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

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization FAIRLEIGH DICKINSON UNIVERSITY 22-1494434 Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) Part I (d) Name, address, and EIN of disregarded entity Legal domicile (state Direct controlling Primary activity Total income End-of-year assets or foreign country) entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Legal domicile (state Name, address, and EIN of related organization Exempt Code section Public charity status Direct controlling Primary activity or foreign country) (if section 501(c)(3)) entity Fairleigh Dickinson University of British Columbia Foundation 800-885 West Georgia Street Education CA N/A Vancouver, BC V6C 3H1

Cat No 50135Y

art III	Identific	ation of Related C	Organiz	ations Taxable a	s a Partnership (C	omplete if the orgai	nization answered "	Yes" on For	m 990,	Part IV, lıı	ne 34
	because it had one or more related organizations treated as a partnership during the tax year.)										
								/ b.)		/:\	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr	ral or iging	
							Yes	No		Yes	No	
										-		
Dort IV Identifie	Part IV Identification of Polated Organizations Tayable as a Corporation or Trust (Complete of the organization answered "Vos" on Form 900. Part IV											

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
HARBINGER CORPORATION c/oFairleigh Dickinson Univ 1000 River Rd Teaneck, NJ07666 22-2317172	INACTIVE	NJ	N/A	С	-3,088	500	1 00 %
THREE UNIVERSITY PLAZA CORP c/oFairleigh Dickinson Univ 1000 River Rd Teaneck, NJ07666 22-2385644	INACTIVE	NJ	N/A	С	-1,185	0	1 00 %

(6)

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part	IV, line 34, 35, or 36.)						
Note. Complete line 1 if any entity is listed in Parts II, III or IV			Yes	No			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts	II-IV?						
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a		No			
b Gift, grant, or capital contribution to other organization(s)		1b		No			
c Gıft, grant, or capital contribution from other organization(s)		1 c		No			
d Loans or loan guarantees to or for other organization(s)		1d		No			
e Loans or loan guarantees by other organization(s)		1e		No			
f Sale of assets to other organization(s)		1f		No			
g Purchase of assets from other organization(s)		1 g		No			
h Exchange of assets							
i Lease of facilities, equipment, or other assets to other organization(s)		1i		No			
j Lease of facilities, equipment, or other assets from other organization(s)		1 j		No			
k Performance of services or membership or fundraising solicitations for other organization(s)							
I Performance of services or membership or fundraising solicitations by other organization(s)							
m Sharing of facilities, equipment, mailing lists, or other assets		1m		No			
n Sharing of paid employees		1n		No			
o Reimbursement paid to other organization for expenses		10	Yes				
p Reimbursement paid by other organization for expenses		1р		No			
q O ther transfer of cash or property to other organization(s)		1q		No			
r Other transfer of cash or property from other organization(s)		1r		No			
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relation	onships and transaction thre	sholds					
(a) Name of other organization	(b) Transaction type(a-r)		(c) t involve	ed			
(1) HARBINGER CORPORATION	o			520			
(1) See Additional Data Table							
(2)							
(3)							
(4)							
(5)							
	1	1					

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets		r) ortionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	(h) eral or naging tner?	
			Yes	No		Yes	No		Yes	N	
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Software ID: Software Version:

EIN: 22-1494434

Name: FAIRLEIGH DICKINSON UNIVERSITY

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

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per	(C) Position (check all that apply)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
J Michael Adams President, Trustee	84 00	×		x				591,753	0	65,532	
Anthony P D'Ambrosio Trustee	0	Х						0	0	0	
Curtis R Artis Trustee	О	×						0	0	0	
Cheryl K Beebe Trustee	0	Х						0	0	0	
Kenneth L Brier Trustee	0	Х						0	0	0	
Guy F Budinscak Trustee	0	Х						0	0	0	
Ronald J Doerfler Trustee	0	Х						0	0	0	
Robert M Hallenbeck Vice Chairman, Bd of Trustees	0	Х						0	0	0	
A hmad Kamal Trustee	0	Х						0	0	0	
Stewart Krentzman Trustee	0	Х						0	0	0	
Donna DelPrete Markı Trustee	0	Х						0	0	0	
Vincent J Naimoli Trustee	0	Х						0	0	0	
Gergory H Olsen Trustee	0	Х						0	0	0	
William L O'Neill DDS Trustee	0	Х						0	0	0	
Antoinette Petrocelli Trustee	0	X						0	0	0	
Robert P Saltarellı Trustee	0	Х						0	0	0	
Paul C Santuccı Trustee	0	X						0	0	0	
Molly Easo Smith Trustee	0	Х						0	0	0	
Steven Weinstein Trustee	0	Х						0	0	0	
Patrick Zenner Chairman, Bd of Trustees	0	Х						0	0	0	
Carol Knauff Trustee	0	Х						0	0	0	
Winston I Lowe Esq Trustee	0	Х						0	0	0	
Anthony L Marano Trustee	0	Х						0	0	0	
Robert J Pures Trustee	0	Х						0	0	0	
Mary Kay Stratis Trustee	0	Х						0	0	0	

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

Compensated Employees, and		dent C			tors	-					
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
Susan Welsh DC Trustee	О	x						О	0	0	
John Bailye Trustee	0	Х						0	0	0	
Sheldon Drucker Senior VP & Chief Operating Officer	60 00			х				251,840	0	69,141	
Hanıa Ferrara Vıce President for Finance and Treasurer	60 00			х				232,782	0	57,403	
Kenneth R Greene Provost	55 00			х				168,010	0	53,829	
Robert Greenfield Provost	40 00			х				161,864	0	26,752	
Joseph Kiernan Univ Provost & SVP of Academic Affairs	60 00			х				199,810	0	45,804	
Richard Reiss Senior VP for University Advancement	55 00			х				320,542	0	64,806	
Richard Riccio Vice President of Administration	65 00			х				237,153	0	40,247	
Wayne Richardson General Counsel	55 00			х				185,823	0	44,153	
Neal Sturm VP & Chief Information Officer	50 00			х				163,136	0	18,113	
Jonathan Wexler Vice President for Enrollment Mgmt	70 00			х				141,915	0	20,107	
Martha C Young Asst Secretary of the Corporation	35 00			х				42,744	0	26,584	
William M Moore Dean	57 00				х			194,890	0	20,021	
Kenneth T Vehrkens Dean	60 00				х			175,186	0	38,652	
Geoffrey Weinman Dean	55 00				х			178,278	0	39,742	
Pattı A Mılls Dean, University College	55 00				х			173,845	0	31,335	
Robert E Calissi Executive Associate Dean	50 00					х		167,601	0	32,690	
Christopher Capuano Vice Provost for International Affairs	70 00					х		214,652	0	45,897	
Minerva S Guttman Director Becton School of Nursing	50 00					Х		159,722	0	37,693	
Brian D Domenick Director Systems and Security	60 00					х		162,528	0	26,730	
Diana L Marin Associate Dean	65 00					х		157,571	0	11,970	
Carl Viola Executive Vice President	0						х	206,625	0	0	

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Tuition	611,310	196,862,444	196,862,444	0	0
Student Residence	611,310	18,036,004	18,036,004	0	0
Student Fees	611,310	9,839,938	9,839,938	0	0
Student Food	611,310	7,940,185	7,940,185	0	0
Government Grants	611,310	307,780	307,780	0	0

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
BAD DEBT EXPENSE	1,715,000	1,715,000	0	0
BOOKS & PERIODICALS	890,302	848,634	40,472	1,196
STUDENT ACTIVITIES FEES	631,876	631,876	0	0
PROFESSIONAL DUES & FEES	432,596	201,873	230,398	325
EQUIPMENT MAINTENANCE	332,750	307,798	24,952	0