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DLN: 93493136019102

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)

2010

OMB No 1545-0047

nen to Public

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

Open to Public Inspection

A Fo	r the 2	2010 ca	lendar year, or tax year begin	ning 07-01-2010 and ending 06-30-20	11				
B Ch	eck ıf a _l	pplicable	C Name of organization DREW UNIVERSITY			D Emplo	oyer i	identification number	
- Add	dress ch	nange				22-1	487	164	
– Na	me chai	nge	Doing Business As			E Telepl	hone	number	
– _{Init}	ial retu	m	Number and street (or P.O. hox	f mail is not delivered to street address)	Room/suite	_		3-3501	
– Ter	mınate	d	36 MADISON AVENUE			(9/3	, - 0		
– _{Am}	ended i	return	City or town, state or country, ar	nd ZIP + 4		G Gross	receip	ots \$ 184,760,688	
— Anı	olication	n pending	MADISON, NJ 07940						
, ,,,,	, nearion	. penamg	F Name and address of p	orincipal officer	11/->	_			
			ROBERT WEISBUCH PRE		H(a) Is this	a group return i	for affil	ıates?	
			36 MADISON AVENUE MADISON,NJ 07940		H(b) Are all	l affiliates inc	luded	Yes No	
			MADI30N,NJ 07940		If "N	o," attach	a lıs	t (see instructions)	
Ta	x-exem	npt status	▼ 501(c)(3)	¶ (insert no)	H(c) Grou	ıp exemptı	on n	umber 🟲	
			W DREW EDU		-				
					<u> </u>				
			Corporation Trust Associa	ation Other 🕨	L Year of fo	rmation 186	58	M State of legal domicile NJ	
Pa	rt I	Sum	mary						
		•	-	sion or most significant activities	ANDICCOMD	DICED OF	. .		
0 3				TE AND UNDERGRADUATE STUDIES . SCHOOL, AND THE CASPERSEN SCH					
Governance			·	·					
Ē	-								
<u> </u>	2 -	Check th	us hov M of the organization	discontinued its operations or disposed	of more than 2	5% of its	net:		
			,	erning body (Part VI, line 1a)			3	43	
o V	1			rs of the governing body (Part VI, line 1		F	4	39	
Acuvines &				in calendar year 2010 (Part V, line 2a)		·	_ _	1,984	
<u> </u>			mber of volunteers (estimate i				6	39	
ā.	1		·	Part VIII, column (C), line 12		-		205,461	
	1			e from Form 990-T, line 34		F	7b	0	
				·	Prio	r Year		Current Year	
	8	Contri	butions and grants (Part VIII	, line 1h)		14,221,0	33	15,190,553	
₹	9		m service revenue (Part VIII	29	97,846,363				
Revenue	10	Invest	ment income (Part VIII, colu	17,079,854					
ά	11	Other	revenue (Part VIII, column (A	1,561,620					
	12			11 (must equal Part VIII, column (A), lı		141 202 6		121 670 200	
	12			white column (A) lines 1.2.	·	141,293,6	_	131,678,390	
	13 14			art IX, column (A), lines 1-3) t IX, column (A), line 4)		31,575,9	,18	34,425,015	
			,	oyee benefits (Part IX, column (A), lines			-	<u> </u>	
\$	15	5-10)		yee benefits (Fart 1x, column (A), mies		45,575,0	06	49,789,597	
Expenses	16a	Profes	sional fundraising fees (Part I	X, column (A), line 11e)			0 0		
ŝ	ь	Total fu	ndraising expenses (Part IX, column	(D), line 25) •3,787,434					
ш	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		38,358,8	860	40,002,650	
	18	Total e	expenses Add lines 13-17 (r	nust equal Part IX, column (A), line 25)		115,509,7	84	124,217,262	
	19	Reven	ue less expenses Subtract lır	ne 18 from line 12		25,783,9	00	7,461,128	
`%8 ***						g of Currer	nt	End of Year	
Net Assets or Fund Balances	20	T-1-1	anata (Dawi V. L 4.6)			'ear			
4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	20		assets (Part X, line 16)			350,472,0 106,769,0	-+	386,536,771 111,671,433	
5 <u>5</u>	22			ct line 21 from line 20		243,703,0	_	274,865,338	
	22 11 III		ature Block	ctime 21 nom me 20		243,703,0	,00	274,005,550	
Jnde (now	r penal	ties of po	erjury, I declare that I have exan	nined this return, including accompanying te. Declaration of preparer (other than offic					
		****	**		20	012-05-14			
Sign	1	I B	ture of officer			ate			
Her		how.	ARD BUXBAUM VP FINANCE & BUSIN	ESS AFFAIRS					
			or print name and title						
		Print/Type		Preparer's signature KPMG LLP		Check if self		PTIN	
Paid		preparer's Firm's nar	ne KPMG LLP	KENG LLF		cimpioyeu F		Euro's ETN	
Prepa	arer L		Iress • 345 Park Avenue			Firm's EIN			
Use (Only	, mii ə aul						Phone no (212) 758- 9700	
	I		New York, NY 101540102					i	

May the IRS discuss this return with the preparer shown above? (see instructions)

Part TV	Checklist of	Required	Schedules
	CHCCKHSCOL	IXCUUII CU	Scriculics

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 📆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
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 1	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 quasiendowments? If "Yes," complete Schedule D, Part V^{\bullet}	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	Yes	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> " <i>Yes," complete Schedule D, Part IX.</i>	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV .	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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		No
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 lines 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		No
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	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? If "Yes," complete Schedule L, Part III	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			
	IV	28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Yes	
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	-		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		. [
			Yes	No
а	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 387			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
a	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?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	103	
a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
а	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	
b	If "Yes," enter the name of the foreign country 🕨 CJ			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	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	
	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		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	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		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0 a	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b			
-	facilities			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
	In which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand			
-	13c			1
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Voc " has it filed a Form 720 to report these nayments? If "No " provide an explanation in Schedule O	1/1h		i

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

Se	ection A. Governing Body and Management			
			Yes	No
1.	Enter the number of voting members of the governing body at the end of the tay			
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	H		110
	governing body?	7a		No
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal			
ке	evenue Code.)	$\overline{}$	Yes	No
102	Does the organization have local chapters, branches, or affiliates?	10a	163	No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		110
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
	That the diganization provided a copy of this form 550 to an inclination of its governing body before iming the form	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	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	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
S-	ection C. Disclosure	100		
	List the States with which a copy of this Form 990 is required to be filed▶			
	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			
10	Describe in Schedule O whether (and if so how) the organization makes its governing documents, conflict of			

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization HOWARD BUXBAUM
 36 MADISON AVENUE

MADISON,NJ 07940 (973)408-3501

<u>Part VIII</u> 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

- 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, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organi		elated o	rganı	zatio	on co	ompen	sate	d any current office	er, director, or trust	ee
(A) Name and Title	(B) A verage hours	Posi t	tion (that a			II		(D) Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee Institutional Trustee Institutional Trustee Institutional Trustee Institutional Trustee		(W- 2/1099-	compensation from the organization and related organizations				
See Additional Data Table										
				<u> </u>	<u> </u>					

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

	(A) Name and Title	(B) Average hours		(tion that a			II		(D) Reportable compensation	(E) Reportable compensation	а	(F) Estima amount o	ited
		per week (describe hours for related organizations in Schedule O)	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)	o	compens from t rganizati relate organiza	the on and ed
See A	ddıtıonal Data Table												
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				\vdash							+		
				\vdash							+		
				-							+		
	Sub Total							<u> </u>			+		
	Sub-Total						· ·				+		
d	Total (add lines 1b and 1c) .							 -	3,184,807	0		Ĺ	574,436
2	Total number of individuals (inc \$100,000 in reportable comper	_					above) who	received more tha	n			
												Yes	No
3	Did the organization list any for on line 1a? <i>If</i> "Yes," complete Sc									ated employee	3		No
4	For any individual listed on line organization and related organiz	zations greater t	han \$15	50,00	002	If "Yo	es," co	mple	te Schedule J for suc	ch	4	Vas	

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

Section B. Independent Contractors

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
ARAMARK CORPORATION C/O DREW UNIVERSITY36 MADISON AVEN MADISON, NJ 07940	CONTRACTOR-FOOD	6,471,599
LEEGIS GROUP INC 2333 US HIGHWAY 22 UNION, NJ 070808518	CONTRACTOR-CONSTRUCT	1,746,357
A-L SERVICES INC 669 LITTLETON RDPO BOX 6391 PARSIPPANY, NJ 07054	CONTRACTOR-MAINTENAN	1,032,705
HARVARD MAINTENANCE LLC 570 SEVENTH AVE NEW YORK, NY 10018	CONTRACTOR-MAINTENAN	943,229
STRATA INFORMATION GROUP 3935 HARNEY ST STE 203 SAN DIEGO, CA 92110	CONTRACTOR-CONSULTAN	892,320
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►37) who received more than	

David		2010)					Pa	ge 9
		Statement of Reven			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns Membership dues Fundraising events	. 1c . 1d . 1e , and 1f enes 1a-1f \$	1,809,242 13,269,646 1,023,723	15,190,553			
Program Service Revenue	d e f	TUITION & FEES AUXILIARY INCOME SUMMER APPLICATION & LAB FEES All other program service re Total. Add lines 2a-2f	venue	Business Code 900099 531110 900099			85,591	
	3 4 5 6a b	Investment income (including and other similar amounts) Income from investment of tax-ext Royalties	empt bond proceeds	(II) Personal	13,177,802		119,870	13,057,932
an e	7a b c d	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraisi (not including	(i) Securities 54,948,965 52,820,056 2,128,909	(II) O ther 1,917,230 144,087 1,773,143	3,902,052			3,902,05
Other Revenue	c 9a b c 10a	\$111,665 of contributions reported on See Part IV, line 18 Less direct expenses . Net income or (loss) from ful Gross income from gaming a	a b ndraising events ctivities See Part IV, line 19 . a ming activities s a b les of inventory b	80,292 118,155 b Business Code 900099	-37,863 0 0 176,934			-37,86 176,93
	d e	SHAKESPEARE INCOME METHODIST REVENUE All other revenue Total. Add lines 11a-11d Total revenue. See Instruction		900099	116,020 160,792 1,145,737 1,599,483 131,678,390		205,461	116,02 160,79 1,145,73

	990 (2010)				Page 10
Par	t IX Statement of Functional Expenses				
Δ	Section $501(c)(3)$ and $501(c)(4)$ organizations must omplete column (A) but are not required to c			(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	enpensee	general expenses	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	34,425,015	34,425,015		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	2,471,087	921,703	1,195,800	353,584
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	118,975		118,975	
7	Other salaries and wages	36,529,632	28,740,920	6,025,638	1,763,074
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,376,608	1,853,989	392,884	129,735
9	Other employee benefits	5,606,791	4,373,852	926,875	306,064
10	Payroll taxes	2,686,504	2,095,739	444,114	146,651
а	Fees for services (non-employees) Management	0			
b	Legal	171,229	379	170,850	
c	Accounting	246,612		246,612	_
d	Lobbying	93,235	17,459	66,012	9,764
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	986,926	184,809	698,757	103,360
12	Advertising and promotion	0			
13	Office expenses	1,152,937	510,025	453,980	188,932
14	Information technology	1,832,136	1,692,371	108,780	30,985
15	Royalties	0			
16	Occupancy	10,341,349	9,094,457	1,246,762	130
17	Travel	1,323,830	1,099,190	72,079	152,561
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	923,248	556,797	108,920	257,531
20	Interest	2,882,819	2,882,819		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	8,134,992	7,669,987	394,885	70,120
23	Insurance	651,469	22,060	629,409	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	FOOD EXPENSE	3,040,129	3,038,715	1,414	
b	SUPPLIES	987,500	825,317	94,976	67,207
С	LIBRARY MATERIALS	971,429	971,429		
d	EQUIPMENT RENTAL & MAINTENANCE	739,759	191,671	533,517	14,571
е	OTHER	5,523,051	3,676,129	1,653,757	193,165
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	124,217,262	104,844,832	15,584,996	3,787,434
26	Joint costs. Check here ► ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation			<u> </u>	000 (2010)

1	Pa	rt X	Balance Sheet					, age = =	
2 Sevings and temporary cash investments								• •	
Pledges and grants receivable, net		1	Cash—non-interest-bearing			1,021,000	1	1,658,486	
4 Accounts receivable, net		2	Savings and temporary cash investments			6,337,000	2	6,917,000	
Securables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part I of Schedule L S		3	Pledges and grants receivable, net			7,551,000	3	9,302,000	
highest compensated employees Complete Part II of Schedule 5		4	Accounts receivable, net			2,668,000	4	1,960,000	
Receivables from other disquelified persons (as defined under section 49.58 (f/11)), persons described in section 49.58 (f/21)(8), and contributing employees a programmations of section 50.1 (c/9) voluntary employees' beneficiary organizations (see instructions) 7		5		s, key	employees, and				
## Persons described in section 4958(c)(3)(8), and contributing employers, and sponsoring organizations (see instructions) Schedule L			Schedule L				5		
9 Prepaid expenses and deferred charges		6	persons described in section $4958(c)(3)(B)$, and contributing esponsoring organizations of section $501(c)(9)$ voluntary emplo	ers, and					
9 Prepaid expenses and deferred charges	}		Schedule L				6		
9 Prepaid expenses and deferred charges	8	7	Notes and loans receivable, net			4,037,000	7	3,879,000	
10a	⋖	8	Inventories for sale or use			345,000	8	203,000	
Part VI of Schedule D		9	Prepaid expenses and deferred charges	paid expenses and deferred charges					
11 Investments—publicly traded securities		10a		10a	1 ' '				
12 Investments—other securities See Part IV, line 11		ь	Less accumulated depreciation	10b	106,567,000	146,659,000	10c	148,147,062	
13 Investments—program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 720,000 15 1,103,222 16 Total assets. Add lines 1 through 15 (must equal line 34) 350,472,000 16 386,536,777 382,280,900 17 8,282,900 18 Grants payable and accrued expenses 6,085,000 17 8,282,900 18 Grants payable 19 Deferred revenue 7,217,000 19 6,578,813 19 Deferred revenue 7,217,000 19 6,578,813 19 Deferred revenue 7,217,000 19 6,578,813 10 10 10 10 10 10 10		11	Investments—publicly traded securities		95,653,000	11	109,912,000		
14 Intangible assets		12	Investments—other securities See Part IV, line 11	83,767,000	12	101,752,000			
15 Other assets See Part IV, line 11		13	Investments—program-related See Part IV, line 11		13				
16 Total assets. Add lines 1 through 15 (must equal line 34)		14	Intangible assets			14			
17		15	Other assets See Part IV, line 11		720,000	15	1,103,223		
18		16	Total assets. Add lines 1 through 15 (must equal line 34) .	350,472,000	16	386,536,771			
19 Deferred revenue		17	Accounts payable and accrued expenses .	6,065,000	17	8,282,908			
20 Tax-exempt bond liabilities		18	Grants payable				18		
Escrow or custodial account liability Complete Part IV of Schedule D 21		19	Deferred revenue			7,217,000	19	6,578,813	
persons Complete Part II of Schedule L		20	Tax-exempt bond liabilities			68,397,000	20	72,188,000	
persons Complete Part II of Schedule L	<u> </u>	21	Escrow or custodial account liability Complete Part IV of Schedu	le D			21		
23 Secured mortgages and notes payable to unrelated third parties		22							
24 Unsecured notes and loans payable to unrelated third parties	ä		persons Complete Part II of Schedule L				22		
25 Other liabilities Complete Part X of Schedule D		23	Secured mortgages and notes payable to unrelated third partie	s .			23		
26 Total liabilities. Add lines 17 through 25		24	Unsecured notes and loans payable to unrelated third parties				24		
Organizations that follow SFAS 117, check here F and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets		25	Other liabilities Complete Part X of Schedule D			25,090,000	25	24,621,712	
through 29, and lines 33 and 34. 27 Unrestricted net assets		26	Total liabilities. Add lines 17 through 25			106,769,000	26	111,671,433	
lines 30 through 34. 30 Capital stock or trust principal, or current funds	Ses			plete	lines 27				
lines 30 through 34. 30 Capital stock or trust principal, or current funds	aní	27	Unrestricted net assets			75,957,000	27	83,459,338	
lines 30 through 34. 30 Capital stock or trust principal, or current funds	- B3	28	Temporarily restricted net assets			85,301,000	28	103,653,000	
lines 30 through 34. 30 Capital stock or trust principal, or current funds	귤	29	Permanently restricted net assets			82,445,000	29	87,753,000	
lines 30 through 34. 30 Capital stock or trust principal, or current funds	Ē		Organizations that do not follow SFAS 117, check here ► a	nd cor	mplete				
30 Capital stock or trust principal, or current funds	<u>-</u>		lines 30 through 34.					ii	
33 Total net assets or fund balances		30	Capital stock or trust principal, or current funds $\ \ . \ \ \ . \ \ \ .$				30		
33 Total net assets or fund balances	φ	31	Paid-in or capital surplus, or land, building or equipment fund				31		
Φ 2 33 Total net assets or fund balances 243,703,000 33 274,865,338 34 Total liabilities and net assets/fund balances 350,472,000 34 386,536,777		32	Retained earnings, endowment, accumulated income, or other f	unds			32		
34 Total liabilities and net assets/fund balances	<u>₹</u>	33	Total net assets or fund balances			243,703,000	33	274,865,338	
	_	34	Total liabilities and net assets/fund balances			350,472,000	34	386,536,771	

1-(-)	Check if Schedule O contains a response to any question in this Part XI			. 🔽	
1	Total revenue (must equal Part VIII, column (A), line 12)			121.0	70.20
2	Total expenses (must equal Part IX, column (A), line 25)	2			217,262
3	Revenue less expenses Subtract line 2 from line 1	3			161,128
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) \cdot .	4		243,7	703,000
5	Other changes in net assets or fund balances (explain in Schedule O)	5		23,7	701,210
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		274,8	365,338
Pai	The contains and Reporting Check if Schedule O contains a response to any question in this Part XII			୮	
				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		Νo
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 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 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 on a separate basis, consolidated basis, or both	ıssued			
	Separate basis Consolidated basis Both consolidated and separated basis				
За	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?	ne	За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b	Yes	

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As Filed Data -

DLN: 93493136019102

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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

Public Charity Status and Public Support

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

Name of the organization DREW UNIVERSITY

Employer identification number

22-1487164 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type I **b** Type II Type III - Other 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) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	on in ced in rning nt?	(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
		inst ruct ions))	Yes	No	Yes	No	Yes	No	
-									
Total									

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1) (A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

<u> </u>	ection A. Public Support		and to quanty t			Jaco complete	
	endar year (or fiscal year beginning						
Care	in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
_	behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
4	Total. Add 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)						
6	Public Support. Subtract line 5 from						
Ū	line 4						
S	ection B. Total Support		<u> </u>	I I.			
	endar year (or fiscal year beginning						
	ın) >	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
Ū	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support (Add lines 7						
	through 10)					<u> </u>	
12	Gross receipts from related activiti	es, etc (See inst	ructions)			12	
13	First Five Years If the Form 990 is t	for the organizati	on's first, second	, thırd, fourth, or	fifth tax year as a	501(c)(3) organı	
	check this box and stop here						►
	-tiC Ct-tiC D-l	L'a Carana at B					
<u> </u>	ection C. Computation of Pub Public Support Percentage for 2010			11 column (f))			
	· ·		•	II Column (1))		14	
15	Public Support Percentage for 2009	Schedule A, Pa	rt II, line 14			15	
16a	33 1/3% support test—2010. If the				line 14 is 33 1/3%	or more, check	
_	and stop here. The organization qua						▶ □
b	33 1/3% support test—2009. If the				5a, and line 15 is 3	33 1/3% or more,	- -
	box and stop here. The organization				45.46		►
1/a	10%-facts-and-circumstances test-						
	is 10% or more, and if the organization made						rt a d
	in Part IV how the organization mee	ts the "racts and	circumstances"	test ine organiz	ration qualifies as	a publicly suppo	
L	organization	_2000 If+ba a	anization did not	chack a hay an l	no 12 165 166 -	r 17a and line	► □
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ						
	Explain in Part IV how the organization						v
	supported organization	aon meets the 10	acts and circuilis	tances test file	z organizacion qual	mes as a publici	y ▶[¯
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b, check this	box and see	- 1
	instructions	on ala not check	a box on fine 15	, 100, 100, 1700	I by check tills	SON GING SCC	▶ □

organization

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total in) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f)) 15 16 Public support percentage from 2009 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f)) 17 **17** Investment income percentage from 2009 Schedule A, Part III, line 17 18 18 19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported

33 1/3% support tests-2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule A (Form 990 or 990-EZ) 2010

Software ID: Software Version:

EIN: 22-1487164

Name: DREW 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	Posi t	tion (that a	che	′)	_		(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
JOSEPH BENEDUCCI JR TRUSTEE	1 0	х						0	0	0
ROBERT BURKE TRUSTEE EFFECTIVE 05/2011	1 0	Х						0	0	0
MARILYN CALLANDER	1 0	×						0	0	0
TRUSTEE JUDITH E CAMPBELL TRUSTEE	1 0	Х						0	0	0
FRANK J CARNABUCI III TRUSTEE	1 0	Х						0	0	0
WILLIAM E CLARK TRUSTEE	1 0	Х						0	0	0
C RORY CORRIGAN TRUSTEE	1 0	Х						0	0	0
JOHN H CRAWFORD III CHAIRMAN	1 0	Х		х				0	0	0
DEAN T CRIARES TRUSTEE	1 0	Х						0	0	0
HUGH A D'ANDRADE SECRETARY	1 0	Х		х				0	0	0
SUDARSHANA DEVADHAR TRUSTEE	1 0	Х						0	0	0
DEREK M DI RISIO TRUSTEE	1 0	Х						0	0	0
DONALD L DRAKEMAN TRUSTEE	1 0	Х						0	0	0
D STUART DUNNAN TRUSTEE	1 0	Х						0	0	0
LOUIS ECCLESTON TRUSTEE	1 0	Х						0	0	0
ROBERT EDGAR TRUSTEE	1 0	Х						0	0	0
JOHN A EHINGER TRUSTEE	1 0	Х						0	0	0
EMILIA A FABRICANT TRUSTEE	1 0	Х						0	0	0
MICHELE E FABRIZIO TRUSTEE	1 0	Х						0	0	0
GAYLE E FITZPATRICK TRUSTEE	1 0	Х						0	0	0
WILLIAM M FREEMAN VICE CHAIRMAN	1 0	Х		х				0	0	0
FREDRICK FUEST TRUSTEE	1 0	Х						0	0	0
JORDAN M GLATT TRUSTEE	1 0	Х						0	0	0
GATES H HAWN TRUSTEE	1 0	Х						0	0	0
WILLIAM R HUFF TRUSTEE	1 0	Х						0	0	0

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

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours	Posi t				II		(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
PEGGY A JOHNSON TRUSTEE	1 0	Х						0	0	0
WILLIAM T KNOX TRUSTEE	1 0	Х						0	0	0
WILLIAM W LANDIS III TRUSTEE	1 0	Х						0	0	0
HWAIN C LEE TRUSTEE	1 0	Х						0	0	0
KEVIN H MARINO TRUSTEE	1 0	Х						0	0	0
BETSY S MICHEL TRUSTEE	1 0	Х						0	0	0
EDWARD MOED TRUSTEE	1 0	Х						0	0	0
JEFFREY B NOSS TRUSTEE	1 0	Х						0	0	0
LAURA OVERDECK TRUSTEE	1 0	Х						0	0	0
JEREMIAH J PARK TRUSTEE	1 0	X						0	0	0
JANE RAINIS TRUSTEE EFFECTIVE 05/2011	1 0	Х						0	0	0
SUZANNE MERTZ SPERO TRUSTEE	1 0	Х						0	0	0
GARY S STEIN TRUSTEE	1 0	Х						0	0	0
MARVIN J SUOMI TRUSTEE	1 0	Х						0	0	0
STEVEN A TASHER TRUSTEE	1 0	Х						0	0	0
JENNIFER VELEZ TRUSTEE	1 0	Х						0	0	0
PAULINE WARDELL-SANKOH TRUSTEE EFFECTIVE 05/2011	1 0	Х						0	0	0
ROBERT WEISBUCH PRESIDENT	35 0	Х		х				396,319	0	105,536
PAMELA GUNTER-SMITH PROVOST	35 0			х				187,578	0	74,422
HOWARD BUXBAUM VP OF FINANCE	35 0			х				197,866	0	34,928
MARGARET HOWARD VP OF ADMINISTRATION	35 0			х				222,958	0	20,643
RONALD ROSS DEAN OF CONT EDUCATION	35 0			х				145,971	0	24,381
JONATHAN LEVIN DEAN OF COL OF LIBERAL ARTS	35 0			х				151,834	0	81,519
MAXINE BEACH DEAN OF THEOLOGICAL SCHOOL	35 0			х				120,102	0	14,908
ALYSSA MCCLOUD DEAN OF ADMISSIONS	35 0			x				222,715	0	21,485

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

(A) Name and Title	(B) Average hours			•		II		(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
ANDREW SCRIMGEOUR DEAN OF LIBRARIES	35 0			х				124,467	0	26,460
DAVID MUHA CHIEF COMMUNICATION OFFICER	35 0			х				118,426	0	15,911
CARLOS YORDAN SPECIAL ASSIST TO PRESIDENT	35 0			х				90,112	0	5,722
SARA WALDRON DEAN OF STUDENTS	35 0			х				111,062	0	10,491
RICHARD GREENWALD DEAN OF GRADUATE STUDIES	35 0			х				128,862	0	10,000
CHRISTOPHER BIEHN VP OF DEVELOPMENT	35 0			х				207,831	0	34,957
CHRISTOPHER VAN WYK ASSOCIATE VP FINANCE	35 0					Х		159,317	0	28,926
JOSEPH KELLY ASSOC VP FINANCE/TREASURER	35 0					Х		157,565	0	35,091
SAAD IBRAHIM VISITING SCHOLAR	35 0					Х		152,123	0	7,954
ALAN CANDIOTTI ASST VP TECHNOLOGY/PROFESSOR	35 0					Х		143,949	0	21,102
ROSS DANIS ASSOCIATE DEAN OF EDUCATION	35 0					Х		145,750	0	0

DLN: 93493136019102

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 Form 990-EZ, Part V, line 46 (Political Campaign A	ıctivities),
then	

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

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

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

	me of the organization EW UNIVERSITY			Employer ide	ntıfıcatıon number
				22-1487164	
ar	t I-A Complete if the org	ganization is exempt unde	er section 501(c) or is a section 52	7 organization.
	Provide a description of the org	anızatıon's dırect and ındırect po	lıtıcal campaıgn act	ivities in Part IV	
:	Political expenditures			▶	\$
3	Volunteer hours				
ar	t I-B Complete if the ord	ganization is exempt unde	er section 501(c)(3).	
		tax incurred by the organization			\$
<u> </u>	Enter the amount of any excise	tax incurred by organization mar	nagers under sectio	n 4955 🕨	\$
3	If the organization incurred a se	ection 4955 tax, did it file Form 4	1720 for this year?		☐ Yes ☐ No
la	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV				
ar	t I-C Complete if the org	ganization is exempt unde	er section 501(c) except section 50	1(c)(3).
L	Enter the amount directly expe	nded by the filing organization for	section 527 exemp	ot function activities 🕨	\$
2	Enter the amount of the filing or exempt funtion activities	rganızatıon's funds contributed to	other organizations	s for section 527	\$
	exempt function activities				
3	·	ures Add lines 1 and 2 Enter he	re and on Form 112	0-POL, line 17b ►	¢
ŀ	Total exempt function expendit Did the filing organization file F Enter the names, addresses an	orm 1120-POL for this year? d employer identification number	(EIN) of all section	527 political organization	
3 1 5	Total exempt function expendit Did the filing organization file F Enter the names, addresses an organization made payments F amount of political contribution	orm 1120-POL for this year?	(EIN) of all section the amount paid fro d directly delivered	527 political organizatior om the filing organization's to a separate political org	is to which the filing funds Also enter the anization, such as a
ŀ	Total exempt function expendit Did the filing organization file F Enter the names, addresses an organization made payments F amount of political contribution	orm 1120-POL for this year? d employer identification number or each organization listed, enter s received that were promptly an	(EIN) of all section the amount paid fro d directly delivered	527 political organizatior om the filing organization's to a separate political org	to which the filing funds Also enter the anization, such as a ation in Part IV (e) Amount of politica contributions received
ŀ	Total exempt function expendit Did the filing organization file F Enter the names, addresses an organization made payments F amount of political contribution separate segregated fund or a p	orm 1120-POL for this year? d employer identification number or each organization listed, enter s received that were promptly an political action committee (PAC)	(EIN) of all section the amount paid fro d directly delivered If additional space	527 political organization om the filing organization's to a separate political orgus needed, provide information (d) A mount paid from filing organization's	(e) A mount of politica contributions received and promptly and directly delivered to a separate political organization If none,
ŀ	Total exempt function expendit Did the filing organization file F Enter the names, addresses an organization made payments F amount of political contribution separate segregated fund or a p	orm 1120-POL for this year? d employer identification number or each organization listed, enter s received that were promptly an political action committee (PAC)	(EIN) of all section the amount paid fro d directly delivered If additional space	527 political organization om the filing organization's to a separate political orgus needed, provide information (d) A mount paid from filing organization's	(e) A mount of politica contributions received and promptly and directly delivered to a separate political organization If none,
ŀ	Total exempt function expendit Did the filing organization file F Enter the names, addresses an organization made payments F amount of political contribution separate segregated fund or a p	orm 1120-POL for this year? d employer identification number or each organization listed, enter s received that were promptly an political action committee (PAC)	(EIN) of all section the amount paid fro d directly delivered If additional space	527 political organization om the filing organization's to a separate political orgus needed, provide information (d) A mount paid from filing organization's	(e) A mount of politica contributions received and promptly and directly delivered to a separate political organization If none,
ŀ	Total exempt function expendit Did the filing organization file F Enter the names, addresses an organization made payments F amount of political contribution separate segregated fund or a p	orm 1120-POL for this year? d employer identification number or each organization listed, enter s received that were promptly an political action committee (PAC)	(EIN) of all section the amount paid fro d directly delivered If additional space	527 political organization om the filing organization's to a separate political orgus needed, provide information (d) A mount paid from filing organization's	(e) A mount of politica contributions received and promptly and directly delivered to a separate political organization If none,
ŀ	Total exempt function expendit Did the filing organization file F Enter the names, addresses an organization made payments F amount of political contribution separate segregated fund or a p	orm 1120-POL for this year? d employer identification number or each organization listed, enter s received that were promptly an political action committee (PAC)	(EIN) of all section the amount paid fro d directly delivered If additional space	527 political organization om the filing organization's to a separate political orgus needed, provide information (d) A mount paid from filing organization's	(e) A mount of politica contributions received and promptly and directly delivered to a separate political organization If none,
ŀ	Total exempt function expendit Did the filing organization file F Enter the names, addresses an organization made payments F amount of political contribution separate segregated fund or a p	orm 1120-POL for this year? d employer identification number or each organization listed, enter s received that were promptly an political action committee (PAC)	(EIN) of all section the amount paid fro d directly delivered If additional space	527 political organization om the filing organization's to a separate political orgus needed, provide information (d) A mount paid from filing organization's	(e) A mount of politica contributions received and promptly and directly delivered to a separate political organization If none,
ŀ	Total exempt function expendit Did the filing organization file F Enter the names, addresses an organization made payments F amount of political contribution separate segregated fund or a p	orm 1120-POL for this year? d employer identification number or each organization listed, enter s received that were promptly an political action committee (PAC)	(EIN) of all section the amount paid fro d directly delivered If additional space	527 political organization om the filing organization's to a separate political orgus needed, provide information (d) A mount paid from filing organization's	(e) A mount of politica contributions received and promptly and directly delivered to a separate political organization If none,
ŀ	Total exempt function expendit Did the filing organization file F Enter the names, addresses an organization made payments F amount of political contribution separate segregated fund or a p	orm 1120-POL for this year? d employer identification number or each organization listed, enter s received that were promptly an political action committee (PAC)	(EIN) of all section the amount paid fro d directly delivered If additional space	527 political organization om the filing organization's to a separate political orgus needed, provide information (d) A mount paid from filing organization's	(e) A mount of politica contributions received and promptly and directly delivered to a separate political organization If none,
ŀ	Total exempt function expendit Did the filing organization file F Enter the names, addresses an organization made payments F amount of political contribution separate segregated fund or a p	orm 1120-POL for this year? d employer identification number or each organization listed, enter s received that were promptly an political action committee (PAC)	(EIN) of all section the amount paid fro d directly delivered If additional space	527 political organization om the filing organization's to a separate political orgus needed, provide information (d) A mount paid from filing organization's	(e) A mount of politica contributions received and promptly and directly delivered to a separate political organization If none,
ŀ	Total exempt function expendit Did the filing organization file F Enter the names, addresses an organization made payments F amount of political contribution separate segregated fund or a p	orm 1120-POL for this year? d employer identification number or each organization listed, enter s received that were promptly an political action committee (PAC)	(EIN) of all section the amount paid fro d directly delivered If additional space	527 political organization om the filing organization's to a separate political orgus needed, provide information (d) A mount paid from filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,

Р	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3)	and filed Form 5768	(election
	Check If the filing organization belongs to a Check If the filing organization checked bo	n affiliated group x A and "limited control" provisions apply		
	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing O rganization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lobbyıng)		
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)		
C	Total lobbying expenditures (add lines 1a and 1	o)		
d	O ther exempt purpose expenditures			
е	Total exempt purpose expenditures (add lines 1	c and 1d)		
f	Lobbying nontaxable amount Enter the amount to columns			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
	Grassroots nontaxable amount (enter 25% of lir	e 1f)		
h	Subtract line 1g from line 1a If zero or less, ent	er -0 -		
i	Subtract line 1f from line 1c If zero or less, ente	r-0-		
j	If there is an amount other than zero on either lii section 4911 tax for this year?	ne 1h or line 1i, did the organization file Form	4720 reporting	┌ Yes ┌ No

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

	Lobbying Expendit	ures During 4	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

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

		(8	a)	(b)	
		Yes	No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?		No		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No		
C	Media advertisements?		No		
d	Mailings to members, legislators, or the public?		No		
e	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?		No		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No		
i	Other activities? If "Yes," describe in Part IV	Yes		93,235	
j	Total lines 1c through 1i			93,235	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

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

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

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

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

Part IV Supplemental Information

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

Identifier Return Reference Explanation										
Identifier	Return Kererence	Explanation								
OTHER LOBBYING ACTIVITIES	SCHEDULE C PART II-B LINE 1I	WINNING STRATEGIES WASHINGTON WORKS ON BEHALF								
		OF DREW UNIVERSITY TO ADVOCATE AND ADVANCE								
		FUNDING AND POLICY FIXES FROM THEIR INCEPTION TO								
		CONCLUSION THROUGH THE LEGISLATIVE,								
		APPROPRIATIONS AND REGULATORY PROCESSES								
		SPECIFICALLY, IT HAS A STRONG UNDERSTANDING OF								
		WHAT STRATEGIES WORK BEST IN GAINING THE INTEREST								
		AND SUPPORT OF MEMBERS OF CONGRESS, ESPECIALLY								
		WITH REGARD TO WORKING EFFECTIVELY WITH MEMBERS								
		OF THE NEW JERSEY DELEGATION ON BEHALF OF THE								
		UNIVERSITY IN ADDITION, THE UNIVERSITY IS A								
		MEMBER OF AND PAYS ANNUAL DUES TO THE FOLLOWING								
		CONSORTIUM GROUPS THE ASSOCIATION OF								
		INDEPENDENT COLLEGES AND UNIVERSITIES IN NEW								
		JERSEY (AICUNJ) AND THE NATIONAL ASSOCIATION OF								
		INDEPENDENT COLLEGES AND UNIVERSITIES (NAICU)								
		THE UNIVERSITIES WORK TOGETHER WITH THESE								
		GROUPS TO MAKE AN IMPACT ON COMMON IDEAS/GOALS,								
		ESPECIALLY WITH GOVERNMENT EACH YEAR, THE								
		GROUPS LOBBY FOR AN INCREASE OR AT LEAST A								
		STABILIZATION OF GOVERNMENT FUNDS FOR STUDENT								
		AID AND OTHER ISSUES IN WHICH DREW UNIVERSITY IS								
		VERY INTERESTED THE UNIVERSITY'S GOAL IS TO								
		SECURE AS MUCH FUNDING AS POSSIBLE TO ASSIST IN								
		THE MISSION								

2a 2b

2c

3

4

5

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

DLN: 93493136019102

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

erriai Reveriue Service	Attach to Fe	orm 990. F See separate instructions.		Thispectic	711I
Name of the org	anization		Employer ident	tification number	
			22-1487164		
		dvised Funds or Other Similar F	unds or Accou	unts. Complete	ıf the
orga	nization answered "Yes" to Form 99	(a) Donor advised funds	(b) Funds a	and other account	·s
Total numbe	rat end of year	(a) Bollot advised failes	(b) Tunus a	and other account	.5
	ontributions to (during year)				
	rants from (during year)				
	alue at end of year				
Did the orga		L sors in writing that the assets held in dor organization's exclusive legal control?	nor advised	┌ Yes 「	□ No
Did the orga	inization inform all grantees, donors, and	donor advisors in writing that grant funds efit of the donor or donor advisor, or for a		│ Yes │	□ No
Part III Con	servation Easements. Complete	if the organization answered "Yes" t	to Form 990, Pa	rt IV, line 7.	
Protect Preserv Complete III	ration of land for public use (e g , recreation of natural habitat ration of open space nes 2a–2d if the organization held a qual n the last day of the tax year	on or pleasure) Preservation of ar Preservation of a	certified historic s	structure n	
Tatalanah			 	t the End of the Y	ear
	er of conservation easements		2a		
	ge restricted by conservation easements		2b		
_	onservation easements on a certified his	, ,	2c		
	onservation easements included in (c) a		2d		
	onservation easements modified, transfe year -	erred, released, extinguished, or terminato	ed by the organiza	ition during	
Number of s	tates where property subject to conserv	ation easement is located ►			
	ganization have a written policy regarding t of the conservation easements it holds	g the periodic monitoring, inspection, han	dling of violations	, and Yes [□ No
		pecting and enforcing conservation easen		_	
		ng, and enforcing conservation easement		► \$	
	conservation easement reported on line 2 (i)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	ction	☐ Yes 「	□ No
balance she		onservation easements in its revenue and the footnote to the organization's financia nents			
	anizations Maintaining Collection plete if the organization answered by the control of the contr	ns of Art, Historical Treasures, 'Yes" to Form 990, Part IV, line 8.	or Other Simi	lar Assets.	
art, historic	al treasures, or other sımılar assets held	116, not to report in its revenue stateme for public exhibition, education or resear nancial statements that describes these i	ch in furtherance		
historical tr		116, to report in its revenue statement a public exhibition, education, or research i s		•	
(i) Revenue	s included in Form 990, Part VIII, line 1		► \$_		
(ii) _{Assets}	ncluded in Form 990, Part X				
If the organ	·	orical treasures, or other similar assets f S 116 relating to these items	· -		
_	icluded in Form 990, Part VIII, line 1		► \$		

b Assets included in Form 990, Part X

Part	TIT Organizations Maintaining Co	llections of Art,	<u>Hist</u>	<u>orica</u>	al Trea	sures, or (<u> Othe</u>	<u>r Similar Ass</u>	ets (cc	ontinued)
3	Using the organization's accession and other items (check all that apply)	records, check any	of the	follo	wing tha	t are a signific	ant u	ise of its collecti	on	
а	Public exhibition		d		Loan or e	exchange prog	rams	i.		
b	Scholarly research		e	Γ	Other					
c	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how	they	further t	he organızatıo	n's ex	kempt purpose ır	1	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								_ Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Complet	e ıf t	he o	rganıza	tion answere		es" to Form 9	90,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ıntermed	iary f	or co	ntrıbutıo	ns or other as	sets		_ Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowir	ng tab	ole	ſ				
_						ŀ		Am	ount	
ч С	Beginning balance					}	1c			
d	Additions during the year						1d			
e	Distributions during the year					}	1e			
f	Ending balance					l	1f			
2a	Did the organization include an amount on Fo		217					ı	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV				1 1157 11	L- F 000	D	1. TV 1 10		
Ра	rt V Endowment Funds. Complete							(d)Three Years		
		(a)Current Year	(b)	Prior Ye	ear	(c)Two Years Ba	ck	Back	(e)Four Y	ears Back
1a	Beginning of year balance	169,483,000			33,000	221,297,	_			
b	Contributions	4,353,000			713,000	1,967,	_			
C	Investment earnings or losses	32,741,000			329,000	-48,518,				
d	Grants or scholarships	12,649,000		13,6	592,000	14,113,	000			
е	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance	193,928,000		169,4	183,000	160,633,	000			
2	Provide the estimated percentage of the yea	r end balance held as	;							
а	Board designated or quasi-endowment	25 200 %								
b	Permanent endowment 🕨 35 900 %									
c	Term endowment ► 38 900 %									
За	Are there endowment funds not in the posses	ssion of the organizat	ion th	nat ar	e held ar	nd administere	d for	the		
	organization by								Yes	No
	(i) unrelated organizations			•			•	3a(i		No
L	(ii) related organizations		• ·				•	3a(i		No_
ь 4	Describe in Part XIV the intended uses of th	•					•	<u>3b</u>		Ь
	t VI Investments—Land, Buildings					Part X line	10			
		, and Equipmen			ost or othe			(c) Accumulated		
	Description of investment		1		investmer			depreciation	(d) Boo	ok value
1a	Land					11,11	7,000		1	1,117,000
b	Buildings					207,95	4,000	90,974,000	11	6,980,000
C	Leasehold improvements		. [
d	Equipment		. [21,64	5,000	9,469,000	1	2,176,000
	Other					13,99	•	, ,		7,874,000
Tota	I. Add lines 1a-1e (Column (d) should equal Fo	rm 990, Part X, columi	n (B),	line 1	0(c).) .	<u> </u>		▶	14	8,147,000

Part VIII Investments—Other Securities. See	-orm 990, Part X, line 12	
(a) Description of security or category (including name of security)	(b) Book value	d of valuation -year market value
(1)Financial derivatives		,
(2)Closely-held equity interests		
(3)Other		
(A) ALTERNATIVE INVESTMENTS	75,103,000	F
(B) PARTIES	15,621,000	F
(C) POOLED INCOME FUNDS	8,034,000	F_
(D) BOND PROCEEDS HELD BY TRUSTEES	2,994,000	F
	, ,	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	101,752,000	
Part VIII Investments—Program Related. See		d of valuation
(a) Description of investment type	(b) Book value	-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line		
	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	e 15. tion	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.	e 15. tion 5.)	 (b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X	e 15. tion 5.) , line 25.	 (b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	E 15. tion 5.) , line 25. (b) A mount	 (b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) Amount 0	 (b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes STUDENT SECURITY DEPOSITS	e 15. tion 5.) , line 25. (b) A mount 0 1,783,712	 (b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes STUDENT SECURITY DEPOSITS ANNUITY LIABILITY	e 15. tion 5.) , line 25. (b) Amount 0 1,783,712 1,866,000	 (b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes STUDENT SECURITY DEPOSITS ANNUITY LIABILITY ASSET RETIREMENT OBLIGATIONS	e 15. tion 5.)	 (b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes STUDENT SECURITY DEPOSITS ANNUITY LIABILITY ASSET RETIREMENT OBLIGATIONS POSTRETIREMENT BENEFITS	e 15. tion 5.) , line 25. (b) Amount 0 1,783,712 1,866,000 5,401,000 11,771,000	 (b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes STUDENT SECURITY DEPOSITS ANNUITY LIABILITY ASSET RETIREMENT OBLIGATIONS POSTRETIREMENT BENEFITS FEDERAL STUDENT LOAN FUNDS	e 15. tion 5.) , line 25. (b) Amount 0 1,783,712 1,866,000 5,401,000 11,771,000 2,228,000	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes STUDENT SECURITY DEPOSITS ANNUITY LIABILITY ASSET RETIREMENT OBLIGATIONS POSTRETIREMENT BENEFITS	e 15. tion 5.) , line 25. (b) Amount 0 1,783,712 1,866,000 5,401,000 11,771,000	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes STUDENT SECURITY DEPOSITS ANNUITY LIABILITY ASSET RETIREMENT OBLIGATIONS POSTRETIREMENT BENEFITS FEDERAL STUDENT LOAN FUNDS	e 15. tion 5.) , line 25. (b) Amount 0 1,783,712 1,866,000 5,401,000 11,771,000 2,228,000	 (b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes STUDENT SECURITY DEPOSITS ANNUITY LIABILITY ASSET RETIREMENT OBLIGATIONS POSTRETIREMENT BENEFITS FEDERAL STUDENT LOAN FUNDS	e 15. tion 5.) , line 25. (b) Amount 0 1,783,712 1,866,000 5,401,000 11,771,000 2,228,000	 (b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes STUDENT SECURITY DEPOSITS ANNUITY LIABILITY ASSET RETIREMENT OBLIGATIONS POSTRETIREMENT BENEFITS FEDERAL STUDENT LOAN FUNDS	e 15. tion 5.) , line 25. (b) Amount 0 1,783,712 1,866,000 5,401,000 11,771,000 2,228,000	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes STUDENT SECURITY DEPOSITS ANNUITY LIABILITY ASSET RETIREMENT OBLIGATIONS POSTRETIREMENT BENEFITS FEDERAL STUDENT LOAN FUNDS	e 15. tion 5.) , line 25. (b) Amount 0 1,783,712 1,866,000 5,401,000 11,771,000 2,228,000	(b) Book value

Total revenue (Form 990, Part VIII, column (A), line 12)

1

2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	
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		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
Part 1	Reconciliation of Expenses per Audited Financial Statements With Expenses Total expenses and losses per audited financial	per F	Return
_	statements	1 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)]	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts 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		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
Par	t XIV Supplemental Information		

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

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

Identifier	Return Reference	Explanation
INTENDED USES OF ENDOWMENT FUNDS		THE INTENDED USE OF DREW UNIVERSITY ENDOWMENT FUNDS IS PRINCIPALLY TO ACCOMPLISH THE FOLLOWING ENDOWMENT FUNDS ARE TO BE HELD IN PERPETUITY AND TO PROVIDE FOR THE GENERATION OF INVESTMENT INCOME THROUGH STRATEGIC INVESTING AS APPROVED BY THE BOARD OF TRUSTEES INVESTMENT COMMITTEE THIS INVESTMENT INCOME IS USED TO PROVIDE SUPPORT OF THE UNIVERSITY'S EDUCATION MISSION STATEMENT AS DESCRIBED ON PAGE TWO, PART III OF FORM 990, COMMENSURATE WITH THE DONOR AND BOARD SPECIFIC INSTRUCTIONS ON HOW THE FUNDS ARE TO BE USED
FIN 48	SCHEDULE D, PART X	DREW UNIVERSITY AND IT WHOLLY OWNED SUBSIDIARY, UHP, ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE CBCA IS EXEMPT UNDER THE NEW JERSEY NONPROFIT CORPORATION ACT, TITLE 15A OF THE NEW JERSEY STATUS ANNOTATED ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN REFLECTED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS

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DLN: 93493136019102

OMB No 1545-0047

2010

Open to Public

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

►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.

Schools

Inspection
Employer identification number

D۵	rt I	1487164	YES	NO
Fa			11.3	140
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its cother governing instrument, or in a resolution of its governing body?	harter, bylaws,	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in brochures, catalogues, and other written communications with the public dealing with student admiss programs, and scholarships?	• • • • • • • • • • • • • • • • • • •	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast the period of solicitation for students, or during the registration period if it has no solicitation program that makes the policy known to all parts of the general community it serves? If "Yes," please describely please explain. If you need more space use Part II	m, ın a way	Yes	
4	Does the organization maintain the following?			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
	Records documenting that scholarships and other financial assistance are awarded on a racially non basis?	 	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public with student admissions, programs, and scholarships?	dealing 4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II			
5 a	Does the organization discriminate by race in any way with respect to Students' rights or privileges?			No
b	Admissions policies?			No
c	Employment of faculty or administrative staff?	<u>5c</u>		Νo
d	Scholarships or other financial assistance?	<u>5d</u>		Νo
	Educational policies?	<u>5e</u>		No
_	Use of facilities?	5 <u>f</u>		No
	Athletic programs?			No
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II	5h		No_
	Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	6a 6b	Yes	No
	If you answered "Yes" to either line 6a or line 6b, explain on Part II Does the organization certify that it has complied with the applicable requirements of sections 4 01 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	through 4 05		110

Part II Supplemental Information

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

ldentifier	Return Reference	Explanation
RACIAL NONDISCRIMINATORY POLICY	FORM 990, SCHEDULE E, QUESTION 3	THE UNIVERSITY HAS PUBLICIZED ITS NON-DISCRIMINATORY POLICY THOUGH RECRUITING MATERIALS SENT TO STUDENTS THE UNIVERSITY'S AFFIRMATIVE ACTION/EEO POLICY IS AS FOLLOWS DREW UNIVERSITY IS COMMITTED TO SEEKING ACADEMIC EXCELLENCE WHILE STRIVING CONTINUOUSLY TO BE A WELCOMING, DIVERSE, AND SOCIALLY JUST CAMPUS WE ASPIRE TO PROVIDE AN EDUCATION THAT IN CONTENT SCOPE AND PEDAGOGY EMBRACES DIFFERENCE AND PROMOTES RESPECT THAT EXTENDS BEYOND THE CLASSROOM TO ALL UNIVERSITY SPACES AND TO LOCAL AND GLOBAL COMMUNITIES DIVERSITY ENCOMPASSES MULTIPLE DIMENSIONS, INCLUDING, BUT NOT LIMITED TO, RACE, CULTURE, NATIONALITY, ETHNICITY, GEOGRAPHIC ORIGIN, CLASS, SEXUAL ORIENTATION, GENDER, DISABILITIES, AGE AND RELIGION OUR INTENT IS TO ACHIEVE A LEARNING ENVIRONMENT IN WHICH STUDENTS, FACULTY, AND STAFF UNDERSTAND THE CHALLENGES, ACCOMPLISHMENTS, AND PERSPECTIVES OF VARIOUS GROUPS OF PEOPLE, THUS GAINING A FULLER UNDERSTANDING OF THEMSELVES AS WELL AS HOW TO ENGAGE IN CONVERSATION SPANNING DIFFERENCES AND COMMONALITIES ACHIEVING THIS VISION IS A FUNDAMENTAL COMMITMENT CRITICAL TO DREW UNIVERSITY'S MISSION AS AN INSTITUTION OF HIGHER LEARNING

Schedule E (Form 990 or 990-EZ) 2010

DLN: 93493136019102

OMB No 1545-0047

2010

Open to Public **Inspection**

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

Name of the organization DREW UNIVERSITY

Employer identification number

22-1487164

Pa	rt I General Informatio "Yes" to Form 990, Pa			ne United States. Co	omplete if the organiz	ation answered
1	For grantmakers. Does the assistance, the grantees' eligible the grants or assistance?	organization m gibility for the	naıntaın record grants or assıs	stance, and the selecti	on criteria used to awa	
2	For grantmakers. Describe in Pa United States	irt V the organiz	atıon's procedur	es for monitoring the use	e of grant funds outside th	ne
3	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed))		
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
	Central America and the Caribbean	0	0	Investments		40,240,747
	-					
	Sub-total Total from continuation sheets	0	0			40,240,747
c	to Part I Totals (add lines 3a and 3b)	0	0			40,240,747

Part	Part IV, l	ine 15, for any					plete if the organiza received more thai		
	(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 nur tax-exempt by	mber of recipie the IRS, or fo	nt organizations lis or which the grante	ted above that are e or counsel has pro	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►	
3	Enter total nur	mber of other o	organizations or en	tities					(Form 990) 2010

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 Part V if additional space is needed.

(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)
			I				
			1				
			i				
			1				
			 I		,		
					,		
,			·		,		
,			 I		1		
-			 I		,		
			ı		,		

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? <i>If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)</i>	굣	Yes	Γ	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	[~	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	ি	Yes	Г	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	F	Yes	Γ	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	F	Yes	Г	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	⊽	Yes	Г	Νo

Schedule F (Form 990) 2010

Additional Data

Software ID:

Software Version:

EIN: 22-1487164

Name: DREW UNIVERSITY

Schedule F (Form 990) 2010

Page **5**

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

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DLN: 93493136019102

Employer identification number

OMB No 1545-0047

Supplemental Information Regarding SCHEDULE G (Form 990 or 990-EZ) **Fundraising or Gaming Activities**

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

Inspection

Internal Revenue Service Name of the organization **DREW UNIVERSITY**

Department of the Treasury

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

				22-1487164	ŀ
Part I Fundraising Ac	tivities. Complet	e ıf the organız	ation answered "Yes"	to Form 990, Part IV	/, lıne 17.
Indicate whether the orga	nızatıon raısed funds	through any of th	ne following activities Ch	neck all that apply	
a Mail solicitations			e	n-government grants	
b Internet and e-mail so	olicitations		f ☐ Solicitation of go	vernment grants	
c Phone solicitations			g Γ Special fundraisi	ng events	
d	s				
2a Did the organization have or key employees listed in					Γ _{Yes} Γ _N
b If "Yes," list the ten higher to be compensated at leas					
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes No			
otal		🗲			
List all states in which the licensing	organization is regis	stered or licensed	d to solicit funds or has b	peen notified it is exemp	t from registration or

			(a) Event #1 GOLF TOURNAMENT	(b) Event #2 DINNER	(c) Other Events	(d) Total Events (Add col (a) through col (c))
			(event type)	(event type)	(total number)	. ,,
ELE	1	Gross receipts	116,760	62,800	12,397	191,957
Revenue	2	Less Charitable contributions	84,560	25,275	1,830	111,665
	3	Gross income (line 1 minus line 2)	32,200	37,525	10,567	80,292
	4	Cash prizes	620			620
	5	Non-cash prizes	17,658	650		18,308
Expenses	6	Rent/facility costs	47,063	543	500	48,106
<u>8</u>	7	Food and beverages	22,168	10,104	2,153	34,425
Direct I	8	Entertainment		254	1,721	1,975
à	9	Other direct expenses .	4,856	5,786	4,079	14,721
	10	Direct expense summary Add lir	ies 4 through 9 in column	(d)		118,155
	11	Net income summary Combine li	nes 3 and 10 ın column (d	d)		-37,863
Par	t III	Gaming. Complete if the of \$15,000 on Form 990-EZ, li		(b) Pull tabs/Instant	(c) Other gaming	Τ
dt						
Revenue				bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1	Gross revenue			(c) Other gaming	(Add col (a) through
		Gross revenue			(c) Other gailing	(Add col (a) through
	2				(c) Other gaining	(Add col (a) through
Expenses	2	Cash prizes			(c) Other gaining	(Add col (a) through
	2 3 4	Cash prizes			(c) Other gaining	(Add col (a) through
Expenses	2 3 4 5	Cash prizes Non-cash prizes Rent/facility costs			「Yes%	(Add col (a) through
Expenses	2 3 4 5	Cash prizes Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor	✓ Yes%_ No S 2 through 5 in column (o	□ Yes% □ No	Г Yes%_ Г No	(Add col (a) through
Direct Expenses	2 3 4 5 6 7 8	Cash prizes	Yes%_ No S 2 through 5 in column (on the lines 1 and 7 in column)	□ Yes% □ No d)	Г Yes% Г No	(Add col (a) through
6 Direct Expenses	2 3 4 5 6 7 8	Cash prizes Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add line Net gaming income summary Comer the state(s) in which the organizations.	Yes%_ No s 2 through 5 in column (on the lines 1 and 7 in column to the lines 1 and 1 an	T Yes	Г Yes% Г No	(Add col (a) through col (c)
Direct Expenses	2 3 4 5 6 7 8 Ent. Ist	Cash prizes	Yes%_ No s 2 through 5 in column (or shine lines 1 and 7 in column ation operates gaming activities in each	Yes%_No mn (d)	Г Yes%_ Г No	· Yes No

11	Does the organization operate ga	aming activities with nonmembers? .		$\Gamma_{ m Yes}$ $\Gamma_{ m No}$
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	ber of a partnership or other entity	
	formed to administer charitable (gaming?		. Г _{Yes} Г _{No}
13	Indicate the percentage of gamin	ng activity operated in		
а	The organization's facility		13a	
b	An outside facility		13b	
14	Provide the name and address of records	f the person who prepares the organiza	tion's gaming/special events books and	
	Name 🟲			
	Address 🟲			
15a	Does the organization have a co	ntract with a third party from whom the	organization receives gaming	
	-	· ·		. Γ_{Yes} Γ_{No}
b			tion 🟲 \$ and the	, , , , , , , , , , , , , , , , , , , ,
	amount of gaming revenue retain	ned by the third party 🟲 \$		
c	If "Yes," enter name and address	s		
	Name 🟲			
	Address ►			
16	Gaming manager information			
	Name 🟲			
	Gaming manager compensation I	> \$		
	Description of services provided			
	Director/officer	□ Employee	Independent contractor	
17	Mandatory distributions			
а		er state law to make charitable distribu		
				Tyes No
b		required under state law distributed t	o other exempt organizations or spent	
D		activities during the tax year \$	reconnect to question on Cohedule C./	
Pa	t IV Complete this part to proceed instructions.)	provide additional information for	responses to question on Schedule G (see
	Identifier	ReturnReference	Explanation	

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

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

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

OMB No 1545-0047

DLN: 93493136019102

Inspection

Name of the organization Employer identification number DREW UNIVERSITY 22-1487164 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be 1 (a) Name and address of **(b)** EIN (c) IRC Code (d) Amount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash or government ıf applicable (book, FMV, assistance appraisal, other)

 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
(1) SCHOLARSHIP & FINANCIAL AID	2279	30,274,831			
(2) ENDOWED SCHOLARSHIPS	191	4,144,504			
(3) MICKEL SCHOLARSHIP	1	1,000			
(4) GRAYBEAL SCHOLARSHIP	1	1,000			
(5) OUTSTANDING SCHOLARSHIP	1	3,680			

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

Identifier	Return Reference	Explanation
MONITORING THE USE OF GRANTS	,	FOR THE PERIOD JULY 1, 2010 THROUGH JUNE 30, 2011, DREW UNIVERSITY GRANTED FUNDS TO STUDENTS IN THE FORM OF SCHOLARSHIPS, FELLOWSHIPS, STUDENT LOANS AS WELL AS OTHER FINANCIAL AID FINANCIAL AID IS GRANTED TO STUDENTS BASED ON ELIGIBILITY GUIDELINES AS DEFINED BY THE FEDERAL DEPARTMENT OF EDUCATION AS WELL AS THE STATE OF NEW JERSEY IF A STUDENT IS NOT ELIGIBLE TO RECEIVE FEDERAL OR STATE BASED FINANCIAL AID, THE AID WILL NOT BE APPLIED TO THE STUDENT'S ACCOUNT IN ADDITION, DREW UNIVERSITY GRANTS FUNDS TO STUDENTS IN THE FORM OF INSTITUTIONAL AID BASED ON MERIT AND NEED CRITERIA
NUMBER OF SCHOLARSHIP RECIPIENTS	SCHEDULE I, PART III, COLUMN (B)	THE UNIVERSITY ESTIMATES LESS THAN FIVE STUDENTS ARE HONORED EACH YEAR THROUGH THE MICKEL AND GRAYBEAL SCHOLARSHIP PROGRAMS

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DLN: 93493136019102

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

DRE	W UNIVERSITY						
			2	2-1487164			
Pa	Tt I Questions Regarding Compensation						
						Yes	No
1a	Check the appropriate box(es) if the organization provides 990, Part VII, Section A, line 1a Complete Part III to						
	First-class or charter travel	굣	Housing allowance or residence for pe	ersonal use			
	Travel for companions	Γ	Payments for business use of persona	al residence			
	Tax idemnification and gross-up payments	\vdash	Health or social club dues or initiation	n fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffe	ur, chef)			
b	If any of the boxes in line 1a are checked, did the orga reimbursement orprovision of all the expenses describ				1b	Yes	
2	Did the organization require substantiation prior to rein officers, directors, trustees, and the CEO/Executive D				2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that						
	Compensation committee	Ė	Written employment contract				
	Independent compensation consultant	굣	Compensation survey or study				
	Form 990 of other organizations	Γ	Approval by the board or compensation	on committee			
4	During the year, did any person listed in Form 990, Pa or a related organization	rt V I	I, Section A, line $1a$ with respect to the	e filing organization			
а	Receive a severance payment or change-of-control pa	ymer	nt from the organization or a related org	anızatıon?	4a		No
b	Participate in, or receive payment from, a supplementa	al nor	nqualified retirement plan?		4b		No
c	Participate in, or receive payment from, an equity-base	ed co	mpensation arrangement?		4c		Νo
	If "Yes" to any of lines $4a-c$, list the persons and prov			Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must	com	plete lines 5-9.				
5	For persons listed in form 990, Part VII, Section A, lin compensation contingent on the revenues of	ie 1a	, did the organization pay or accrue any	,			
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, line compensation contingent on the net earnings of	ie 1a	, did the organization pay or accrue any	,			
а	The organization?				6a		Νo
b	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, line payments not described in lines 5 and 6? If "Yes," des			fixed	7		No
8	Were any amounts reported in Form 990, Part VII, pai						
	subject to the initial contract exception described in R in Part III	egs	section 53 4958-4(a)(3)? If "Yes," de	scribe	8		No
9	If "Yes" to line 8, did the organization also follow the re	ebutt	able presumption procedure described	ın Regulatıons			140
	section 53 4958-6(c)?				9	ı	I

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

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

Note. The sum of columns (B)(I)-(III) 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-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
1) RO BERT WEISBUCH	(I) (II)	382,319 0	0 0	14,000 0	65,667 0	46,272 0	508,258 0		
2) PAMELA GUNTER- SMITH	(I) (II)	187,578 0	0 0	0	15,260 0	59,757 0	262,595 0		
3) HOWARD BUXBAUM	(I) (II)	197,866 0	0 0	0	14,860 0	20,657 0	233,383		
4) MARGARET 10 WARD	(I) (II)	208,044 0	0 0	14,914 0	16,705 0	4,560 0	244,223		
5) RONALD ROSS	(I) (II)	145,971 0	0 0	0	11,984 0	12,932 0	170,887 0		
6) JONATHAN LEVIN	(I) (II)	151,834 0	0 0	0	14,850 0	72,226 0	238,910 0		
7) ALYSSA MCCLOUD	(I) (II)	206,075 0	0 0	16,640 0	15,260 0	6,248 0	244,223		
8) ANDREW SCRIMGEOUR	(I) (II)	124,467 0	0	0	10,354 0	16,301 0	151,122 0		
9) CHRISTOPHER 3IEHN	(I) (II)	198,281 0	0	9,550 0	15,260 0	19,789	242,880		
10)CHRISTOPHER /AN WYK	(I) (II)	159,317 0	0	0	13,166 0	16,316 0	188,799 0		
11)JOSEPH KELLY	(I) (II)	157,565 0	0	0	13,166 0	22,481 0	193,212 0		
12) SAAD IBRAHIM	(I) (II)	146,396 0	0	5,727 0	0	8,051 0	•		
13)ALAN CANDIOTTI	(I) (II)	143,949 0	0	0	11,821 0	9,811	165,581 0		
14)									
15)									
16)									

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
UNIVERSITY	FORM 990,	HOUSING ALLOWANCE AS PART OF THE FOLLOWING EMPLOYEES CONDITION OF EMPLOYMENT, WHERE THE DUTIES AND RESPONSIBILITIES OF
HOUSING AND	SCHEDULE J,	THESE EMPLOYEES REQUIRE THEIR SERVICES ON A TWENTY FOUR HOUR BASIS THROUGHOUT THE YEAR, THE UNIVERSITY PROVIDES CAMPUS
AUTOMOBILE	PART I,	HOUSING TO THEM TO ACCOMPLISH THEIR REQUIRED AND CONTINUOUS DUTIES AND RESPONSIBILITIES ON CAMPUS THE FOLLOWING
ALLOWANCES	QUESTION 1	EMPLOYEES ARE PROVIDED CAMPUS HOUSING AS A CONDITION OF THEIR EMPLOYMENT AND THEREFORE NOT INCLUDED IN TAXABLE
		INCOME *PAMELA GUNTER-SMITH *JONATHAN LEVIN THE FOLLOWING EMPLOYEES ARE PROVIDED CAMPUS HOUSING BUT IS NOT A
		CONDITION OF THEIR EMPLOYMENT THEREFORE IT IS INCLUDED IN TAXABLE INCOME *ALYSSA MCCLOUD *CHRISTOPHER BIEHN *SAAD
		IBRAHIM AUTOMOBILE ALLOWANCE THE AUTOMOBILE ALLOWANCE FOR THE FOLLOWING EMPLOYEES IS PART OF THEIR COMPENSATION
		AGREEMENT AND IS REFLECTED IN AS PART OF TAXABLE INCOME AND INCLUDED AS TAXABLE INCOME ON THEIR FORM W-2, BOX 1,3 AND 5
		*ROBERT WEISBUCH *MARGARET HOWARD *ALYSSA MCCLOUD

Schedule J (Form 990) 2010

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.

OMB No 1545-0047

2010

DLN: 93493136019102

Open to Public Inspection

Internal Revenue Service
Name of the organization
DREW UNIVERSITY

Department of the Treasury

Part I Bond Issues

Employer identification number

(h) On

22-1487164

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f)) Description	of Purpose	(g) Defe	eased		alf of uer		ncing
									Yes	No	Yes	No	Yes	No
A	NJ EDU FAC AUTH DREW 2003 SERIES C	22-1829511	64605LDZ8	05-29-2003	22,872,22	9 Capit	tal Improvem	ents	x			X		X
В	NJ EDU FAC AUTH DREW 2007 SERIES D	22-1829511	646065CW0	04-12-2007	30,557,23	A dvai	ince refunding	g and new	х			Х		Х
С	NJ EDU FAC AUTH DREW 2008 SERIES B	22-1829511	646065CE0	04-04-2008	11,353,76	4 Curre	ent Refunding			Х		Х		Х
D	NJ EDU FAC AUTH DREW 2008 SERIES I	22-1829511		06-26-2008	12,000,00	0 Capit	tal Improvem	ents		Х		Х		Х
- -														
_	art II Proceeds													
	Floceeds				Α			В		С		1	D	
1	A mount of bonds retired					490,000	+	825,000			500,000			0
2	Amount of bonds legally defe	eased			2,	390,000		1,265,750			(<u> </u>		0
3	Total proceeds of issue				23,	662,620		32,315,842		14,2	298,52		12	,000,000
4	Gross proceeds in reserve fu	ınds				497,689	9	0			(0
5	Capitalized interest from pro	ceeds				843,950		1,454,477			(0
6	Proceeds in refunding escrov	W				0		0			(0
7	Issuance costs from proceed	ds				660,981	L	789,514		2	227,730			64,085
8	Credit enhancement from pro	oceeds				269,853	3	353,000			85,000			0
9	Working capital expenditures	s from proceeds				71,738	3	0			(0
10	Capital expenditures from pr	oceeds			21,	180,000		27,435,648			()	11	935,915
11	O ther spent proceeds					0		4,858,329			(0
12	O ther unspent proceeds					0		683,825			(0
13	Year of substantial completion	on			2006					1998			2010	
					Yes	No	Yes	No	Yes		No	Ye	s T	No

allocation of proceeds?

Part III Private Business Use

15

16

			4	I	3	(С	I)
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		Х		Х		X		X
2	Are there any lease arrangements that may result in private business use of bond- financed property?		Х		X		×		X

Χ

Х

Were the bonds issued as part of a current refunding issue?

Has the final allocation of proceeds been made?

Were the bonds issued as part of an advance refunding issue?

Does the organization maintain adequate books and records to support the final

Χ

Χ

Χ

Х

Х

Χ

Χ

Χ

Χ

Χ

Χ

Х

Χ

Χ

Schedule K (Form 990) 2010

Part III Private Business Use (Continued)

-61	Filvate business ose (continueu)								
			1		В		С		D
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?	Х		х			х	х	
ь	Are there any research agreements that may result in private business use of bond-financed property?		Х		х		х		х
С	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		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 %		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 %		0 %		0 %
6	Total of lines 4 and 5		0 %		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	

	post is sualice compliance of its tax exempt bond habitities.								
Par	rt IV Arbitrage	_		T		1		1	
		Α		В		С		D	
		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		×		×
			^		_ ^				^
2	Is the bond issue a variable rate issue?		X		X		Х	Х	
3a	Has the organization or the governmental issuer entered								
	into a hedge with respect to the bond issue?								
			X		X		X		X
	Name of provider								_
D	Nume of provider								
С	Term of hedge								
d	Was the hedge superintegrated?								
			X		X		X		Х
е	Was a hedge terminated?								
			X		X		X		X
4a	Were gross proceeds invested in a GIC?		Х		X		Х		Х
ь	Name of provider								
	Term of GIC								
С			T						T
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?	X		X			×		×
	Did the hand record morely few an expension to we have?								
6	Did the bond issue qualify for an exception to rebate?		×		X		×		×
		1		1	1		l ''		l

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Reference	, , , , , , , , , , , , , , , , , , ,
PART I,	ISSUE WAS REISSUED WITH A CHANGE IN INTEREST RATE ON JUNE 27, 2011 AT AN ISSUE PRICE OF 12,000,000 TO PROVIDE FOR CAPITAL OVEMENTS THE 2008 I BONDS ARE STRUCTURED AS A BANK LOAN WITH A MAXIMUM AUTHORIZED AMOUNT AND A PERIOD DURING WHICH V CAN MAKE DRAWS FOR AUTHORIZED PURPOSES - DREW HAS WITHDRAWN AMOUNTS AS NEEDED AND NO MONEY HAS BEEN HELD AND STED
PARTI, - 2006 INSTITU	DISSUE 2006A'S \$215,447 ISSUE PRICE REPRESENTS DREW'S ALLOCABLE SHARE OF BONDS ISSUED TO SEVERAL EDUCATIONAL ITUTIONS THIS REPRESENTS 0 0179 OF THE AGGREGATE REFUNDING BONDS ALLOCATED TO PRIVATE INSTITUTIONS AND 0 0139 OF THE AL PROCEEDS ALLOCATED TO ALL COLLEGES AND UNIVERSITIES

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DLN: 93493136019102

OMB No 1545-0047

Schedule L

Department of the Treasury

(Form 990 or 990-EZ)

Transactions with Interested Persons

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

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

Open to Public **Inspection**

Internal Revenue Service Employer identification number Name of the organization DREW UNIVERSITY **Excess Benefit Transactions** (section 501(c)(3) and section 501 (c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) (a) Name of disqualified person 1 (b) Description of transaction Corrected? Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (f) (b) Loan to (g)Written (e) In Approved or from the (a) Name of interested person and (c)Original default? by board or (d)Balance due agreement? organization? principal amount purpose committee? Τо From Yes No Yes No Yes No Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested person (a) Name of interested person (c) A mount of grant or type of assistance and the organization

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	organı	aring of zation's nues?
	organization			Yes	No
(1) HUFF ENEGERY FUND	SEE SCH L, PART V	150,000	INVESTMENT FEES		Νo
(2) MELISSA FUEST	SEE SCH L, PART V	60,642	EMPLOYEE COMPENSATION		Νo
(3) CINDY DRAKEMAN	SEE SCH L, PART V	58,333	EMPLOYEE COMPENSATION		No

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
INTERESTED PERSONS	FORM 990, SCHEDULE L, PART IV	WILLIAM HUFF THE UNIVERSITY IS A LIMITED
		PARTNER/INVESTOR IN THE HUFF ENERGY FUND, OF
		WHICH TRUSTTEE WILLIAM HUFF IS AN OPERATING
		OFFICER THE UNIVERSITY HAS A 10 MILLION DOLLAR
		COMMITMENT TO INVEST IN THE FUND THE UNIVERSITY
		PAYS A MANAGEMENT AND INCENTIVE FEES TO THE FUND
		FOR THE MANAGEMENT OF THE FUND ALL TRANSACTIONS
		ARE CONDUCTED AT ARMS LENGTH, MEANING THEY ARE
		EXECUTED IN ACCORDANCE WITH THE INVESTMENT
		AGREEMENT DUE DILIGENCE WAS CONDUCTED BY
		INDEPENDENT EXTERNAL INVESTMENT CONSULTANTS
		THAT ARE RETAINED BY THE UNIVERSITY THE
		UNIVERSITY MEASURES INVESTMENT PERFORMANCE ON
		A QUARTERLY BASIS, CONDUCTS PORTFOLIO REVIEWS
		AND ON SITE VISITS ON AN ANNUAL BASIS AND REPORTS
		RESULTS TO THE INVESTMENT COMMITTEE FREDERICK
		FUEST IS A UNIVERSITY TRUSTEE AND HIS DAUGTHER IS
		AN UNIVERSITY EMPLOYEE DON DRAKEMAN IS A
		UNIVERSITY TRUSTEE AND HIS DAUGHTER WAS A
		UNIVERSITY EMPLOYEE IN FISCAL YEAR 2011

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DLN: 93493136019102

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

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

NonCash Contributions

► Attach to Form 990. Internal Revenue Service Name of the organization DREW UNIVERSITY **Employer identification number**

				22-1487164			
Part I Types of Property							
	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1q	Method of determining amounts		ontribut	ion
L Art—Works of art			-9				
Art—Historical treasures							
Art—Fractional interests							
Books and publications							
Clothing and household							
ods							
Cars and other vehicles .							
Boats and planes							
Intellectual property							
Securities—Publicly traded	X	26	962,943	FMV			
Securities—Closely held stock							
L Securities—Partnership, LLC, or trust interests .							
Securities—Miscellaneous							
Q ualified conservation contribution—Historic							
structures							-
contribution—Other							
Real estate—Residential .							
Real estate—Commercial							
Real estate—Other							
Collectibles							
Food inventory							
Drugs and medical supplies							
. Taxidermy							
! Historical artifacts							
Scientific specimens							
Archeological artifacts .							
LAB • Other►(<u>SUPPLIES</u>)	x	1	44,850	I _{FMV}			
Other ► (<u>VARIOUS</u>)	X	9	·				
7 Other ► ()	<u> </u>	,	13,550				
0 ther ▶ ()							
Number of Forms 8283 receiv	ed by the ora	anization during the tax ve	ar for contributions				
for which the organization com				29			
						Yes	No
Da During the year, did the organi	zation receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it			
must hold for at least three ye for exempt purposes for the en				d to be used	30a		No
b If "Yes," describe the arranger					304		
Does the organization have a g			review of any non-standard	contributions?	31	Yes	
a Does the organization hire or u	ıse thırd partı	es or related organizations	s to solicit, process, or sell	non-cash			
					32a		Νo
b If "Yes," describe in Part II							
If the organization did not repo	rt revenues i	n column (c) for a type of p	property for which column (a) is checked,	1 1		
describe in Part II					1 1	I	

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.

Identifier	Return Reference	Explanation
GIFT ACCEPTANCE POLICY	, , ,	DREW UNIVERSITY HAS A GIFT ACCEPTANCE POLICY IN PLACE THE POLICY REQUIRES THE REVIEW OF ANY NON-STANDARD CONTRIBUTIONS

Schedule M (Form 990) 2010

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DLN: 93493136019102

OMB No 1545-0047

2010

Open to Public
Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

► Attach to Form 990 or 990-EZ.

Name of the organization DREW UNIVERSITY

Employer identification number

22-1487164

ldentifier	Return Reference	Explanation
ORGANIZATION MISSION	FORM 990, PART III, QUESTION 1	EXCELLENCE IN LIBERAL EDUCATION AT DREW REQUIRES SCHOLARLY, CREATIVE FACULTY WHO TEACH EFFECTIVELY AND INTELLECTUALLY PREPARED STUDENTS WHO WANT TO LEARN THIS EXCELLENCE EMPHASIZES THE INTERRELATEDNESS OF LEARNING IN UNDERGRADUATE, GRADUATE AND THEOLOGICAL SCHOOLS AND PROMOTES INTELLECTUAL RIGOR AND RESPONSIBLE CITIZENSHIP, WHILE PREPARING INDIVIDUALS FOR SIGNIFICANT CONTRIBUTIONS TO SOCIETY DREW UNIVERSITY ENDEAVORS TO CREATE A DISTINCTIVE ENVIRONMENT FOR LIBERAL EDUCATION CHARACTERISTICS OF THIS ENVIRONMENT ARE AN ETHOS OF CURIOSITY AND ACHIEVEMENT WITHIN AN INTENTIONALLY INTIMATE COMMUNITY OF LEARNING WHICH EMPHASIZES CLOSE STUDENT-FACULTY RELATIONSHIPS AND COLLEGIALITY THIS ETHOS INCLUDES RESPECT FOR INDIVIDUALITY AND APPRECIATION OF DIVERSITY DREW UNIVERSITY PLACES SPECIAL ATTENTION ON THE ONGOING EVALUATION AND IMPROVEMENT OF TEACHING AND LEARNING, THE USES OF TECHNOLOGY, AND THE GLOBAL CONTEXT OF KNOWLEDGE

ldentifier	Return Reference	Explanation
EXEMPT PURPOSE ACHIEVEMENTS	FORM 990, PART III, QUESTION 4B	DREW THEOLOGICAL SCHOOL EMPOWERS LEADERSHIP FOR A GLOBAL CHRISTIANITY OF JUSTICE, ECUMENISM, AND THE INTEGRITY OF CREATION ITS PASTORAL, SPIRITUAL, AND CONCEPTUAL DISCIPLINES GROW WITHIN AN INTIMATE LITURGICAL AND COMMUNAL CONTEXT, ONE THAT SUSTAINS MULTIPLE RELATIONS OF DIFFERENCE. THROUGH ITS PARTICULAR HISTORICAL COMMITMENTS TO AFRICAN, ASIAN, AFRICAN-AMERICAN, HISPANIC AND WOMEN'S MINISTRIES, THE THEOLOGICAL SCHOOL REMAINS FAITHFULLY ROOTED IN ITS METHODIST HERITAGE. DREW NURTURES CHRISTIAN PRACTICES THROUGH VITAL PARTNERSHIP WITH LOCAL CHURCHES AND INTERNATIONAL NETWORKS OF EDUCATION. TRANS-DISCIPLINARY INTERPRETATION OF TEXT, TRADITION, AND EXPERIENCE ENERGIZES ITS SCHOLARLY RIGOR. DREW ENGENDERS THEOLOGIES RESPONSIBLE TO THE COMPLEX SOCIAL REALITIES OF AN INTERCONNECTED WORLD. INTO THAT WORLD DREW SENDS PASTORS, PREACHERS AND PROPHETS, DEACONS, ACTIVISTS, AND TEACHERS

ldentifier Return Reference	Explanation e
EXEMPT FORM 990 PURPOSE ACHIEVEMENTS QUESTION 4C	THE CASPERSEN SCHOOL OF GRADUATE STUDIES WAS FOUNDED ON THE PRINCIPLE OF THE IMPORTANCE OF INTERDISCIPLINARY STUDY IN THE HUMANITIES THE GOAL OF THE SCHOOL'S FOUNDERS WAS TO FOSTER BROADLY EDUCATED PEOPLE WHO HAVE EXPERTISE IN A FIELD OF THOUGHT BUT WHO ARE ALSO FAMILIAR WITH AND ARTICULATE IN A RANGE OF HUMANISTIC STUDIES THIS MISSION CONTINUES TO DISTINGUISH THE CASPERSEN SCHOOL AMONG INSTITUTIONS WITH DOCTORAL PROGRAMS IN THE HUMANITIES OUR INTENT IS TO TRAIN PERSONS WHO ARE PROPERLY PREPARED NOT ONLY IN SPECIFIC RECOGNIZED FIELDS BUT ALSO IN INTERDISCIPLINARY DIALOGUE WE CELEBRATE THE JOY OF LEARNING AS WE PREPARE ABLE, WELL INFORMED GRADUATES WHO PURSUE CAREERS IN HIGHER EDUCATION, IN THE RELIGIOUS AND MEDICAL COMMUNITIES, AND IN THE BROADER INTELLECTUAL WORLD AS SUCH, WE ARE WELL POSITIONED TO MEET THE INCREASING CALL FOR INTERDISCIPLINARY APPROACHES BOTH IN THE ACADEMY AND IN THE WIDER WORLD INTEGRAL TO OUR MISSION IS ENCOURAGING OUR FACULTY AND STUDENTS ALIKE TO PURSUE CREATIVE RESEARCH IN THE HUMANITIES AND TO MAKE THE RESULTS OF THEIR WORK AVAILABLE THROUGH TEACHING, PARTICIPATION IN SCHOLARLY MEETINGS, VARIOUS FORMS OF PUBLICATION AND INTELLECTUAL DISCOURSE TO THAT END WE CONTINUE TO EXPLORE NEW POSSIBILITIES OF ENHANCING INTERDISCIPLINARY STUDIES IN THE HUMANITIES EXEMPT PURPOSE ACHIEVEMENTS FORM 990, PART III, QUESTION 4D AMOUNTS LISTED ON LINE 4D REPRESENT EXPENSES AND REVENUES RELATED TO OTHER PROGRAMS WHICH FURTHER THE ORGANIZATION'S EXEMPT PURPOSE. OTHER PROGRAM EXPENSES REFLECT EDUCATIONAL PROGRAM EXPENSES NOT DIRECTLY RELATED TO ONE OF THE SCHOOLS DESCRIBED ABOVE. IT INCLUDES AN ALLOCATED METHOD OF PROGRAM, AUXILIARY, AND STUDENT SERVICE EXPENSES OTHER PROGRAM ACTIVITIES ALSO INCLUDE EXPENSES AND REVENUES FROM THE UNIVERSITY'S CONTINUING EDUCATION AND SUMMER PROGRAMS

ldentifier	Return Reference	Explanation
DONOR ACKNOWLEDGEMENT	FORM 990, PART V, QUESTION 7B	DREW UNIVERSITY NOTIFIES THE DONOR OF THE BREAKOUT BETWEEN ANY GOODS AND SERVICES RECEIVED AND THEIR DONATION AMOUNT IF NO GOODS AND SERVICE WERE RECEIVED WE THEN NOTIFY THE DONOR OF THAT TOO

ldentifier	Return Reference	Explanation
990 REVIEW POLICY	FORM 990, PART VI, QUESTION 11B	ALL MEMBERS OF THE BOARD OF TRUSTEES WERE PROVIDED WITH A COPY OF FORM 990 VIA THE TRUSTEE WEB-SITE PRIOR TO ITS FILING WITH THE IRS

ldentifier	Return Reference	Explanation
CONFLICT OF INTEREST POLICY	FORM 990, PART VI, QUESTION 12	ALL DECISIONS OF THE BOARD OF TRUSTEES, OFFICERS AND EMPLOYEES OF DREW UNIVERSITY ARE TO BE MADE SOLELY ON THE BASIS OF A DESIRE TO ROMOTE THE BEST INTERESTS OF THE UNIVERSITY IT IS THEREFORE THE POLICY OF THE BOARD AND THE UNIVERSITY ARE REST INTERESTS OF THE UNIVERSITY IT IS THE THE POLICY OF THE BOARD AND THE UNIVERSITY ARE RECHIBITED THIS COULD INCLUDE BUT WOULD CONFLICT WITH THE BEST INTERESTS OF THE UNIVERSITY ARE RECHIBITED THIS COULD INCLUDE BUT WOULD ON THE BUTTON THE PROPER USE OF ANY UNIVERSITY RESOURCES, INCLUDING THE SERVICES OF UNIVERSITY END OFFICER OR BIPLOYEE TO MAKE IMPROPER USE OF ANY UNIVERSITY RESOURCES, INCLUDING THE SERVICES OF UNIVERSITY EMPLOYEES, FOR HIS OWN PERSONAL BENEFIT B) COMPLANCE WITH RULES FOR A UNIVERSITY EMPLOYEES, FOR HIS OWN PERSONAL BENEFIT B) COMPLANCE WITH RULES FOR A UNIVERSITY BUTY EMPLOYEES, FOR HIS OR HER OWN PERSONAL BENEFIT B) COMPLANCE WITHOUT SHOPE AUTHORITY. TO GIVE OR RELEASE TO ANYONE NOT AUTHORIZED TO RECEVE SUCH INFORMATION. ANY DATA OF A CONFIDENTIAL INFORMATION FOR A UNIVERSITY SHOULY ESTABLISHED OFFICER, OR BAPILOYEE. OFFICER OR BAPILOYEE. OF RAM DEPENDENT MEMBER OF HIS OR HER MINED ATER AMILY TO ACCEPT FROM ANY ORGANIZATION OR FERSON THAT THEY KNOW TO BE DOING OR SEEKING TO DO BUSINESS WITH THE UNIVERSITY. A LOANOR A GIFT OR FAVOR OF MORE THAN NOMINAL VALUE THIS PARAGRAPH SHALL NOT BE DEEMED TO PROHIBIT LOANS MADE IN THE NORMAL COURSE OF BUSINESS WITH THE TERMS STANDARD FOR SUCH LOANS FROM BANKS OR RINAGACAL INSTITUTIONS THAT MAY HAVE OR EXPECT TO HAVE RELATED AND WITH THE UNIVERSITY B. COMPETITION WITH THE UNIVERSITY FOR A UNIVERSITY TRUSTEE OR FOR SUCH LOANS FROM BANKS OR RINAGACAL INSTITUTIONS THAT MAY HAVE OR EXPECT TO THE VERSION THAT THE BOARD OR A UNIVERSITY OFFICER SHALL BE CALLED UPON TO CONSIDER A TRANSACTION NOULVING THAT THE ROBORD THE ACTIVITY WHICH IS NO RECET TO PROHIBIT THE UNIVERSITY. B. COMPETITION WITH THE UNIVERSITY FOR A UNIVERSITY TRUSTEE OR FOR SUCH AND AND SUBJECT OWN THE PRESIDENT SORE HERE SUBJECT OF THE UNIVERSITY. AND THE PRE

ldentifier	Return Reference	Explanation
COMPENSATION REVIEW	FORM 990, PART VI, QUESTION 15A & 15B	COMPENSATION FOR THE OFFICERS, EXECUTIVE DIRECTOR AND KEY EMPLOYEES IS DETERMINED BY THE DREW BOARD OF DIRECTORS ON THE RECOMMENDATION OF THE COMPENSATION COMMITTEE. NO INDIVIDUALS WITH A CONFLICT OF INTEREST MAY BE INVOLVED IN THE COMPENSATION DETERMINATION PROCESS COMPARABILITY DATA FOR SIMILARITY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARITY SITUATED ORGANIZATIONS IS PREPARED BY THE ORGANIZATION AND REVIEWED BY THE BOARD OF DIRECTORS. THE MINUTES OF THE BOARD OF DIRECTORS AND THE COMPENSATION COMMITTEE DOCUMENT THE BOARD'S AND COMMITTEE'S DELIBERATIONS AND DECISIONS REGARDING COMPENSATION. THE BENCHMARK DATA IS DERIVED FROM A CUSTOM REPORT PROVIDED BY THE COLLEGE AND UNIVERSITY PERSONNEL ASSOCIATION (CUPA) THE UNIVERSITY MAINTAINS A LIST OF ABOUT 50 INSTITUTIONS THAT ARE SIMILAR TO DREW IN SIZE, SCOPE AND MISSION. MEAN AND MEDIAN SALARIES FOR POSITIONS THAT ARE COMPARABLE TO OUR CABINET ARE DERIVED FROM THE DATA PROVIDED BY CUPA AND ADJUSTED BY A COST OF LIVING FACTOR TO DETERMINE THE BENCHMARK. THE BENCHMARK IS USED BY THE COMMITTEE TO DETERMINE THE APPROPRIATENESS OF SALARIES, SALARY INCREASES AND SALARIES OF NEW EXECUTIVE HIRES."

ldentifier	Return Reference	Explanation
DOCUMENT DISCLOSURE	FORM 990, PART VI, QUESTION 19	DREW UNIVERSITY MAKES ITS GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC IN THE FOLLOWING MANNER 1 GOVERNING DOCUMENTS SUCH AS THE CONFLICT OF INTEREST POLICY, UNIVERSITY CHARTER, UNIVERSITY MISSION STATEMENT, WHISTLE BLOWER POLICY, TRAVEL AND ENTERTAINMENT, PURCHASING, SIGNATURE AUTHORITY ARE MADE AVAILABLE TO THE PUBLIC THROUGH THE UNIVERSITY WEB-SITE THE WEB-SITE IS AVAILABLE ON DEMAND TO THE PUBLIC AT WWW DREW EDU 2 THE UNIVERSITY TAX FILING FORM 990 IS AVAILABLE AT WWW GUIDESTAR ORG AND AVAILABLE UPON REQUEST 3 THE UNIVERSITY FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON THE WEB-SITE AND AVAILABLE UPON DEMAND BY THE PUBLIC 4 ANY CHANGES THAT ARE MADE TO THE GOVERNING DOCUMENTS ONCE RATIFIED, ARE UPDATED TO THE UNIVERSITY WEB-SITE INSTANTLY, THEREBY MAKING THE WEB-SITE AN UP TO DATE AND LIVE ENVIRONMENT FOR THE UNIVERSITY'S DOCUMENTS

ldentifier	Return Reference	Explanation			
OTHER CHANGES IN NET ASSETS	FORM 990, PART IX, LINE 5	UNREALIZED GAIN OR LOSS ON IN POOLED INCOME FUNDS, GIFT ANN RELATED CHANGES OTHER THAN LOSS ON BOND DEFEASANCE PARTNERSHIPS 23,701,110	NUITITES AND RELATED NET PERIODIC PENSION	DISTRIBUTIONS I COST 00) INCOME FROM	EIN FAIR VALUE OF TRUST, 4,231,000 PENSION- 1,771,000 39,889

ldentifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME HOWARD BUXBAUM TITLE VP OF FINANCE HOURS 1

ldentifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MARGARET HOWARD TITLE VP OF ADMINISTRATION HOURS 1

ldentifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAMEJOSEPH KELLY TITLE ASSOC VP FINANCE/TREASURER HOURS 1

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

DLN: 93493136019102

2010

OMB No 1545-0047

Open to Public Inspection

Schedule R (Form 990) 2010

Employer identification number

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

Name of the organization

REW UNIVERSITY				22-1487164			
Part I Identification of Disregarded Entities (Comple	ete ıf the organızatı	on answered "Yes	" on Form 990, Pa	rt IV, line 33.)			
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (stat or foreign country)	(d) e Total income	(e) End-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organis or more related tax-exempt organizations during t	zations (Complete he tax year.)	ıf the organızatıor	n answered "Yes" (on Form 990, Part	: IV, line 34 becau	se it had	one
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5: contr organi	g) 12(b)(13) rolled ızatıon
(1) University Housing Project Corporation						Yes	No
36 Madison Ave	DVLPM HOUSING	NJ	501(C)(3)	2	Drew Univer		
Madison, NJ 07940 22-2970182							
						1	
						1	

Cat No 50135Y

Part III	Identif	ication of Relate	d Orga	anizations Taxal	ble as a Partners	hip (Complete If	the organization a	answered "\	es" on Form 990,	Part IV, lıı	ne 34
	because	ıt had one or mo	re relat	ed organizations t	reated as a partne	rship during the ta	ax year.)				
				,					***		T

(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 Gene mana parti	ral or aging	(k) Percentage ownership
							Yes	No		Yes	No	
Down TV/ Telemetic	instinu of Dolot	- d O	onications Tays	ble se s Corrers	tion or Truck (C.	amplete if the one	22122		aswared "Ves" on	Fo 450	000	Dowt 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
(1) Copper Beech Condominium Association CBC 36 Madison Ave Madison, NJ07940 22-3094649	Real estate m	NJ	UNIV HSNG PRJCT	Condo Assoc	97,204	154,802	57 810 %
(2) LENOX S ROSE TRUST 36 MADISON AVENUE MADISON, NJ07940 22-6024267	TRUST	NJ	NA	TRUST	0	9,095,000	100 000 %
(3) LLYOD W SMITH TRUST 36 MADISON AVENUE MADISON, NJ07940 22-6021858	TRUST	NJ	NA	TRUST	0	6,526,000	87 632 %

Sche	dule R (Form 990) 2010		Pε	age
Pa	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)			
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	T .
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a	Yes	
ь	Gift, grant, or capital contribution to other organization(s)	1b		
c	Gift, grant, or capital contribution from other organization(s)	1 c		\Box
d	Loans or loan guarantees to or for other organization(s)	1d	Yes	
e	Loans or loan guarantees by other organization(s)	1e		\Box
				Т
f	Sale of assets to other organization(s)	1f		┰
g	Purchase of assets from other organization(s)	1g		\Box
h	Exchange of assets	1h		
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		┰
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		
1	Performance of services or membership or fundraising solicitations by other organization(s)	11		
m	Sharing of facilities, equipment, mailing lists, or other assets	1m	J	\Box
n	Sharing of paid employees	1n		┰
				Т
0	Reimbursement paid to other organization for expenses	10		┰
р	Reimbursement paid by other organization for expenses	1р	Yes	
q	Other transfer of cash or property to other organization(s)	1q		┰
r	Other transfer of cash or property from other organization(s)	1r		

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

	<u> </u>	•	
(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) UNIVERSITY HOUSING PROJECT CORPORATION	A	190,879	
(2) UNIVERISTY HOUSING PROJECT CORPORATION	D	4,487,576	
(3) COPPER BEECH CONDOMINIUM ASSOCIATION	D	149,516	
(4) UNIVERISTY HOUSING PROJECT CORPORATION	Р	131,697	
(5) COPPER BEECH CONDOMINIUM ASSOCIATION	Р	140,068	
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d Are parti sect 501(d organiz	ners :ion :)(3) :ations?	(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 laging tner?
			Yes	No		Yes	No		Yes	No
			+						+	-
			-				\vdash		+	╁
									+	-
										+
										┢
			+							
			<u> </u>							

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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Schedule R (Form 990) 2010

SCHEDULE K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

► Attach to Form 990.

► See separate instructions.

Open to Public Inspection

22-1487164 DREW UNIVERSITY Part I **Bond Issues** (I) Pooled (h) On (g) Defeased (a) Issuer name (b) Issuer EIN (c) CUSIP# (d) Date issued (e) Issue price (f) Description of purpose behalf of Financing issuer No Yes Nο Yes Yes No A NI EDU FA AUTH DEEU LOO EFIE 4 4 0 F LDD FEITEL IMPE EMENT B NI EDU FA AUTH DEEU LOOF ERIE D C NT EDU FE FUTH DEEU___OO - EFIE E A James Frigor 014 / 014 / _ 000 -· UFFENT FEFUNDING D HIT EDNI FRO RHITH DEEU LOOI- EFIE I 1_, - FEITEL IMPE EMENT Part II Proceeds R С D Α 3,490,000. 825,000. 600,000. 0. 0. 2,390,000. 1,265,750. Ω. 23,662,620. 32,315,842. 14,298,521. 12,000,000. 497,689. 0. 0. 0. 843,950. 1,454,477. 0. 0. 0. 0 660,981. 789,514. 227,730. 64,085. 353,000. 85,000. 269,853. 0. 71,738. 0 0. 0. 9 Working capital expenditures from proceeds 21,180,000. 27,435,648. 0. 11,935,915. 4,858,329. 0. 0. 0. 0. 683,825. 0. 1998 2010 2006 Yes Yes No No Yes No Yes No Χ Χ Χ Χ Χ Χ Χ Χ Χ Χ Χ Χ Χ Χ Χ Χ Does the organization maintain adequate books and records to support the final allocation of proceeds? **Private Business Use** Part III В С D Α No Yes 1 Was the organization a partner in a partnership, or a member of an LLC, which owned Yes No Yes No Yes No Χ Χ Χ Χ 2 Are there any lease arrangements that may result in private business use of bond-financed property Χ Χ Χ Χ

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

Schedule K (Form 990) 2010

JSA 0E1295 0 060

54759M 2231 V 10-8.3 2181633 PAGE 83

SCHEDULE K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2010

Open to Public

Inspection

Employer identification number

22-1487164

Department of the Treasury
Internal Revenue Service
Name of the organization

DREW UNIVERSITY

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

► Attach to Form 990.

► See separate instructions.

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11,500.

Part I **Bond Issues** (I) Pooled (h) On (c) CUSIP# (g) Defeased (b) Issuer EIN (d) Date issued (a) Issuer name (e) Issue price (f) Description of purpose behalf of Financing issuer No Yes Nο Yes Yes No A NT EDU FA AUTH DEEU LOOK ERIE A 4 4 0 F L S 4 100220022000 15,447 ab an e refunding B HT EDN FRO RUTH DEEU LOID + 1, + L, 11/15/2010 FD FINE PERMINDING FND NEW IT NE. С Part II **Proceeds** Α В С D 28,078. 0. Ο. 0. 639,118. 15,592,134. Ω. 0 0. 0. 637,347. 3,861,330. 1,771. 164,624. 1,765. 0.

2002 Yes No Yes No Yes No Yes No Х Χ Χ Χ Χ Χ Χ Χ Does the organization maintain adequate books and records to support the final allocation of proceeds?

Part III Private Business Use

	Α		В		C		C	
1 Was the organization a partner in a partnership, or a member of an LLC, which owned	Yes	No	Yes	No	Yes	No	Yes	No
property financed by tax-exempt bonds?		X		X				
2 Are there any lease arrangements that may result in private business use of bond-financed property .		X		X				

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

9 Working capital expenditures from proceeds

Schedule K (Form 990) 2010

JSA 0E1295 0 060

54759M 2231 V 10-8.3 2181633 PAGE 84

schedule K (Form 990) 201

Schedule K (Form 990) 2010 22-1487164 Page **2**

Part III Private Business Use (Continued)

Α			В	С		I	D	
Yes	No	Yes	No	Yes	No	Yes	No	
Χ		Х			Х	X		
	Х		X		Х		X	
Х		X		Х		X		
0.0000 %		0.0000 %		6 0.0000%		0.00		
0	.0000 %	C).0000 %	(o.0000 %	(0.0000%	
0.0000 %		6 0.0000		% 0.000		(0.0000%	
Х		Х				Х		
	X X 0	X X X 0.0000 % 0.0000 % 0.0000 %	X X X X 0.0000 % CO 0.0000 % CO 0.0000 % CO	X X X X X X X 0.0000 % 0.0000 % 0.0000 % 0.0000 % 0.0000 %	X X X X X X O.0000 %	X X X X X X X X X X X X X X X X X X X	X	

Part IV Arbitrage

	,	4	В			C	D	
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of	Yes	No	Yes	No	Yes	No	Yes	No
Arbitrage Rebate, been filed with respect to the bond issue?		Х		X		X		X
2 Is the bond issue a variable rate issue?		X		Х		X	Х	
3a Has the organization or the governmental issuer entered into a qualified hedge								
with respect to the bond issue?		Х		X		X		X
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?		X		Х		Х		X
e Was the hedge terminated?		X		Х		Х		X
4a Were gross proceeds invested in a GIC?		X		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair								
market value of the GIC satisfied?								
5 Were any gross proceeds invested beyond an								
available temporary period?	X		X			X		X
6 Did the bond issue qualify for an exception to rebate?		X		Х		X		X

Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K(see instructions)

SCHEDULE K, PART I, COLUMN (E)

BOND ISSUE - 2008 SERIES I

THIS ISSUE WAS REISSUED WITH A CHANGE IN INTEREST RATE ON JUNE 27, 2011

AT AN ISSUE PRICE OF 12,000,000 TO PROVIDE FOR CAPITAL IMPROVEMENTS --

THE 2008 I BONDS ARE STRUCTURED AS A BANK LOAN WITH A MAXIMUM AUTHORIZED

JOA

Schedule K (Form 990) 2010

^{0E1506 4 000} 54759M 2231 V 10-8.3 2181633

Schedule K (Form 990) 2010 22-1487164 Page **2**

Part III Private Business Use (Continued)		Α		В	(С	D	
3a Are there any management or service contracts that may result in private business use of bond-financed property?	Yes	No	Yes	No	Yes	No	Yes	No
b Are there any research agreements that may result in private business use of bond-financed property?								
c 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?							l	
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 ▶		%		%		%		o,
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		%		<u>%</u>		<u>%</u>		0
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?		76		76		%		7
Part IV Arbitrage								
		A		В	(С	D	
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?	Yes	No	Yes	No	Yes	No	Yes	No
2 Is the bond issue a variable rate issue?								
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?								
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
4a Were gross proceeds invested in a GIC?								
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair							ı	
market value of the GIC satisfied?								
Were any gross proceeds invested beyond an							ı	
available temporary period?								
							1	
6 Did the bond issue qualify for an exception to rebate?		<u> </u>						

Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K(see instructions)

AMOUNT AND A PERIOD DURING WHICH DREW CAN MAKE DRAWS FOR AUTHORIZED PURPOSES - DREW HAS WITHDRAWN AMOUNTS AS NEEDED AND NO MONEY HAS BEEN HELD AND INVESTED.

JSA

Schedule K (Form 990) 2010

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Schedule K (Form 990) 2010					22-148	/164		Page	
Part III Private Business Use (Continued)									
		АВ			C		D		
3a Are there any management or service contracts that may result in private business use of bond-financed property?	Yes	No	Yes	No	Yes	No	Yes	No	
b Are there any research agreements that may result in private business use of bond-financed property?									
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?									
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		%		%		%		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		%		%		%		Q	
6 Total of lines 4 and 5		- %		%		%			
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?									
Part IV Arbitrage									
	,	4	В		С			D	
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?	Yes	No	Yes	No	Yes	No	Yes	No	
2 Is the bond issue a variable rate issue?									
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?									
b Name of provider									
c Term of hedge								1	
d Was the hedge superintegrated?									
e Was the hedge terminated?									
4a Were gross proceeds invested in a GIC?									
b Name of provider									
c Term of GIC		T							
d Was the regulatory safe harbor for establishing the fair								[
market value of the GIC satisfied?									
Were any gross proceeds invested beyond an									

Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K(see instructions) Part V

SCHEDULE K, PART I, COLUMN (E)

BOND ISSUE - 2006 SERIES A

BOND ISSUE 2006A'S \$215,447 ISSUE PRICE REPRESENTS DREW'S ALLOCABLE SHARE

OF BONDS ISSUED TO SEVERAL EDUCATIONAL INSTITUTIONS. THIS REPRESENTS

0.0179 OF THE AGGREGATE REFUNDING BONDS ALLOCATED TO PRIVATE INSTITUTIONS

Schedule K (Form 990) 2010

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Schedule K (Form 990) 2010 22-1487164 Page **2**

Part III Private Business Use (Continued)	vate Business Use (Continued)							
		A		В		С	D	
3a Are there any management or service contracts that may result in private business use of bond-financed property?	Yes	No	Yes	No	Yes	No	Yes	No
b Are there any research agreements that may result in private business use of bond-financed property?								
c 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?								
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 ▶		%		%		%		9
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶ 6 Total of lines 4 and 5		<u>%</u>		<u>%</u>		%		9,
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?								
Part IV Arbitrage								
		A		В		С		D
Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	Yes	No	Yes	No	Yes	No	Yes	No
2 Is the bond issue a variable rate issue?								
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?								
b Name of provider		•				•		
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
4a Were gross proceeds invested in a GIC?								
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair								
market value of the GIC satisfied?								
5 Were any gross proceeds invested beyond an								
available temporary period?								
6 Did the bond issue qualify for an exception to rebate?								

Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K(see instructions)

AND 0.0139 OF THE TOTAL PROCEEDS ALLOCATED TO ALL COLLEGES AND UNIVERSITIES.

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Schedule K (Form 990) 2010

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Schedule K (Form 990) 2010 22-1487164 Page **2**

Private Business Use (Continued) Part III D В Yes Yes No No Yes No Yes No 3a Are there any management or service contracts that may result in private business b Are there any research agreements that may result in private business use of Χ bond-financed property? c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating Χ 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 ▶ 0.0000 % 0.0000 % 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 0.0000 % 0.0000 % 0.0000 % % 0.0000 % 7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? Χ Arbitrage Part IV в D No Yes No Yes Yes No Yes 1 Has a Form 8038-T. Arbitrage Rebate. Yield Reduction and Penalty in Lieu of No Arbitrage Rebate, been filed with respect to the bond issue? X Χ Χ 3a Has the organization or the governmental issuer entered into a qualified hedge Χ Χ Χ Х Х Х Χ d Was the regulatory safe harbor for establishing the fair 5 Were any gross proceeds invested beyond an Χ Χ

Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K(see instructions)

JSA

Schedule K (Form 990) 2010

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