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Department of the Treasury

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)

OMB No 1545-0047

nternal	Revenue	Service The organization may ha	ve to use a copy of this return to satisfy	state reporting	requirements	Inspection
A Fo	r the :	2010 calendar year, or tax year begi	nning 07-01-2010 and ending 06-30-20	011		
B Che	eck ıf a	pplicable C Name of organization FAIRLEIGH DICKINSON UNIVERS	БПҮ		D Employer	identification number
Add	Iress ch	nange Doing Business As			22-1494	1434
Nar	ne cha	nge			E Telephon	e number
_ Inıt	ıal retu	Number and Street (of P O box	ıf mail is not delivered to street address)	Room/suite	(201)69	2-2381
Ter	mınate	d 1000 River Road Mail Code T-Fi	1 2-06			
- Am	ended		and ZIP + 4		G Gross rece	ıpts \$ 272,898,718
— App	lication	Teaneck, NJ 076661914				
		F Name and address of	principal officer	H(a) Isthisa	group return for aff	iliates? Yes No
		J Michael Adams 1000 River Road			5. cap / cta	
		Teaneck, NJ 076661914	4	1 ' '	affiliates include	·
					," attach a lis o exemption i	st (see instructions)
[Ta:	x-exem	npt status $\sqrt{\ }$ 501(c)(3) $\sqrt{\ }$ 501(c)()	◀ (insert no)	H(c) Group	o exemption	number F
J W	ebsit e	e: ► www.fdu.edu				
K Forn	n of or	ganization 🔽 Corporation 🗀 Trust 🗀 Associ	ation Other •	L Year of for	mation 1942	M State of legal domicile NJ
	rt I	Summary	other P	E rear or ron	1312	11 State of regal dofficile 115
		Briefly describe the organization's mis	ssion or most significant activities			
Governance		education The University strives to p necessary to participate, lead, and pr	nter of academic excellence dedicated in provide students with the multi-disciplin osper in the global marketplace of ideas	ary, intercultural s, commerce and	, and ethical culture	understandings
		,	discontinued its operations or dispose		1	1
ACUVITIES &			erning body (Part VI, line 1a) ers of the governing body (Part VI, line 1		3	27
Ē			in calendar year 2010 (Part V, line 2a)	•	5	2,491
FCI		Total number of volunteers (estimate			6	110
•		`	m Part VIII, column (C), line 12		7a	
	ь	Net unrelated business taxable incom	ne from Form 990-T, line 34		7b	-21,587
				Prior	Year	Current Year
_	8	Contributions and grants (Part VIII		10,718,889	9,879,531	
anue	9	Program service revenue (Part VII)	I, line 2g)	. 2	35,874,058	253,403,092
Revenue	10		umn (A), lines 3, 4, and 7d)		899,618	<u> </u>
_	11		A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,480,203	1,430,337
	12		11 (must equal Part VIII, column (A), I		48,972,768	265,551,637
	13		art IX, column (A), lines 1-3)		56,686,514	62,764,681
	14	Benefits paid to or for members (Pa	rt IX, column (A), line 4)		0	0
ø	15		oyee benefits (Part IX, column (A), line:	s 5-	11,364,607	112,999,988
nse	16a	10) Professional fundraising fees (Part	IX, column (A), line 11e)		98,998	172,452
Expenses	ь	Total fundraising expenses (Part IX, column			30,330	1,2,132
Ш	17		A), lines 11a-11d, 11f-24f)	· .	69,717,031	72,929,523
	18		must equal Part IX, column (A), line 25		37,867,150	248,866,644
	19	·	ne 18 from line 12		11,105,618	16,684,993
Net Assets or Fund Balances					of Current ear	End of Year
33.4 <u>4.</u> 19.44.	20			2	71,586,869	294,172,385
<u> </u>	21	Total liabilities (Part X, line 26) .			71,938,058	
	22 1111	Net assets or fund balances Subtra Signature Block	act line 21 from line 20		99,648,811	122,510,901
Jnder cnowl	penal ledge a ledge.	ties of perjury, I declare that I have exa	mined this return, including accompanying ete. Declaration of preparer (other than offi	icer) is based on a	III information	
		Type or print name and title				
		Print/Type	Preparer's signature	I Date I	Check if self-	. PTIN
Paid	-	preparer's name Firm's name		1		Firm's EIN
Prepa		Firm's address				
Jse (Phone no 🕨

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

Forn	n 990 (2010) Page 2
Pai	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission
Univ	eigh Dickinson University is a center of academic excellence dedicated to the preparation of world citizens through global education. The ersity strives to provide students with the multi-disciplinary, intercultural, and ethical understandings necessary to participate, lead, and per in the global marketplace of ideas, commerce and culture
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
 4а	(Code) (Expenses \$ 207,527,112 including grants of \$ 62,487,611) (Revenue \$ 225,770,937)
	HIGHER EDUCATION INSTRUCTION - Fairleigh Dickinson University (the "University") founded in 1942, is one of the largest independent nonsectarian institutions of higher education in New Jersey, serving more than 12,000 students. With a wide range of academic programs and two main campuses in New Jersey, each with its own identity and separate mission, the University preserves the intimacy of a small college within a large suburban institution. The College at Florham, in Morris County, New Jersey, is a picture perfect collegiate environment. Izvy-covered buildings, a strong student life program, and traditional amenities and activities make Florham the kind of place people dream about. The Metropolitan Campus, in Teaneck, New Jersey, is by contrast a fast-paced, professionally oriented environment that feeds off the energy of nearby New York City. Many of the University's business, professional, science, and healthcare programs are based at the Metropolitan Campus. The University took a prominent leadership role in educating veterans and welcomed to campus a strong contingent under the new GI Bill. The University also operates international campuses, Wroxton College in Oxfordshire, England, and Fairleigh Dickinson University-Vancouver in British Columbia, Canada. Courses are also offered at many locations throughout the State of New Jersey, and through on-line courses accessible from anywhere in the world. The University offers over 100 degree programs at the associate, baccalaureate, master's and doctorate levels. Its wide range of offerings include a wide variety of innovative programs in education, nursing, psychology, business, computer science, visual arts, and public administration. The University both defines and responds to the changing needs of society.
	(Code) (Expenses \$ 22,059,320 including grants of \$ 277,070) (Revenue \$ 27,478,404)
40	HIGHER EDUCATION AUXILIARY - To provide food service and resident halls for University students Approximately 2,367 undergraduate U.S. and International students currently utilize University residence halls
_	/Code
4c	(Code) (Expenses \$ 145,372 including grants of \$ 0) (Revenue \$ 136,151) HIGHER EDUCATION RESEARCH - Investigation and experimental activities for the purpose of discovery and revision of accepted conclusions undertaken for the benefit of the community at large. The Silberman College of Business sponsors a series of business research studies that involve faculty and students. The College publishes serveral working paper series and The Journal of Pharmaceutical Chemical Business. University College. Arts, Sciences, Professional Studies Metropolitan Campus houses the clinical psychology and school psychology doctoral programs where students and faculty do research in such areas as behaviorial medicine, cognitive, psychological and psych-educational testing and women's issues. In the Maxwell Becton College of Arts and Sciences, research efforts are particularly prominent in the psychology, english, social science and communications disciplines. The College at Florham psychology department emphasizes experimental, industrial/organizational psychology and clinical counseling.
4d	Other program services (Describe in Schedule O)
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
4e	Total program service expenses▶\$ 229,731,804

Part IV	Checklist	of Red	uired	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> 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		Νο
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI.</i>	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		Νο
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? If "Yes," complete Schedule D, Part IX.	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		No
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	Yes	
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	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, 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	Yes	
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
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		N o
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		Νο
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
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		Νο
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		No
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "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		Νο
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	Yes	
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 Yes V No			
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		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? 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? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Enter the number reported in Box 3 of Form 1996. Enter-0- if not appricable be determined to the number of Forms W-20 included in line 1 a. Enter-0- if not appricable 1 b. Color the organization comply with backup withholding rules for reportable systems to vendors and reportable parting (gamhing) withings to prevented on Form W-1; Transmitted Wage and Tax included in the number of ampleyases reported on Form W-1; Transmitted Wage and Tax included in the number of ampleyases reported on Form W-1; Transmitted Wage and Tax included in the number of ampleyases reported on Form W-1; Transmitted Wage and Tax included in the season of the color of the organization in the season of the color of the organization in the season of the color of the organization in the season of the color of the organization in the season of the season of the color of the organization in the season of the season of the color of the organization in the season of the sea		Check if Schedule O contains a response to any question in this Part V			
be little the number of Forms W-26 included in line 1.5 dinter-0-if not applicable Do the organization comply with backup withholding rules for reportable payments to vectors and reportable Do the organization comply with backup withholding rules for reportable payments to vectors and reportable Scale and the organization comply with backup withholding rules for reportable payments to vectors and reportable Scale interest of remove sees reported on its 20 payment with a contract of the				Yes	No
be Enter the number of Forms W-2G included in line 1a. Enter-0-rifnot applicable 1b	1				
to the organization comply with backup withholding rules for reportable asyments to ventors and reportable gaming (gambling) with pass to prize winners? Let You Clarify and the Complete State of the Celendar year ending with or within the year covered by time: Jet You Dear the Complete State of the Celendar year ending with or within the year covered by time: Jet all back come is reported on the 20, and the organization has all required finders ampleyment as returns? Joseph Forman and the Complete State of the Celendar year of the Complete State of the Celendar year year year year year year year ye	ь		-		
gamming (gambling) winnings to price winner? Enter the number of amployees reported on Form W.3, Transmittal of Nago and Tax Subsements filled for the calendar year entiring with or within the year covered by the Last one in reported on Inn. 3, did the originates to fill the product of the County of the Cou		1b 0			
Either the number of employees regarded on Farm W-3, Townstrated Maye and Tax 2x	c		1c	Yes	
the first part of the properties on the 2a, did the organization file all required feeral employment tax returns 2b for the first part of the properties of					
Note, if the sum of lines is and 2 is greater than 250, you may be recurred to e-file (see instructions) Note, if the sum of lines is and 2 is greater than 250, you may be recurred to e-file (see instructions) Dut the organization have unrelated business gross on summor of 31,000 or mare duming the election of the property of the organization has been accounted by the organization of the property of of t					
Note, If the sum of lines 1s and 2 as greater than 250, you may be required to e-file (see instructions) Did the regardation have unrelated business gross income of \$1,000 or more during the series of \$1,000 or more during the \$1,000 or m	b		-		
Due the organization have unrelated business gross income of \$1,000 or more during the year? If 'Yes,' has it field a Form 990-7 for this year? If 'No,' provide an explanation in Schedule 0. At any time during the calendar year, dis the organization have an interest in, or a signature or other authority way, in financial account in a foreign country EUR, CA Sae instructions for filing requirements for Form TD F 90-22 3, Report of Foraign Bank and Financial Accounts If 'Yes,' anist the name of the foreign country EUR, CA Sae instructions for filing requirements for Form TD F 90-22 3, Report of Foraign Bank and Financial Accounts If 'Yes,' anist the name of the foreign country EUR, CA Sae instructions for filing requirements for Form TD F 90-22 3, Report of Foraign Bank and Financial Accounts If 'Yes,' to the organization aparty to a prohibited tax shelter transaction at any time during the tax year? Sa		Note If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
year? b (17'es, **no time during the calendar year, did the organization have an interest in, or a signature or other authority year, a hands all account in a foreign country (such as a bank account, or sther during the calendar year, did the organization have an interest in, or a signature or other authority year, a hands all account in a foreign country. ### Ves					
At any time during the calendar year, did the organization have an interest in, or a signature or other authority year, a financial account? If Yes, "enter the name of the foreign country (such as a bank account, securities account, or other financial accounts? If Yes," enter the name of the foreign country, PUK, CA See instructions for fining requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 50 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 51 If Yes," for line Sa or Sb, did the organization file Form 8886-17 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization file Form 8886-17 So Did so the organization flower was expected to the agent of the organization file with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided? 51 If Yes," did the organization motify the donor of the value of the goods or services provided? 52 If Yes," indicate the number of Forms \$2825 filed during the year 53 If Yes, "indicate the number of Forms \$2825 filed during the year 54 If Yes, "indicate the number of Forms \$2825 filed during the year 55 If the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract? 56 If the organization freceived a contribution of cars, beats, aripanas, or other vehicles, did the organization file a Form \$2825 filed during the year? 56 If the organization make any funds, directly or indirectly, to pay premiums on a personal benefit contract? 57 If the organization make any funds, directly or indirectly, to pay premium organization, have excess but meass holdings at any time during the year? 57 Sponsoring organization		· · · · · · · · · · · · · · · · · · ·	3a	Yes	
sover, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts) ### Foreign and the name of the foreign country #UK, CA ### See instructions for filing requirements for Form TD F90-22 1, Report of Foreign Bank and Financial Accounts #### Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? ### So In 8 or 55 b, did the organization that it was or is a party to a prohibited tax shelter transaction? ### 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? ### Does the organization have exceeded that the see to tax deductible? ### Does the organization include with avery solicitation an express statement that such contributions or grifs are not the organization received account of the value of the goods or services provided to the payor? ### Organization state was payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? ### Organization set has may receive deductible contributions under section 170(c). ### Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? ### Organization set has may receive deductible? ### Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ### Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ### Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-c? ### Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-c? ### Did the organization make intellectual property did the organization file a Form 1098-c? ### Did the organization make intellectual property did the organi	b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
account?					
Wes the organization a party to a prohibited tax shelter transaction at any time during the tax year? . So 10 B Did any taxable party notify the organization file Form 888-77 55 75 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that ware not tax deductible? 56 Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that ware not tax deductible? 56 66 Drainable organization include with every solicitation an express statement that such contributions or gifts of the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 79 79 79 79 79 79 79 7			4a	Yes	
Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5	Ь				
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 17 Yes' to line Sa or 5b, did the organization file Form 8886-F? 5c 5c 5c 5c 5c 5c 5c 5c		See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 17 Yes* to line Sa or Sb, did the organization file Form 8885-17? 5c 5c 5c 5c 5c 5c 5c 5c		Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N
If Yes' to line 5a or 5b, did the organization file Form 8886-T? 5c 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? 16 If Yes', did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 16 Organization state may receive deduct ble contributions under section 170(c). 17 Did the organization receive a payment in excess of 575 made partly as a contribution and partly for goods and services provided to the payor? 16 Yes', did the organization notify the donor of the value of the goods or services provided? 17 Ves' of the organization on the payor? 18 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 18 If Yes', indicate the number of Forms 8282 filed during the year. 29 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 40 Did the organization receive any funds, directly or indirectly, or a personal benefit contract? 41 Did the organization received a contribution of qualified intellectual property, did the organization file a form 8899 as required? 19 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a form 1088-C? 10 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations, Did the organization make a distribution to a donor, donor advised funds and section 4966? 10 Did the organization make any taxable distributions under section 4966? 11 Did the organization make any taxable distributions under section 4966? 12 Did the organization make any taxable distribution and donor, donor advisor, or related person? 12 Did the organizations. Enter 13 Initiation fees and capital contributions included on Part VIII, line 12 15 Gross receipts, included on For					N
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b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 82.82? If "Yes," indicate the number of Forms 82.82 filed during the year	a		7a	Yes	
file Form \$2.82?	b		7b	Yes	
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			14a		N

Fairleigh Dickinson University

Teaneck, NJ 076661914

(201) 692-2381

1000 River Road Mail Code T-FH2-03

Part VI

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

Check if Schedule O contains a response to any question in this Part VI .									. 🗸	
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Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
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	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct	3	163	
4	supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was	3		N o
	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 governing body?	7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? \cdot \cdot	7b		Νο
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		Νο
	ction B. Policies (This Section B requests information about policies not required by the Internal			
<u>Re</u>	venue Code.)	I		
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		N o
	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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		Νο
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	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	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	
ь	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
D	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?	164		
	ction C. Disclosure	16b		
<u>5e</u> 17	List the States with which a copy of this Form 990 is required to be filed.			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			
10	(3)s only) available for public inspection Indicate how you make these available Check all that apply Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ie orda	nization	n ▶
	Hania Ferrara-VP Finance Treasurer	0. gu		

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

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

1a Complete this table for all persons required to be listed 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 organ		elated o	rgan	ızatı	on c	omper	sate	d any current office	er, director, or trust	ee
(A) Name and Title	(B) A verage hours	(C) Position (check all that apply)						(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	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See Additional Data Table										
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

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d Total (add lines 1b and 1c) 4,027,058 0 707,798 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual							•		<u> </u>				_				
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶149 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a² If "Yes," complete Schedule J for such individual								_	_	1	027.059		_		707 709		
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual								• above			•		<u> </u>		707,790		
Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		\$100,000 in reportable comper	nsation from the	organız	atıon	► 14	. 9										
on line 1a? If "Yes," complete Schedule J for such individual														Yes	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 I for such individual	3					e, k	еуе	mploy	ee, o	or highest	compens	ated employee					
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		, ,				•	٠.	•	•				3		No		
Individual	4																
Section B. Independent Contractors 1 Complete this table for your five highest compensation from the organization of the orga			ations greater to		•	•	•	• •	•	· · ·	• •		4	Yes			
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) Name and business address Gournet Dining Services 285 Madison Avenue Madison, NJ 07940 Collins Building Services Court Square PI 24-01 44th Rd LIC, NY 11101 ISS TMC Services Inc 81 Obras Avenue Building - Cleaning Building - Mechanical 1,510,970 Livingston, NJ 07039 Louis Gargiulo Company Inc 44-46 State Street Jersey City, NJ 07304 Davey Tree Expert Company PO Box 94532 Grounds Maintenance 637,018	5	Did any person listed on line 1 a	receive or accr	ile comi	nensa	ation	fror	m anv	unrel	lated orga	nization c	or individual for	_	1 63			
Section B. Independent Contractors 1	_											•	5		No.		
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) (B) (C) Compensation Gournet Dining Services 285 Madison Avenue 856 Madison Avenue 857,795,890 Madison, NJ 07940 Collins Building Services Court Square Pl 24-01 44th Rd 45 LIC, NY 11101 ISS TMC Services Inc 81 Dorsa Avenue 82 Building - Mechanical 83 1,510,970 84-44-65 State Street 94-94 State Street 94-94 State Street 94-94 State Street 95-95 State Street 96-96 State Street 96-96 State Street 96-96 State Street 97-95 State Street 98-96 State Street 99-96														1	·		
\$100,000 of compensation from the organization (A)	Se																
(A) Name and business address Gournet Dining Services 285 Madison Avenue Madison, NJ 07940 Collins Building Services Court Square Pl 24-01 44th Rd LIC, NY 11101 ISS TMC Services Inc 81 Dorsa Avenue Building - Mechanical Licus Gargiulo Company Inc 44-46 State Street Jersey City, NJ 07304 Davey Tree Expert Company PO Box 94532 Grounds Maintenance (C) Compensation (C) Compensation (C) Compensation (C) Description of services Podd Services Ruilding - Cleaning 2,650,865 1,7795,890 Building - Cleaning 2,650,865 Construction 1,510,970 1,312,490 Grounds Maintenance 637,018	1				ndep	end	ento	ontra	ctors	that rece	ived more	e than					
Gourmet Dining Services 285 Madison Avenue Madison, NJ 07940 Collins Building Services Court Square PI 24-01 44th Rd LIC, NY 11101 ISS TMC Services Inc 81 Dorsa Avenue Livingston, NJ 07039 Louis Gargiulo Company Inc 44-46 State Street Jersey City, NJ 07304 Davey Tree Expert Company PO Box 94532 Food Services 7,795,890 Building - Cleaning 2,650,865 Liding - Cleaning 2,650,865 Edition - Cleaning 2,650,865 Construction 1,312,490 Grounds Maintenance 637,018		\$100,000 of compensation non										(B)	П	(0	:)		
285 Madison Avenue	<u></u>		me and business ad	dress							Descr	iption of services		Compe	nsation		
Collins Building Services Court Square PI 24-01 44th Rd LIC, NY 11101 ISS TMC Services Inc 81 Dorsa Avenue Livingston, NJ 07039 Livingston, NJ 07039 Louis Gargiulo Company Inc 44-46 State Street Jersey City, NJ 07304 Davey Tree Expert Company PO Box 94532 Building - Cleaning 2,650,865 Building - Mechanical 1,510,970 Construction 1,312,490 Grounds Maintenance 637,018	285 M	1adison Ávenue								Fo	ood Service	s		7	7,795,890		
Court Square PI 24-01 44th Rd LIC, NY 11101 ISS TMC Services Inc 81 Dorsa Avenue Livingston, NJ 07039 Louis Gargiulo Company Inc 44-46 State Street Jersey City, NJ 07304 Davey Tree Expert Company PO Box 94532 Building - Cleaning 2,650,865 Building - Mechanical 1,510,970 Construction 1,312,490 Grounds Maintenance 637,018		•															
LIC, NY 11101 STMC Services Inc Building - Mechanical 1,510,970	Court	Square PI								Bu	uldına - Cle	eaning		2	2,650,865		
81 Dorsa Avenue Livingston, NJ 07039 Louis Gargiulo Company Inc 44-46 State Street Jersey City, NJ 07304 Davey Tree Expert Company PO Box 94532 Building - Mechanical 1,510,970 Construction 1,312,490 Grounds Maintenance 637,018												-					
Livingston, NJ 07039 Louis Gargiulo Company Inc 44-46 State Street Jersey City, NJ 07304 Davey Tree Expert Company PO Box 94532 Construction 1,312,490 Grounds Maintenance 637,018										Bi	uldına - Me	chanical			1 510 970		
44-46 State Street Jersey City, NJ 07304 Davey Tree Expert Company PO Box 94532 Construction 1,312,490 Grounds Maintenance 637,018	Living	ston, NJ 07039								D	anding - ME	chanical			., ,		
Jersey City, NJ 07304										c	onstruction			1	l,312,490		
PO Box 94532 Grounds Maintenance 637,018															•		
	PO Bo	ox 94532								G	rounds Maii	ntenance			637,018		

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 in compensation from the organization \blacktriangleright 19

Part \		2010)					Pag	e 9
Paint	· /	Statement of Reven	ue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	excluded from tax under sections
								513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1 a	86,150				
gra	Ь	Membership dues	. 1b	0				
ાં સ	С	Fundraising events	1c	474,492				
g ilar	d	Related organizations	. 1d	0				
ins, simi	е	Government grants (contributions)	1e	4,114,586				
	f	All other contributions, gifts, grants	, and 1f	5,204,303				!
≘ ‡		similar amounts not included above Noncash contributions included in l		169,730				
Š		Total. Add lines 1a-1f	_		9,879,531			
	-"	Total. Add filles 1a-11		Business Code	3,0,3,001			
Program Serwice Revenue	2a						0	
Rеv	ь	Tuition Student Residence		611310		212,174,743		
ce l	C	Student Residence Student Fees		611310 611310		19,173,173 10,433,976		
жы	d	Student Food		611310	8,305,231	i	0	
n S	e	Government Grants		611310	110,267	110,267	0	
×gra	f	All other program service re	venue		3,205,702	3,188,102	17,600	
<u>&</u>	g	Total. Add lines 2a-2f			253,403,092			
	3	Investment income (includir	ıg dıvıdends, ınterest					
		and other similar amounts)			816,498			,
	4	Income from investment of tax-ex			0	0		
	5	Royalties	(ı) Real	(II) Personal		0	0	
	6a	Gross Rents	1,579,577	(II) Personal 0				
	ь	Less rental	0	0				
	c	expenses Rental income	1,579,577	0				
	d	or (loss) Net rental income or (loss)	<u> </u>		1,579,577	0	0	1,579,57
	-	Wee rental medine of (1033)	(ı) Securities	(II) O ther	_,,			
	7a	Gross amount from sales of assets other than inventory	7,104,948	0				
	ь	Less cost or other basis and	7,082,769	0				
		sales expenses						
		Gain or (loss)	22,179	0	22,179	0	0	22,17
		Net gain or (loss) Gross income from fundraisi			22,173			22,17
Other Revenue	5	(not including \$ 474,492 of contributions reported on						
÷ I		See Part IV, line 18						
the	h	Less direct expenses .	a b	115,072 264,312				
Ò		Net income or (loss) from ful		264,312	-149,240		0	-149,24
			ctivities See Part IV, line 19 . a	0				
	ь	Less direct expenses .		b 0				
	С	Net income or (loss) from ga	ming activities		0	0	0	
	10a	Gross sales of inventory, les returns and allowances	s					
		and anonunces	a	0				
	Ь	Less cost of goods sold .	. b	0				
	С	Net income or (loss) from sa	les of inventory 🕨		0	0	0	
		Miscellaneous Revenue		Business Code				
	11a							
	Ь	1						
	C							
		All other revenue	•					
	_ e	• Total. Add lines 11a-11d			0			
	12	Total revenue. See Instructi	ons	ļ	366 667 557		47.60-	2 200 0
					265,551,637	253,385,492	17,600	2,269,01

	990 (2010)				Page 10
Part					
	Section 501(c)(3) and 501(c)(4) organizations must	-		'D)	
	Il other organizations must complete column (A) but are not required to c		(B), (C), and ((c)	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0	0		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	61,165,916	61,165,916		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	1,598,765	1,598,765		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	3,696,579	1,585,764	1,806,333	304,482
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	189,288	189,288	0	0
7	Other salaries and wages	81,299,395	73,448,409	7,171,109	679,877
8	Pension plan contributions (include section 401(k) and section	01,233,333	73,740,409	7,171,109	079,077
	403(b) employer contributions)	5,135,041	4,548,619	529,423	56,999
9	Other employee benefits	16,442,555	14,971,690	1,327,900	142,965
10	Payroll taxes	6,237,130	5,524,850	643,048	69,232
а	Fees for services (non-employees) Management	0	0	0	0
b	Legal	780,893	0	780,893	0
c	Accounting	329,040	0	329,040	0
d	Lobbying	174,847	174,847	0	0
е	Professional fundraising services See Part IV, line 17	172,452			172,452
f	Investment management fees	69,176	0	69,176	0
g	Other	9,370,433	8,681,153	688,285	995
12	Advertising and promotion	1,206,543	1,186,768	19,775	0
13	Office expenses	7,628,165	6,851,085	695,459	81,621
14	Information technology	5,153,803	4,593,976	559,827	0
15	Royalties	20,313	17,592	2,721	0
16	Occupancy	19,025,921	18,563,171	462,495	255
17	Travel	2,872,506	2,684,629	177,461	10,416
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	3,796,611	3,433,821	294,335	68,455
20	Interest	5,532,382	5,439,799	92,583	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	7,854,638	7,279,816	574,124	698
23	Insurance	3,072,153	2,120,837	951,316	0
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	Bad Debt Expense	2,619,191	2,619,191	0	0
ь	Books & Periodicals	845,692	809,809	35,598	285
С	Student Activity Fees	536,356	536,356	0	0
d	Furniture & Equip (non capital)	503,983	462,457	41,230	296
e	Professional Dues	416,627	206,971	209,011	645
f	All other expenses	1,120,250	1,036,225	85,233	-1,208
25	Total functional expenses. Add lines 1 through 24f	248,866,644	229,731,804	17,546,375	1,588,465
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	0,000,011		2. 10 10,010	2,550,103

Part X Balance Sheet (A) (B) Beginning of year End of year o 1 1 59.371.590 2 76.841.589 2 1,689,490 8,628,767 3 15,968,665 17,366,042 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 2,119 0 5 Schedule L . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Assets 0 0 6 0 0 7 0 0 8 8 Prepaid expenses and deferred charges 4,153,527 4,194,183 10a Land, buildings, and equipment cost or other basis Complete 259,673,250 10a Part VI of Schedule D 99.527.550 ь Less accumulated depreciation 10b 155,930,442 **10c** 160,145,700 27.104.554 11 11 33.818.392 30,000 12 30,000 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 397,205 15 86.989 15 16 271,586,869 16 294,172,385 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 19.435.815 17 20.638.290 17 Accounts payable and accrued expenses . 18 18 0 2,845,424 2.007.961 19 19 20 107,180,557 20 103,426,678 Liabilities 21 0 21 0 Escrow or custodial account liability $Complete\ Part\ IV\ of\ Schedule\ D$. . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 0 0 22 0 0 23 23 Secured mortgages and notes payable to unrelated third parties . . 0 24 24 Unsecured notes and loans payable to unrelated third parties 25 42.476.262 25 45.588.555 Other liabilities Complete Part X of Schedule D 26 171,938,058 26 171,661,484 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 64.309.840 27 89,252,388 Unrestricted net assets Temporarily restricted net assets 21,215,395 17,200,487 28 28 Fund 14,123,576 29 16,058,026 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 99,648,811 33 122,510,901 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 271.586.869 294,172,385

Par	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)				
2	Total expenses (must equal Part IX, column (A), line 25)	2			366,644
3	Revenue less expenses Subtract line 2 from line 1	3			, 584,993
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		99,6	548,811
5	Other changes in net assets or fund balances (explain in Schedule O)	5		6,1	177,097
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		122,5	510,901
Par	t XII Financial Statements 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		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 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 its chedule 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	ssued			
	☐ Separate basis ☐ Both consolidated and separated basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	е	3a	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	

DLN: 93493121007382

Employer identification number

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 FAIRLEIGH DICKINSON UNIVERSITY

AIKL	_1011 D.	ICKINSON ONIVERSITY	22-1494434					
Pa	rt I	Reason for Public Charity Status (All organizations must complete this pair		tions				
The c	organi	zation is not a private foundation because it is (For lines 1 through 11, check only one box						
1	Γ	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).					
2	굣	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)						
3	Γ	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).					
4	Γ	A medical research organization operated in conjunction with a hospital described in section hospital's name, city, and state	on 170(b)(1)(A)	(iii).Enter 1	the			
5	Γ	An organization operated for the benefit of a college or university owned or operated by a g	overnmental uni	t described	- In			
		section 170(b)(1)(A)(iv). (Complete Part II)						
6	Γ	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).					
7	Γ	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II)						
8	Г	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)						
9		An organization that normally receives (1) more than 331/3% of its support from contribu	tions, membersh	ıp fees, and	gros	s		
	·	receipts from activities related to its exempt functions—subject to certain exceptions, and	I (2) no more tha	n 331/3% o	ıf			
		its support from gross investment income and unrelated business taxable income (less se	ction 511 tax) fr	om busines	ses			
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part I	•					
10	Г	An organization organized and operated exclusively to test for public safety. See section 5 0	•					
11		An organization organized and operated exclusively for the benefit of, to perform the function one or more publicly supported organizations described in section 509(a)(1) or section 50 the box that describes the type of supporting organization and complete lines 11e through a Type I b Type II c Type III - Functionally integrated	ons of, or to carr 9(a)(2) See sec 11h		(3).	Check		
e	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly lother than foundation managers and other than one or more publicly supported organization section 509(a)(2)	•					
f		If the organization received a written determination from the IRS that it is a Type I, Type I check this box	I or Type III su	oporting org	janiza	ition,		
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of following persons?		Г				
		(i) a person who directly or indirectly controls, either alone or together with persons descr	ibea 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)	\dashv			
		(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 not organizati col (i) of suppor	on in your t?	(vi) Is the organization in col (i) organized in the US?		(vii) A mount of support
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

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

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

	dider rate III. If the	organización i	ans to quanty t	maci the tests	iisted below, pie	case complet	c raic III.
S	ection A. Public Support		_				
Cale	endar year (or fiscal year beginning 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						
	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						
Ü	line 4						
S	ection B. Total Support	1				I	
	endar year (or fiscal year beginning						
Cur	in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
0	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
-	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support (Add lines 7						
	through 10)						
12	Gross receipts from related activities	es, etc (See inst	ructions)			12	
13	First Five Years If the Form 990 is f	or the organization	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	nızatıon,
	check this box and stop here	_	r		•	. , . , -	▶ ┌॔
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2010	(lıne 6 column (f) divided by line	11 column (f))		14	
15	Public Support Percentage for 2009	Schedule A Par	rt II line 14			15	
							
16a	33 1/3% support test—2010. If the				line 14 is 33 1/3%	or more, chec	
	and stop here. The organization qua	•				2.2.4.204	▶ [
b	33 1/3% support test—2009. If the				oa, and line 15 is :	1/3% or mor کد	. -
17-	box and stop here. The organization				12 16 1C	handler - 4.4	▶
r/a	10%-facts-and-circumstances test-						ın.
	is 10% or more, and if the organization made			•			
	in Part IV how the organization mee	is the facts and	circumstances"	test ine organiz	acion quanifies as	a publicly supp	orted F
L	organization 10%-facts-and-circumstances test-	_2000 Ifthe era	anization did not	chack a hay an lu	no 13 165 166 5	or 17a and line	F1
ט	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat			•		<u>-</u>	clv
	supported organization	aon meets the 16	aces and circuitis	tances test life	. organization qual	iiiies as a publi	LIY ▶
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	a.a not eneck		, , 0 0 , 7 0 0	. 2. 2, 511558 61115		▶ □

Schedule A (Form 990 or 990-EZ) 2010 Page 3 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 **b** A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 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 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

15	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	
S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A , Part III, line 17	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 organization

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

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	Supplemental Information. Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

Software ID: 10000077
Software Version: v1.00

EIN: 22-1494434

Name: FAIRLEIGH DICKINSON UNIVERSITY

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

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours	Posi t	tion (hat a	che				(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
J Michael Adams President, Trustee	86	Х		х				340,434	0	50,767
Curtis R Artis Trustee	0	Х						0	0	0
Brenda Blackmon Trustee	0	×						0	0	0
Kenneth L Brier Trustee	0	×						0	0	0
Guy F Budınscak Trustee	0	х						0	0	0
Mıchael Clarke Trustee	0	х						0	0	0
John J Carscadden Trustee	0	×						0	0	0
Anthony P D'Ambrosio Trustee	0	х						0	0	0
Ronald J Doerfler Trustee	0	х						0	0	0
Robert M Hallenbeck Vice Chairman, Bd of Trustees	0	х						0	0	0
Franklyn G Jenifer Trustee	0	х						0	0	0
Stewart Krentzman Trustee	0	Х						0	0	0
Daniel C Lewis Trustee	0	х						0	0	0
Winston I Lowe Esq Trustee	0	Х						0	0	0
Donna DelPrete Markı Trustee	0	х						0	0	0
Vincent J Naimoli Trustee	0	Х						0	0	0
Gergory H Olsen Trustee	0	х						0	0	0
William L O'Neill DDS Trustee	0	х						0	0	0
Antoinette Petrocelli Trustee	0	Х						0	0	0
Robert J Pures Trustee	0	Х						0	0	0
Robert P Saltarelli Trustee	0	х						0	0	0
Paul C Santucci Trustee	0	Х						0	0	0
Molly Easo Smith Trustee	0	Х						0	0	0
Mary Kay Stratis Trustee	0	Х						0	0	0
Steven Weinstein Trustee	0	Х						0	0	0
Jirustee .	l			l	l	<u> </u>				

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

Compensated Employees, and	Independ	dent C	onti	act	tors	•		Γ		
(A) Name and Title	(B) Average hours	Posi t	tion (hat a	che)			(D) Reportable compensation	(E) Reportable compensation from related	(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)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Susan Welsh DC Trustee	0	Х						0	0	0
Patrick J Zenner Chrmn, Bd of Trustees	0	Х						0	0	0
Sheldon Drucker Senior VP & Chief Operating Officer	60			х				391,555	0	51,465
Hanıa Ferrara Vıce President for Finance and Treasurer	55			х				191,637	0	44,604
Kenneth R Greene Provost	55			х				170,912	0	40,469
Joseph Kiernan Univ Provost & SVP of Academic Affairs	61			х				294,918	0	31,410
Richard Reiss Senior VP for University Advancement	55			х				254,187	0	51,295
Richard Riccio Vice President of Administration	60			х				198,727	0	42,340
Wayne Richardson General Counsel	55			х				189,068	0	29,602
Neal Sturm VP & Chief Information Officer	50			х				165,280	0	18,113
Jonathan Wexler Vice President for Enrollment Mgmt	70			х				165,089	0	22,775
Martha C Young Asst Secretary of the Corporation	35			х				54,506	0	31,017
Pattı A Mılls Dean, University College	55				х			177,035	0	23,999
William M Moore Dean	57				х			198,395	0	25,378
Kenneth T Vehrkens Dean	65				х			178,281	0	40,793
Geoffrey Weinman Dean	55				х			181,417	0	41,893
Robert E Calissi Executive Associate Dean	50					х		161,689	0	25,342
Christopher Capuano Vice Provost for International Affairs	72					х		213,141	0	47,737
Brian D Domenick Director Systems and Security	60					х		165,955	0	23,513
Robert Greenfield Director Poli Sci Intl Study	40					х		179,067	0	25,824
Minerva S Guttman Director Becton School of Nursing	50					х		155,765	0	39,462

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DLN: 93493121007382

OMB No 1545-0047

Political Campaign and Lobbying Activities

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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 Activities),

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

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 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

	nme of the organization IRLEIGH DICKINSON UNIVERSITY				ntıfıcatıon number
) — ·	t I-A Complete if the or	ganization is exempt und	or costion FO1/	22-1494434	
ŒЦ					7 organization.
1	•	ganization's direct and indirect po	olitical campaign ac	tivities in Part IV	
2	Political expenditures			•	\$
3	V olunteer hours				
ar	rt I-B Complete if the or	ganization is exempt und	er section 501(c)(3).	
1	Enter the amount of any excis	e tax incurred by the organization	under section 495!	5	\$
2	Enter the amount of any excis	e tax incurred by organization ma	nagers under sectio	n 4955 🕨	\$
3	If the organization incurred a	section 4955 tax, did it file Form	4720 for this year?		┌ Yes
4a	Was a correction made?				┌ Yes
b	If "Yes," describe in Part IV				
ar	rt I-C Complete if the or	ganization is exempt und	er section 501(c) except section 50	1(c)(3).
1	Enter the amount directly exp	ended by the filing organization fo	r section 527 exem	pt function activities 🕨	\$
2	Enter the amount of the filing exempt funtion activities	organization's funds contributed t	o other organization	s for section 527 ▶	\$
•					
•	Total exempt function expend	tures Add lines 1 and 2 Enter ho	ere and on Form 112	20-POL, line 17b 🕨	\$
4	Did the filing organization file Enter the names, addresses a organization made payments	Form 1120-POL for this year? nd employer identification numbe For each organization listed, ente	r (EIN) of all section r the amount paid fr	n 527 political organization om the filing organization's	funds Also enter the
1	Did the filing organization file Enter the names, addresses a organization made payments amount of political contributio	Form 1120-POL for this year? nd employer identification numbe	r (EIN) of all section r the amount paid fr nd directly delivered	n 527 political organizatior om the filing organization's to a separate political org	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
1	Did the filing organization file Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	Form 1120-POL for this year? Ind employer identification numbe For each organization listed, ente Ins received that were promptly ar Institute political action committee (PAC)	r (EIN) of all sectior r the amount paid fr nd directly delivered i If additional space	n 527 political organization om the filing organization's to a separate political orgens is needed, provide inform (d) A mount paid from filing organization's	funds Also enter the anization, such as a ation in Part IV (e) A mount of political contributions received and promptly and directly delivered to a separate political
ı	Did the filing organization file Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	Form 1120-POL for this year? Ind employer identification numbe For each organization listed, ente Ins received that were promptly ar Institute political action committee (PAC)	r (EIN) of all sectior r the amount paid fr nd directly delivered i If additional space	n 527 political organization om the filing organization's to a separate political orgens is needed, provide inform (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,
1	Did the filing organization file Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	Form 1120-POL for this year? Ind employer identification numbe For each organization listed, ente Ins received that were promptly ar Institute political action committee (PAC)	r (EIN) of all sectior r the amount paid fr nd directly delivered i If additional space	n 527 political organization om the filing organization's to a separate political orgens is needed, provide inform (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,
4	Did the filing organization file Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	Form 1120-POL for this year? Ind employer identification numbe For each organization listed, ente Ins received that were promptly ar Institute political action committee (PAC)	r (EIN) of all sectior r the amount paid fr nd directly delivered i If additional space	n 527 political organization om the filing organization's to a separate political orgens is needed, provide inform (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,
1	Did the filing organization file Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	Form 1120-POL for this year? Ind employer identification numbe For each organization listed, ente Ins received that were promptly ar Institute political action committee (PAC)	r (EIN) of all sectior r the amount paid fr nd directly delivered i If additional space	n 527 political organization om the filing organization's to a separate political orgens is needed, provide inform (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,
1	Did the filing organization file Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	Form 1120-POL for this year? Ind employer identification numbe For each organization listed, ente Ins received that were promptly ar Institute political action committee (PAC)	r (EIN) of all sectior r the amount paid fr nd directly delivered i If additional space	n 527 political organization om the filing organization's to a separate political orgens is needed, provide inform (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,
4	Did the filing organization file Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	Form 1120-POL for this year? Ind employer identification numbe For each organization listed, ente Ins received that were promptly ar Institute political action committee (PAC)	r (EIN) of all sectior r the amount paid fr nd directly delivered i If additional space	n 527 political organization om the filing organization's to a separate political orgens is needed, provide inform (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,
4	Did the filing organization file Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	Form 1120-POL for this year? Ind employer identification numbe For each organization listed, ente Ins received that were promptly ar Institute political action committee (PAC)	r (EIN) of all sectior r the amount paid fr nd directly delivered i If additional space	n 527 political organization om the filing organization's to a separate political orgens is needed, provide inform (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,
1	Did the filing organization file Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	Form 1120-POL for this year? Ind employer identification numbe For each organization listed, ente Ins received that were promptly ar Institute political action committee (PAC)	r (EIN) of all sectior r the amount paid fr nd directly delivered i If additional space	n 527 political organization om the filing organization's to a separate political orgens is needed, provide inform (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,
3 4 5	Did the filing organization file Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	Form 1120-POL for this year? Ind employer identification numbe For each organization listed, ente Ins received that were promptly ar Institute political action committee (PAC)	r (EIN) of all sectior r the amount paid fr nd directly delivered i If additional space	n 527 political organization om the filing organization's to a separate political orgens is needed, provide inform (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,
4	Did the filing organization file Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	Form 1120-POL for this year? Ind employer identification numbe For each organization listed, ente Ins received that were promptly ar Institute political action committee (PAC)	r (EIN) of all sectior r the amount paid fr nd directly delivered i If additional space	n 527 political organization om the filing organization's to a separate political orgens is needed, provide inform (d) A mount paid from filing organization's	(e) A mount of politic contributions received and promptly and directly delivered to separate political organization.

section 4911 tax for this year?

┌ Yes ┌ No

Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3) a	nd filed Form 5768	(election
	Check If the filing organization belongs to	- ·		
В_	Check I if the filing organization checked bo Limits on Lobbying E (The term "expenditures" means a		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	opinion (grass roots lobbying)	0	
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)	174,847	
c	Total lobbying expenditures (add lines 1a and 1	b)	174,847	
d	Other exempt purpose expenditures		229,556,957	
е	Total exempt purpose expenditures (add lines 1	c and 1d)	229,731,804	
f	Lobbying nontaxable amount Enter the amount columns	from the following table in both	1,000,000	
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxable amount is: 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 lin	ne 1f)	250,000	
h	Subtract line 1g from line 1a If zero or less, ent	er -0-	0	
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -	0	

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

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

	Lobbying Expendi	tures During •	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a	Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
_c	Total lobbying expenditures	150,097	150,015	169,718	174,847	644,677
_d	Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e 	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f	Grassroots lobbying expenditures	0	0	0	0	0

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

		1.	a)	(b)		
		Yes	No		\ moun	nt
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?			_		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			-		
c	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities? If "Yes," describe in Part IV					
j	Total lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
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					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	** THE A. Commisse if the every instinction is every medical exception FA4/s\/4\ exception [n
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6).	501(c)(5), (or se		
	501(c)(6).	501(c)(5), « 		Yes	No
1	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?	501(c)(5), (1		
1 2	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?	501(c)(5), (1 2		
1 2 3	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year?			1 2 3	Yes	No
1 2 3	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?	501(c)(5), (1 2 3	Yes	No
1 2 3	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? **III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I	501(c)(5), (1 2 3	Yes	No
1 2 3 Par	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? **III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".	501(c II-A,)(5), (1 2 3	Yes	No
1 2 3 Par	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? **TII-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes". Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political	501(c II-A,)(5), (1 2 3	Yes	No
1 2 3 Par 1 2	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes". Dues, assessments and similar amounts from members 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).	501(c II-A,)(5), (1 2 3	Yes	No
1 2 3 Par 1 2	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes". Dues, assessments and similar amounts from members 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). Current year	501(c II-A,)(5), (1 2 3	Yes	No
1 2 3 Par 1 2	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? **TII-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes". Dues, assessments and similar amounts from members 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). Current year Carryover from last year	501(c II-A, 1 2a 2b)(5), (1 2 3	Yes	No
1 2 3 Par 1 2 a b	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes". Dues, assessments and similar amounts from members 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). Current year Carryover from last year Total 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	501(c II-A, 1 2a 2b 2c)(5), (1 2 3	Yes	No
1 2 3 Par 1 2 a b c	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? **TIII-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes". Dues, assessments and similar amounts from members 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). Current year Carryover from last year Total 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	2a 2b 2c 3)(5), (1 2 3	Yes	No

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 1 Also, complete this part for any additional information

Ident if ier Return Reference | Explanation efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493121007382

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Name of the organization **Employer identification number** FAIRLEIGH DICKINSON UNIVERSITY 22-1494434

Par	organizations Maintaining Donor A organization answered "Yes" to Form 9		unds	or Accounts.	Complete if the
	organization answered Tes to Form 5	(a) Donor advised funds	(b) Funds and ot	:her accounts
1	Total number at end of year		•		
2 ,	Aggregate contributions to (during year)				
3 ,	Aggregate grants from (during year)				
	Aggregate value at end of year				
	Did the organization inform all donors and donor adv	usors in writing that the assets held in don	or advi	sed	
	funds are the organization's property, subject to the				┌ Yes
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the be conferring impermissible private benefit				┌ Yes ┌ No
Par	t III Conservation Easements. Complete	e if the organization answered "Yes" t	o Forn	<u>1 990, Part IV</u>	<u>, line 7.</u>
1	Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recrea Protection of natural habitat Preservation of open space	<u> </u>			•
	Complete lines 2a-2d if the organization held a quaeasement on the last day of the tax year	lified conservation contribution in the form	ofaco	onservation	
				Held at the	End of the Year
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easement	s	2b		
c	Number of conservation easements on a certified h	storic structure included in (a)	2c		
d	Number of conservation easements included in (c)	acquired after 8/17/06	2d		
	Number of conservation easements modified, transithe taxable year 🛌	ferred, released, extinguished, or terminate	d by th	ie organization d	luring
4	Number of states where property subject to conserv	vation easement is located ▶			
	Does the organization have a written policy regarding enforcement of the conservation easements it holds		dling of	violations, and	┌ Yes
6	Staff and volunteer hours devoted to monitoring, ins	pecting and enforcing conservation easem	nents d	uring the year 🕨	·
7	A mount of expenses incurred in monitoring, inspect	ing, and enforcing conservation easements	s during	g the year ► \$ _	
	Does each conservation easement reported on line $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	2(d) above satisfy the requirements of sec	tion		┌ Yes
	In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease Organizations Maintaining Collecti	the footnote to the organization's financial ments	stater	nents that desc	rıbes
alt	Complete if the organization answered		01 011	ilei Silililai A	455615.
	If the organization elected, as permitted under SFA art, historical treasures, or other similar assets hel provide, in Part XIV, the text of the footnote to its f	d for public exhibition, education or researd	ch ın fu		
-	If the organization elected, as permitted under SFA historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research i			
	(i) Revenues included in Form 990, Part VIII, line	1		► \$	
	(ii) Assets included in Form 990, Part X			► \$	
	If the organization received or held works of art, his following amounts required to be reported under SFA		or finan	cıal gaın, provıd	e the
а	Revenues included in Form 990, Part VIII, line 1			► \$	
b	Assets included in Form 990, Part X			► \$	

Sche	dule D (Form 990) 2010						Page 2
Par	Organizations Maintaining Co	llections of Art, F	listorical Tre	asures, or Othe	er Similar As	sets (c	ontinued _.
3	Using the organization's accession and othe items (check all that apply)	r records, check any o	_	-		ion	
а	Public exhibition		d Loan or	exchange program	s		
b	Scholarly research	•	e Γ Other				
c	Preservation for future generations						
ŀ	Provide a description of the organization's co Part XIV	ollections and explain	how they further	the organization's e	xempt purpose i	n	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t		,			┌ Yes	□ No
Pai	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Complete	ıf the organıza	ation answered "			, 110
la	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ıntermedıa	ary for contribution	ons or other assets	not	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the foll	lowing table		-		
					An	nount	
с	Beginning balance			1c			
d	Additions during the year			1d			
e	Distributions during the year			1e			
f	Ending balance			1f			
a	Did the organization include an amount on Fo	orm 990, Part X, line 2	1?			│ Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV						
Pa	rt V Endowment Funds. Complete					I	, 5
а	Beginning of year balance	(a)Current Year 23,928,198	(b) Prior Year 20,072,125	(c)Two Years Back (23,755,590	d) Three Years Back	(e)Four	rears Bac
a b	Contributions	3,022,003	2,264,012	1,870,557			
c	Investment earnings or losses	5,454,552	2,692,448	-4,473,697			
d	Grants or scholarships	681,436	683,867	706,900			
e	Other expenditures for facilities and programs	448,934	416,520	373,425			
f	Administrative expenses	0	0	0			
g	End of year balance	31,274,383	23,928,198	20,072,125			
_	Provide the estimated percentage of the yea	r end balance held as		<u> </u>			
а	Board designated or quasi-endowment	25 %					
- b	75.0/						
	remanent endowment P						
c Ba	Term endowment	ssion of the organization	on that are held a	nd administered fo	r tha		
ď	organization by	ssion of the organization	on that are held a	na administered to	i tile	Yes	No
	(i) unrelated organizations				3a(i)	Νο
	(ii) related organizations				3a(ii)	No
b	If "Yes" to 3a(11), are the related organizatio	·			3t)	
	Describe in Part XIV the intended uses of th	-					
ēΙ	t VI Investments—Land, Buildings	s, and Equipment		·		1	
	Description of investment		(a) Cost or oth basis (investme		(c) Accumulated depreciation	(d) Bo	ook value
a	Land			0 18,405,362	!	1	18,405,362
h	Buildings			0 213,624,802	83,177,530	13	30,447,27
_	Lancahald improvements		1	0 810,086	258,343	<u>، ا</u>	EE1 74
	Leasehold improvements			010,000	 	<u> </u>	331,74
c	Equipment			0 24,310,552	•	+	
c d e	·			0 24,310,552 0 2,522,448	16,091,677	7	551,743 8,218,875 2,522,448

Part VII Investments—Other Securities. See (a) Description of security or category			d of valuation
(including name of security)	(b)Book value		f-year market value
(1)Financial derivatives	0		
(2)Closely-held equity interests (3)O ther	0		
(A) Allied Signal stock certificates	30,000		С
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) ▶	30,000		
Part VIII Investments—Program Related. See		<u>. </u>	
(a) Description of investment type	(b) Book value	(c) Metho	d of valuation
(a) Description of investment type	(b) book value	Cost or end-o	f-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin			
(a) Descrip	tion		(b) Book value
(1) Investments in Buildings and Improvements			86,989
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.		<u> </u>	86,989
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25. (b) A mount		
Federal Income Taxes	0		
Post-Retirement Benefits Liability	25,725,091		
U S Government Grants Refundable	8,494,983		
Fin 47 Asset Retirement Obligations	6,687,171		
Deferred Liabilities	2,970,983		
Misc other	1,710,327		
	I		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	45,588,555		

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

265,551,637

2	Total expenses (Form 990, Part IX, column (A), line 25)	2	248,866,64
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	16,684,99
4	Net unrealized gains (losses) on investments	4	6,177,09
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	6,177,09
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	22,862,09
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	271,938,72
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 0		
e	Add lines 2a through 2d	2e	6,177,09
3	Subtract line 2e from line 1	3	265,761,63
4	A mounts 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 69,176		
b	Other (Describe in Part XIV) 4b -279,171		
c	Add lines 4a and 4b	4c	-209,99
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	265,551,63
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1 1	249,076,63
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) 2d 0		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	249,076,63
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 69,176		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	-209,99
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	248,866,64

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

Part XIV Supplemental Information

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

Ident if ier	Return Reference	Explanation
SchD_P05_S00_L04	Schedule D, Part V, Line 4	The University's endowment fund provides continuous support for student assistance, faculty retention and recruitment, and essential maintenance of our campuses. Endowed scholarships enable the University to expand need and merit based awards. Programmatic endowments allow for the overall enhancement of programs such as technology, research, library acquisitions, and closest to the mission of the University, Global Education and research benefiting student learning and faculty instruction. Faculty endowments include Endowed Chairs and Endowed. Professorships
SchD_P12_S00_L04b	Schedule D, Part XII, Line 4b	Reclassifications between Revenue and Expense for 990 reporting (\$264,312) special event expense + \$24,812 unrealized loss on investment + (\$39,296) budget transfer elimination + (\$375) miscellaneous adjustment
SchD_P13_S00_L04b	Schedule D, Part XIII, Line 4b	Reclassification between Revenue and Expense for 990 reporting (\$264,312) special event expense + \$24,812 unrealized loss on investment + (\$39,296) budget transfer elimination + (\$375) miscellaneous adjustment

Employer identification number

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Schools

►Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ► Attach to Form 990 or Form 990-EZ. OMB No 1545-0047

2010

Open to Public Inspection

FAIRLEIGH DICKINSON UNIVERSITY 22-1494434 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 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 Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? 5c Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes **b** Has the organization's right to such aid ever been revoked or suspended? 6b Yes If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II 7 Yes

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
SchE_P01_S00_L03		In all recruitment efforts, applications, official publications for registration, including radio and TV media, a statement is set forth to advertise our racially non-discriminatory policy
SchE_P01_S00_L06		In 1990-91, the federal government suspended payments for financial aid for nursing loans because the default rate exceeded the maximum allow able rate. In June 1991, the default rate was reduced to below the maximum allow able rate and the suspension was lifted.

Schedule E (Form 990 or 990-EZ) 2010

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DLN: 93493121007382

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

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

Statement of Activities Outside the United States

Open to Public **Inspection**

Name of the organization **Employer identification number** FAIRLEIGH DICKINSON UNIVERSITY 22-1494434

Pa	"Yes" to Form 990, Pa			ne United States. Co	omplete if the organiz	ation answered
1	For grantmakers. Does the dassistance, the grantees' eligible grants or assistance?	organization m gibility for the	naıntaın record grants or assıs	tance, and the selecti	on criteria used to awa	
2	For grant makers. Describe in Pa United States	rt V the organiz	atıon's procedur	es for monitoring the use	of grant funds outside tl	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
	See Add'l Data			,		
_						
	Sub-total Total from continuation sheets					

135

c Totals (add lines 3a and 3b)

5,952,066

Part	Part IV, l	ine 15, for any					plete if the organiza received more than		
-	a) Name of rganization	(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 nun tax-exempt by	nber of recipie the IRS, or fo	ent organizations lis or which the grante	ted above that are i 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 nun	nber of other	organizations or en	tities					· (Farm 000) 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 ıf a	ddıtıonal space ıs ne	eded.					, ,
(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)
Univ funded scholarships	North A merica (including Canada and Mexico, but not the United States)		0			Tuition A/R Cr	n/a
Univ Funded Scholarships	Europe (including Iceland and Greenland)	64	0		551,591	Tuition A/R Cr	n/a

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Υe	es	~	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	Υe	es	<u> </u>	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)	굣	Υ€	es	Г	Νo
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)	Г	Υe	es	<u> </u>	Νo
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)	Г	Υe	es	<u> </u>	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).	Г	Υe	es	굣	Νo

Schedule F (Form 990) 2010

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.

ldentifier	Return Reference	Explanation
SchF_P01_S00_L02	Schedule F, Part I, Line 2	All grant funds awarded to students outside of the United States are posted electronically by the bursar to the tuition receivable account for each student. The University enrollment services office is provided with a weekly report identifying any student refunds. These procedures ensure that all funds are being applied and used for their intended educational purposes.

ldentifier	Return Reference	Explanation
SchF_P01_S00_L03	Schedule F, Part I, Line 3	The accrual accounting method

Identifier	Return Reference	Explanation
SchF_P03_S00_L00	Schedule F, Part III	The accrual accounting method

ldentifier	Return Reference	Explanation
SchF_P04_S00_L03	Schedule F, Part IV, Line 3	Fairleigh Dickinson University of British Columbia, Foundation (FDU-Vancouver) is a campus of Fairleigh Dickinson University incorporated under the Society Act on July 19, 2006

Schedule F (Form 990) 2010

Software ID: 10000077

Software Version: v1.00

EIN: 22-1494434

Name: FAIRLEIGH DICKINSON UNIVERSITY

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

Form 990 Schedule F P	art I - Activit	ies Outside i	ne United States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Europe (including Iceland and Greenland)	1	31	Program Services	Higher Education	2,046,173
North America (including Canada and Mexico, but not the United States)	1	61	Program Services	Higher Education	3,164,491
South America	0	1	Program Services	MBA Study Abroad	62,654
East Asia and the Pacific	0	1	Program Services	MBA Study Abroad	56,400
Middle East and North Africa	0	0	Program Services	Recruiting	16,200
East Asia and the Pacific	0	0	Program Services	Recruiting	100,448
South America	0	0	Program Services	Recruiting	29,550
South Asia	0	0	Program Services	Recruiting	40,530
Central America and the Caribbean	0	0	Program Services	Recruiting	2,900
North America (including Canada and Mexico, but not the United States)	0	18	Program Services	Marketing	73,750
South Asia	0	8	Program Services	Marketing	85,750
Europe (including Iceland and Greenland)	0	2	Program Services	Marketing	4,635
Central America and the Caribbean	0	1	Program Services	Marketing	11,000
East Asia and the Pacific	0	5	Program Services	Marketing	9,500
Sub-Saharan Africa	0	1	Program Services	Marketing	1,500
North America (including Canada and Mexico, but not the United States)	0	4	Program Services	Recruiting	14,622
Sub-Saharan Africa	0	1	Program Services	Recruiting	3,678
Europe (including Iceland and Greenland)	0	1	Program Services	Instruction	21,250
Europe (including Iceland and Greenland)	0	0	Program Services	Study Abroad	72,871
Central America and the Caribbean	0	0	Program Services	Study Abroad	58,508
North America (including Canada and Mexico, but not the United States)	0	0	Program Services	Seminar	2,975
Europe (including Iceland and Greenland)	0	0	Program Services	Seminar	72,681

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DLN: 93493121007382

10 15 15 00 1

2010

OMB No 1545-0047

Supplemental Information Regarding 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.

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

Open to Public Inspection

Name of the organization
FAIRLEIGH DICKINSON UNIVERSITY

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Employer identification number

22-1494434

Part I	Fundraising Activities.	Complete if the orga	ınızatıon answered "`	Yes" to Form 990	, Part IV, line 17.
--------	-------------------------	----------------------	-----------------------	------------------	---------------------

- Indicate whether the organization raised funds through any of the following activities. Check all that apply
- e 🔽 Solicitation of non-government grants
- f Solicitation of government grants

- c Phone solicitations
 d P In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?
- Ves □
- **b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of ındıvıdual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of utions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No			
Telecomp Inc 3375 Brighton Henrietta Townline Road Rochester, NY 146232842	Telephone outreach services to the non- profit community		No	225,943	172,452	53,491
Total			.	225,943	172,452	53,491

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

NJ

Pai	rt II	Fundraising Events. Commore than \$15,000 on Form				
			(a) Event #1 Charter Day	(b) Event #2 Robt Shields Event	(c) O ther Events	(d) Total Events (Add col (a) through col (c))
al.			(event type)	(event type)	(total number)	
HME	1	Gross receipts	397,115	72,459	119,990	589,564
Revenue	2	Less Charitable contributions	355,515	52,449	66,528	474,492
	3	Gross income (line 1 minus line 2)	41,600	20,010	53,462	115,072
	4	Cash prizes	С	0	0	0
မှာ	5	Non-cash prizes	С	4,556	0	4,556
Expenses	6	Rent/facility costs	78,709	27,089	39,216	145,014
ă	7	Food and beverages	58,987	0	14,437	73,424
Direct	8	Entertainment	6,262	. o	700	6,962
ā	9	Other direct expenses .	16,428	1,025	16,903	34,356
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)		264,312
	11	Net income summary Combine li	nes 3 and 10 ın column (d)	$(x_1, x_2, x_3, x_4, x_4, \bullet) \blacktriangleright ($	-149,240
Par	t II	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than
<u>Ф</u>		\$13,000 OH TOHN 550 EZ, III	(a) Bingo	(b) Pull tabs/Instant	(c) O ther gaming	(d) Total gaming
Revenue	1	Gross revenue		bingo/progressive bingo		(Add col (a) through col (c))
		Cash prizes				
Expenses		Non-cash prizes				
		Rent/facility costs				
Direct		Other direct expenses				
			☐ Yes %	┌ Yes %	┌ Yes %	
	6	Volunteer labor	∇ Yes % No	No %	T No	-
	7	Direct expense summary Add line	s 2 through 5 in column (d)		
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)		
9	Ent	ter the state(s) in which the organiza	ation operates gaming act	tivities		
a	Is	the organization licensed to operate	gaming activities in each	n of these states?		· Fyes FNo
b	11	No," Explain				
10a b		re any of the organization's gaming Yes," Explain			the tax year?	Yes No

11	Does the organization operate ga	aming activities with nonmembers?		Г үе	s Γ_{No}
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mer	nber of a partnership or other entity		
	formed to administer charitable (jaming?		Г _{Yе}	s Γ_{No}
13	Indicate the percentage of gamin	ng activity operated in			
а	The organization's facility			1	
b	An outside facility			,	
14	Provide the name and address or records	f the person who prepares the organız	ation's gaming/special events books and	d	
	Name 🟲				
	Address 🟲				
15a		ntract with a third party from whom th		_	_
					s No
ь		ning revenue received by the organizated by the third party 🟲 \$	ation > \$ and the		
c	If "Yes," enter name and address	5			
	Name 🟲				
	Address 🟲				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation l	* \$			
	Description of services provided	>			
	Director/officer	Employee	Independent contractor		
17	Mandatory distributions				
а		er state law to make charitable distrib		_	_
p.				· Ye	s No
D		required under state law distributed activities during the tax year - \$	to other exempt organizations or spent		
Par		<u>-</u>	r responses to question on Schedul	e G (see	
	Identifier	ReturnReference	Explanation		

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Schedule I (Form 990) 2010

Department of the Treasury Internal Revenue Service

Name of the organization

FAIRLEIGH DICKINSON UNIVERSITY

Schedule I

(Form 990)

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

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

Inspect ion Employer identification number

AIRELIGH DICKINSON ONIVERSI	1 1					22-1494434	
Part I General Information	n on Grants and	d Assistance				'	
 Does the organization maintain the selection criteria used to av Describe in Part IV the organization 	vard the grants or as	sistance?					▼ Yes 「
Part II Grants and Other A Form 990, Part IV, lin duplicated if additiona	e 21 for any recip	pient that received r	nore than \$5,000. Ch	eck this box if no one	recipient receive	ed more than \$5,000.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gr or assistance
2 Enter total number of section 503 Enter total number of other organization							

Cat No 50055P

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) UNIVERSITY FUNDED SCHOLARSHIPS	4419	58,369,256	0		
(2) EDUCATIONAL OPPORTUNITY FUND	337	1,158,958	0		
(3) PRIVATE & ENDOWED SCHOLARSHIPS	483	1,404,693	0		
(4) MISC STATE & OTHER SCHOLARSHIPS	87	192,609	0		
(5) PRIVATE & ENDOWED FELLOWSHIPS	18	40,400	0		

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

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

Schedule I (Form 990) 2010

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**Compensation Information**

DLN: 93493121007382

OMB No 1545-0047

Open to Public Inspection

Schedule J

(Form 990)

Department of the Treasury Internal Revenue Service

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.

Name of the organization FAIRLEIGH DICKINSON UNIVERSITY

Employer identification number 22-1494434

Рa	Title Questions Regarding Compensation	on				
					Yes	Νο
1a	Check the appropriate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part II		ny of the following to or for a person listed in Form vide any relevant information regarding these items			
	First-class or charter travel	<u> </u>	Housing allowance or residence for personal use			
	▼ Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	\vdash	Health or social club dues or initiation fees			
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the oreimbursement orprovision of all the expenses described.			1b	Yes	
2	Did the organization require substantiation prior to		,			
	officers, directors, trustees, and the CEO/Executiv	e Directi	or, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organizat organization's CEO/Executive Director Check all t		·			
	Compensation committee	<u>i~</u>	Written employment contract			
	✓ Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	<u> - - - - - - - - - -</u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	, Part VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-contro	l paymer	nt from the organization or a related organization?	4a		Νo
Ь	Participate in, or receive payment from, a suppleme	ental non	nqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-	based co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only m	nust comp	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, line 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 compensation contingent on the net earnings of	, line 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 payments not described in lines 5 and 6? If "Yes,"			7		Νο
8	Were any amounts reported in Form 990, Part VII,					
	subject to the initial contract exception described in Part III	ın Regs	section 53 4958-4(a)(3)? If "Yes," describe	_		NI -
_				8		No
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	ne rebutt	able presumption procedure described in Regulations	9		

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

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

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

(A) Name	(B) Breakdown of	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
See Additional Data Table							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(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

Ident if ier	Return Reference	Explanation
SchJ_P01_S00_L01a	Schedule J, Part I, Line 1a	The President receives an annual \$72,000 housing allowance. This allowance is included in reportable compensation on form W-2. In limited circumstances when the President is engaged in University-related activities requiring travel, he may be accompanied by his wife when her presence is required for business purposes, and such travel is approved in advance by the Chairman of the Board of Trustees. The President's wife will have all appropriate bona fide business purpose expenses reimbursed by the University upon submission of proper substantiation of such expenses by the President.
SchJ_P01_S00_L03	Schedule J, Part I, Line 3	The Board of Trustees Compensation Committee is responsible for making recommendations to the Board of Trustees Executive Committee concerning compensation of the University President, and setting compensation and other terms and conditions of employment for officers of the University in consultation with the President. The process for determining compensation includes retaining an independent firm triennially to study executive compensation to assure that the compensation of each officer is consistent with market trend and in compliance with regulations. The Compensation Committee is also responsible for conducting or commissioning any other necessary survey or studies and report the results of such surveys and studies to the Board of Trustees. Meetings and decisions of this Committee are documented contemporaneously in Committee minutes.
SchJ_P01_S00_L04	Schedule J, Part I, Line 4	The following 457(f) supplemental retirement plan amounts awarded in previous years were distributed to the employees stated below during the calendar year ending December 31, 2010 Sheldon Drucker \$134,238 and Joseph Kiernan \$90,729

Schedule J (Form 990) 2010

Franklyn G Jenifer

Robert Greenfield

(I) (II)

(I) (II)

0

171,245

(F) Compensation reported in prior Form 990 or Form 990-EZ

(B)(ı)-(D)

0

204,891

0 0

0

0

9,659

Software ID: 10000077 **Software Version:** v1.00 **EIN:** 22-1494434

(ii) Bonus &

ıncentıve

compensation

(i) Base

Compensation

Name: FAIRLEIGH DICKINSON UNIVERSITY

(iii) Other

compensation

compensation

benefits

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

		Compensation	compensation	Compensation				
	(ı) (ıı)	223,534 0		116,900	26,950	23,817	391,201	0
	(I) (II)	0	0	0	0	0	0	0
	(I) (II)	0	0	0	0	0	0	0
Kenneth L Brier	(1)	0	0	0	0	0	0	0
	(1)	0	0	0	0	0	0	0
Ronald J Doerfler	(1)	0	0	0	0	0	0	0
Robert M Hallenbeck	(1)	0	0	0	0	0	0	0
Stewart Krentzman	(I) (II)	0	0	0	0	0	0	0
Donna DelPrete Markı	(I) (II)	0	0	0	0	0	0	0
Vincent J Naimoli	(I) (II)	0	0	0	0	0	0	0
Gergory H Olsen	(I) (II)	0	0	0	0	0	0	0
William L O'Neill DDS	(1)	0	0	0	0	0	0	0
Antoinette Petrocelli	(I) (II)	0	0	0	0	0	0	0
Robert P Saltarelli	(I) (II)	0	0	0	0	0	0	0
	(I) (II)	0	0 0	0	0	0	0	0
Molly Easo Smith	(I) (II)	0	0	0	0	0	0	0
Steven Weinstein	(I) (II)	0	0	0	0	0	0	0
Winston I Lowe Esq	(I) (II)	0	0	0	0	0	0	0
Robert J Pures	(1)	0	0	0	0	0	0	0
	(I) (II)	0	0	0	0	0	0	0
	(I) (II)	0	0	0	0	0	0	0
	(I) (II)	205,043	0	186,512	26,950	24,515	443,020	120,000
	(I) (II)	139,773 0	0	31,139	18,320	22,150	211,382	0
	(I) (II)	155,317 0	0	36,320	20,610	23,994	236,241	0
Joseph Kiernan	(ı) (ıı)	173,878 0	0	121,040	21,290	10,120	326,328 0	85,000 0
Dealered Description		223,255	_		26,950	24,345	205.493	0
	(ı) (ıı)	, 0	0	30,932 0	O	0	305,482	0
Richard Riccio		0 139,814 0	0	30,932 0 58,913	0	0 22,176 0	0	0 0 0
Richard Riccio (Wayne Richardson	(11)	0	0 0	0	20,164	0 22,176 0 9,951 0	0	0 0 0
Richard Riccio Wayne Richardson Neal Sturm	(II) (II) (II)	0 139,814 0	0 0 0	0 58,913 0	0 20,164 0 19,651 0	0	241,067 0	0 0 0 0 0
Richard Riccio Wayne Richardson Neal Sturm Jonathan Wexler	(II) (II) (II) (II) (II)	0 139,814 0 152,027 0	0 0 0 0 0	0 58,913 0 37,041 0 21,689	0 20,164 0 19,651 0 17,752	9,951 0	241,067 0 218,670	0 0 0 0 0
Richard Riccio Wayne Richardson Neal Sturm Jonathan Wexler Martha C Young	(II) (II) (II) (II) (II) (II)	0 139,814 0 152,027 0 143,591	0 0 0 0 0 0	0 58,913 0 37,041 0 21,689	0 20,164 0 19,651 0 17,752 0 12,848	0 9,951 0 361 0	0 241,067 0 218,670 0 183,393 0 187,864	0 0 0 0 0 0 0 0
Richard Riccio Wayne Richardson Neal Sturm Jonathan Wexler Martha C Young Robert E Calissi	(II) (I) (II) (II) (II) (II) (II)	0 139,814 0 152,027 0 143,591 0 153,536	0 0 0 0 0 0 0 0	0 58,913 0 37,041 0 21,689 0 11,553	0 20,164 0 19,651 0 17,752 0 12,848 0 6,602	0 9,951 0 361 0 9,927 0	0 241,067 0 218,670 0 183,393 0 187,864	
Richard Riccio Wayne Richardson Neal Sturm Jonathan Wexler Martha C Young Robert E Calissi Christopher Capuano	(II) (II) (II) (III) (III) (III) (III) (III)	0 139,814 0 152,027 0 143,591 0 153,536 0 34,393	0 0 0 0 0 0 0 0 0	0 58,913 0 37,041 0 21,689 0 11,553 0 20,113	0 20,164 0 19,651 0 17,752 0 12,848 0 6,602 0	9,951 0 361 0 9,927 0 24,416	0 241,067 0 218,670 0 183,393 0 187,864 0 85,524 0	
Richard Riccio Wayne Richardson Neal Sturm Jonathan Wexler Martha C Young Robert E Calissi Christopher Capuano Minerva S Guttman	(II) (I) (II) (II) (II) (II) (III) (II) (III) (III) (III)	0 139,814 0 152,027 0 143,591 0 153,536 0 34,393 0 153,638	0 0 0 0 0 0 0 0 0 0 0	0 58,913 0 37,041 0 21,689 0 11,553 0 20,113 0 8,051	0 20,164 0 19,651 0 17,752 0 12,848 0 6,602 0 15,421 0	0 9,951 0 361 0 9,927 0 24,416 0 9,921	0 241,067 0 218,670 0 183,393 0 187,864 0 85,524 0 187,031 0 260,878	
Richard Riccio Wayne Richardson Neal Sturm Jonathan Wexler Martha C Young Robert E Calissi Christopher Capuano Minerva S Guttman Brian D Domenick	(II) (II) (II) (III) (III) (III) (III) (III) (III) (III) (III) (III) (III) (III)	0 139,814 0 152,027 0 143,591 0 153,536 0 34,393 0 153,638 0 194,719 0	0 0 0 0 0 0 0 0 0 0 0	0 58,913 0 37,041 0 21,689 0 11,553 0 20,113 0 8,051 0	0 20,164 0 19,651 0 17,752 0 12,848 0 6,602 0 15,421 0 23,202 0	0 9,951 0 361 0 9,927 0 24,416 0 9,921 0 24,535	0 241,067 0 218,670 0 183,393 0 187,864 0 85,524 0 187,031 0 260,878 0	
Richard Riccio Wayne Richardson Neal Sturm Jonathan Wexler Martha C Young Robert E Calissi Christopher Capuano Minerva S Guttman Brian D Domenick William M Moore		0 139,814 0 152,027 0 143,591 0 153,536 0 34,393 0 153,638 0 194,719 0 138,067	0 0 0 0 0 0 0 0 0 0 0 0 0	0 58,913 0 37,041 0 21,689 0 11,553 0 20,113 0 8,051 0 18,422 0 17,698 0	0 20,164 0 19,651 0 17,752 0 12,848 0 6,602 0 15,421 0 23,202 0 15,324 0	0 9,951 0 361 0 9,927 0 24,416 0 9,921 0 24,535 0 24,138	0 241,067 0 218,670 0 183,393 0 187,864 0 85,524 0 187,031 0 260,878 0 195,227 0	
Richard Riccio Wayne Richardson Neal Sturm Jonathan Wexler Martha C Young Robert E Calissi Christopher Capuano Minerva S Guttman Brian D Domenick William M Moore Kenneth T Vehrkens		0 139,814 0 152,027 0 143,591 0 153,536 0 34,393 0 153,638 0 194,719 0 138,067 0 146,119		0 58,913 0 37,041 0 21,689 0 11,553 0 20,113 0 8,051 0 18,422 0 17,698 0	0 20,164 0 19,651 0 17,752 0 12,848 0 6,602 0 15,421 0 23,202 0 15,324 0 17,741 0	0 9,951 0 361 0 9,927 0 24,416 0 9,921 0 24,535 0 24,138 0	0 241,067 0 218,670 0 183,393 0 187,864 0 85,524 0 187,031 0 260,878 0 195,227 0 189,468 0	
Richard Riccio Wayne Richardson Neal Sturm Jonathan Wexler Martha C Young Robert E Calissi Christopher Capuano Minerva S Guttman Brian D Domenick William M Moore Kenneth T Vehrkens		0 139,814 0 152,027 0 143,591 0 153,536 0 34,393 0 153,638 0 194,719 0 138,067 0 146,119 0 168,845		0 58,913 0 37,041 0 21,689 0 11,553 0 20,113 0 8,051 0 18,422 0 17,698 0 19,836 0	0 20,164 0 19,651 0 17,752 0 12,848 0 6,602 0 15,421 0 23,202 0 15,324 0 17,741 0 15,405	0 9,951 0 361 0 9,927 0 24,416 0 9,921 0 24,535 0 24,138 0 5,772 0 9,973 0	0 241,067 0 218,670 0 183,393 0 187,864 0 85,524 0 187,031 0 260,878 0 195,227 0 189,468 0 223,773 0	
Richard Riccio Wayne Richardson Neal Sturm Jonathan Wexler Martha C Young Robert E Calissi Christopher Capuano Minerva S Guttman Brian D Domenick William M Moore Kenneth T Vehrkens Geoffrey Weinman		0 139,814 0 152,027 0 143,591 0 153,536 0 34,393 0 153,638 0 194,719 0 138,067 0 146,119 0 168,845 0 155,735		0 58,913 0 37,041 0 21,689 0 11,553 0 20,113 0 8,051 0 18,422 0 17,698 0 19,836 0 29,550 0	0 20,164 0 19,651 0 17,752 0 12,848 0 6,602 0 15,421 0 23,202 0 15,324 0 17,741 0 15,405 0	0 9,951 0 361 0 9,927 0 24,416 0 9,921 0 24,535 0 24,138 0 5,772 0 9,973 0 22,168 0	0 241,067 0 218,670 0 183,393 0 187,864 0 85,524 0 187,031 0 260,878 0 195,227 0 189,468 0 223,773 0 219,074	
Richard Riccio Wayne Richardson Neal Sturm Jonathan Wexler Martha C Young Robert E Calissi Christopher Capuano Minerva S Guttman Brian D Domenick William M Moore Kenneth T Vehrkens Geoffrey Weinman Patti A Mills Brenda Blackmon		0 139,814 0 152,027 0 143,591 0 153,536 0 34,393 0 153,638 0 194,719 0 138,067 0 146,119 0 168,845 0 155,735 0 158,675		0 58,913 0 37,041 0 21,689 0 11,553 0 20,113 0 8,051 0 17,698 0 17,698 0 29,550 0 22,546	0 20,164 0 19,651 0 17,752 0 12,848 0 6,602 0 15,421 0 23,202 0 15,324 0 17,741 0 15,405 0 18,625 0	0 9,951 0 361 0 9,927 0 24,416 0 9,921 0 24,535 0 24,138 0 5,772 0 9,973 0 22,168 0 22,176	0 241,067 0 218,670 0 183,393 0 187,864 0 85,524 0 187,031 0 260,878 0 195,227 0 189,468 0 223,773 0 219,074	
Richard Riccio Wayne Richardson Neal Sturm Jonathan Wexler Martha C Young Robert E Calissi Christopher Capuano Minerva S Guttman Brian D Domenick William M Moore Kenneth T Vehrkens Geoffrey Weinman Patti A Mills Brenda Blackmon Michael Clarke		0 139,814 0 152,027 0 143,591 0 153,536 0 34,393 0 153,638 0 194,719 0 138,067 0 146,119 0 168,845 0 155,735 0 158,675		0 58,913 0 37,041 0 21,689 0 11,553 0 20,113 0 8,051 0 17,698 0 17,698 0 29,550 0 22,546 0 22,742 0	0 20,164 0 19,651 0 17,752 0 12,848 0 6,602 0 15,421 0 23,202 0 15,324 0 17,741 0 15,405 0 18,625 0 14,053 0	0 9,951 0 361 0 9,927 0 24,416 0 9,921 0 24,535 0 24,138 0 5,772 0 9,973 0 22,168 0 22,176	0 241,067 0 218,670 0 183,393 0 187,864 0 85,524 0 187,031 0 260,878 0 195,227 0 189,468 0 223,773 0 219,074	
Richard Riccio Wayne Richardson Neal Sturm Jonathan Wexler Martha C Young Robert E Calissi Christopher Capuano Minerva S Guttman Brian D Domenick William M Moore Kenneth T Vehrkens Geoffrey Weinman Patti A Mills Brenda Blackmon Michael Clarke		0 139,814 0 152,027 0 143,591 0 153,536 0 34,393 0 153,638 0 194,719 0 138,067 0 146,119 0 168,845 0 155,735 0 158,675 0 153,596		0 58,913 0 37,041 0 21,689 0 11,553 0 20,113 0 8,051 0 17,698 0 17,698 0 29,550 0 22,546 0 22,742 0	0 20,164 0 19,651 0 17,752 0 12,848 0 6,602 0 15,421 0 23,202 0 15,324 0 17,741 0 15,405 0 18,625 0 14,053	0 9,951 0 361 0 9,927 0 24,416 0 9,921 0 24,535 0 24,138 0 5,772 0 9,973 0 22,168 0 22,176	0 241,067 0 218,670 0 183,393 0 187,864 0 85,524 0 187,031 0 260,878 0 195,227 0 189,468 0 223,773 0 219,074	
Richard Riccio Wayne Richardson Neal Sturm Jonathan Wexler Martha C Young Robert E Calissi Christopher Capuano Minerva S Guttman Brian D Domenick William M Moore Kenneth T Vehrkens Geoffrey Weinman Patti A Mills Brenda Blackmon Michael Clarke Daniel C Lewis		0 139,814 0 152,027 0 143,591 0 153,536 0 34,393 0 153,638 0 194,719 0 138,067 0 146,119 0 168,845 0 155,735 0 158,675 0 153,596		0 58,913 0 37,041 0 21,689 0 11,553 0 20,113 0 8,051 0 17,698 0 17,698 0 29,550 0 22,546 0 22,742 0 23,439	0 20,164 0 19,651 0 17,752 0 12,848 0 6,602 0 15,421 0 23,202 0 17,741 0 17,741 0 15,405 0 18,625 0 14,053 0	0 9,951 0 361 0 9,927 0 24,416 0 9,921 0 24,535 0 24,138 0 5,772 0 9,973 0 22,168 0 22,176	0 241,067 0 218,670 0 183,393 0 187,864 0 85,524 0 187,031 0 260,878 0 195,227 0 189,468 0 223,773 0 219,074	
Richard Riccio Wayne Richardson Neal Sturm Jonathan Wexler Martha C Young Robert E Calissi Christopher Capuano Minerva S Guttman Brian D Domenick William M Moore Kenneth T Vehrkens Geoffrey Weinman Patti A Mills Brenda Blackmon Michael Clarke Daniel C Lewis Patrick J Zenner		0 139,814 0 152,027 0 143,591 0 153,536 0 34,393 0 153,638 0 194,719 0 138,067 0 146,119 0 168,845 0 155,735 0 158,675 0 0 0 0 0 0 0 0 0 0 0		0 58,913 0 37,041 0 21,689 0 11,553 0 20,113 0 8,051 0 17,698 0 17,698 0 29,550 0 22,546 0 22,742 0 23,439 0	0 20,164 0 19,651 0 17,752 0 12,848 0 6,602 0 15,421 0 23,202 0 15,324 0 17,741 0 15,405 0 19,718 0 14,053 0	0 9,951 0 361 0 9,927 0 24,416 0 9,921 0 24,535 0 24,138 0 5,772 0 9,973 0 22,168 0 22,176 0 9,946 0 0 0 0 0 0 0 0 0	0 241,067 0 218,670 0 183,393 0 187,864 0 85,524 0 187,031 0 260,878 0 195,227 0 189,468 0 223,773 0 219,074	

0

7,822

0 0

16,165

0

0

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: 93493121007382

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

FAIRLEIGH DICKINSON UNIVERSITY

Employer identification number

22-1494434

	art I Bond Issues											
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) O n Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	New Jersey Educational Facilities Authority FDU Issue 2004 Series C	22-1829511	64605LQA9	07-14-2004	35,572,504	Refunding of NJEFA 1993 Series C		х		х		х
В	New Jersey Educational Facilities Authority FDU Issue 2006 Series G & H	22-1829511	64605KCZ1	06-29-2006	16,652,544	Refunding of NJEFA 1998 G & H various loans		x		х		х
С	New Jersey Educational Facilities Authority Safety Trust Fund Bonds Series 2003 A	22-1829511	64605NBU7	10-09-2003	598,793	Financing Dormitory Safety Improvements		х		х	х	
-												
_												
_									1	1	1	

Par	t III Proceeds													
						\		В	С			D		
1	A mount of bonds retired			ı	0	0		(
2	A mount of bonds legally defea	ased				(0	0		(
3	Total proceeds of issue					36,104,64	6	18,050,500		602,022	2			
4	Gross proceeds in reserve fur	nds				3,208,95	0	1,128,635		(
5	Capitalized interest from proc	eeds					0	0		(
6	Proceeds in refunding escrow				0	0		0		0				
7	Issuance costs from proceeds			620,57	7	279,120	9,101		<u> </u>					
8	Credit enhancement from prod	ceeds					0	0	0					
9	Working capital expenditures	from proceeds				0 0		0	0					
10	Capital expenditures from pro	ceeds					0	0	592,921					
11	Other spent proceeds						0	0		(
12	Other unspent proceeds						0	0		(
13	Year of substantial completion	bstantial completion 2004 2006		06	2004									
					Yes	No	Yes	No	Yes	No	Yes	No		
14	Were the bonds issued as par	t of a current refund	ding issue?		Х		X			Х				
15	Were the bonds issued as par	t of an advance refu	ındıng ıssue?			Х	Х			Х				

allocation of proceeds? Part III Private Business Use

16

17

Has the final allocation of proceeds been made?

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

Χ

Х

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

Χ

Χ

Χ

Χ

Part III Private Business Use (Continued)

		A		В		С		ı	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		×		×		
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?	х		Х		х			
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 %		0 %		0 %		
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 4 % 0 %		0 %				
6	Total of lines 4 and 5	0 4 %			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			

Part IV Arbitrage

		A		В		'		ן ט	
		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?		×		х		X		
2	Is the bond issue a variable rate issue?		X		X		X		
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		x		х		x		
ь	Name of provider								
С	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		Х		Х		Х		
b	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		х		х		х		
6	Did the bond issue qualify for an exception to rebate?		X		Х		X		

Part V Supplemental Information

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

Ident if ier	Return Reference	Explanation

SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

Open to Public

Department of the Treasury

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

Internal Revenue Service Inspection **Employer identification number** Name of the organization FAIRLEIGH DICKINSON UNIVERSITY 22-1494434 Part I Types of Property

Art—Historical treasures Art—Fractional interests A Books and publications S Clothing and household Boods Art—Fractional interests A Books and publications S Clothing and household Boods A Books and publications S Clothing and household Boods A Books and publications S Clothing and household Boods A Books and publications S Clothing and household Boods A Books and planes B Lothing and household B Cars and other vehicles B Boots and planes B Intelligetual property B Securities—Publicity traded X S 107,934 Market B Securities—Publicity traded X S 20,000 Market B Securities—Publicity traded X S 20,000 Market B Collection—Historic X Collection—Historic X Collection—Historic X S 1 13,495 Market B Road Installation—Other B Road Installation—Other B Road Installation—Other D Road market and Installation D Road Market D Road Installation D Road Market D Road Installation D Road Market D Road Installation D Road Instal			(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining of amounts		ontribut	ion
3 Att-Fractional interests	1	Art—Works of art							
## Books and publications Coloning and household Coloning and hous	2	Art—Historical treasures							
5 Clathing and household gloods	3	Art—Fractional interests							
	4	Books and publications	Х		7,232	Market			
6 Cars and other vehicles . 8 Intellectual property . 9 Securities—Publicly traded	5	Clothing and household							
8 Intellectual property	good	s							
8 Intellectual property	6	Cars and other vehicles .							
9 Securities—Publicity traded X 5 107,934 Market 10 Securities—Closely held stock	7	Boats and planes							
10 Securities—Closely held stock	8	Intellectual property							
stock	9	Securities—Publicly traded	Х	5	107,934	Market			
LEC, or trust interests .	10	· · · · · · · · · · · · · · · · · · ·							
13 Qualified conservation contribution—Historic structures	11								
contribution—Historic structures	12	Securities—Miscellaneous							
Contribution—Other	13	contribution—Historic							
16 Real estate—Commercial 17 Real estate—Other	14	•							
17 Real estate—Other	15	Real estate—Residential .							
18 Collectibles	16	Real estate—Commercial							
19 Food inventory	17	Real estate—Other							
Taxidermy	18	Collectibles							
21 Taxidermy	19	Food inventory							
21 Taxidermy	20	Drugs and medical supplies	Х	1	13,495	Market			
22 Historical artifacts	21	Taxidermy							
Archeological artifacts . See Add'l Data . See Add'l Data	22	Historical artifacts							
See Add'I Data Other ► () Other ► () Other ► () Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	23	Scientific specimens							
See Add'I Data Other ► () Other ► () Other ► () Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	24	Archeological artifacts							
26 Other \(\bigcup \) Oth				See Add'l Data					
27 Other ► (
Other ► (
Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement									
During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		Number of Forms 8283 received by				29			
must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?								Yes	No
for exempt purposes for the entire holding period?	30a	During the year, did the organization	n receive	e by contribution any prope	rty reported in Part I, lines	1-28 that it			
b If "Yes," describe the arrangement in Part II 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32 Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? 32 No b If "Yes," describe in Part II 33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,		must hold for at least three years f	rom the d	late of the initial contribution	on, and which is not require	d to be used			
Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? 32 If "Yes," describe in Part II 33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,		for exempt purposes for the entire	holdıng p	erıod?			30a		No
Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	ь	If "Yes," describe the arrangement	ın Part I	I					
contributions?	31	Does the organization have a gift a	cceptano	e policy that requires the r	eview of any non-standard	contributions?	31	Yes	
b If "Yes," describe in Part II 33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,	32a		hırd partı • • •	es or related organizations	to solicit, process, or sell	non-cash	32a		No
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,	b	If "Yes." describe in Part II							
			venuesı	n column (c) for a type of p	roperty for which column (a) is checked,			

Part II

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

Ident if ier	Return Reference	Explanation					
SchM_P01_S00_L04	Schedule M, Part I, Line 4	Donation of medical reference books, CD's, and training kits					
SchM_P01_S00_L09	Schedule M, Part I, Line 9	Donations of publicly traded securities					
SchM_P01_S00_L20	Schedule M, Part I, Line 20	Donation of miscellaneous medical supplies, syringes, stylets, valves, etc					

Schedule M (Form 990) 2010

Additional Data

Software ID: 10000077

Software Version: v1.00

EIN: 22-1494434

Name: FAIRLEIGH DICKINSON UNIVERSITY

Form 990 Schedule M, Part I - Types of Property

Property Type	(a) Check ıf applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d) Method of determining oncash contribution amounts
Flowers/Tent Other ▶ (Panels)			003	Manula de
2 46" Sony	X	1	993	Market
Other ► (TV's)	Х	1	3,780	Market
Other ► (Furniture)	Х	1	2,800	Market
Photographs, Wroxton				
Other ► (<u>Campus</u>)	X	1	600	Market
IBM M2				
Other ► (<u>Server</u>)	×	1	32,896	Market

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As Filed Data -

DLN: 93493121007382

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public

Inspection

Name of the organization	Employer identification number
FAIRLEIGH DICKINSON UNIVERSITY	
	22-1494434

ldentifier	Return Reference	Explanation
F990_P06_S0A_L02	Form 990, Part VI, Section A, Line 2	President J Michael Adams serves as a member of the Board of Directors of First Sealord Surety, Inc., Villanova, PA. Kenneth L. Brier serves as a Trustee on the Fairleigh Dickinson University Board of Trustees and also as Chief Executive Officer of Sealord LLC, and on the Board of Directors of First Sealord Surety, Inc.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L11b	Form 990, Part VI, Section B, Line 11b	The University's Board of Trustees assigned the primary responsibility for the detailed review of Form 990 to the Finance, Audit and Budget Committee (the "FABC") of the Board. The FABC has worked closely with management to become familiar with the requirements and to ensure that the University's policies and procedures accurately reflect its operations. Form 990 was reviewed by management with oversight responsibility prior to submission to the governing body for review. The FABC reviewed the Form 990 (excluding Schedule B due to the confidential nature of the information) at its meeting on April 18, 2012, after receiving the draft document several days in advance. This review also included the University's officers. Form 990 was subsequently distributed by mail to all members of the Board of Trustees for their review prior to filing.

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

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

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

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

ldentifier	Return Reference	Explanation
F990_P10_S00_L12	Form 990, Part X, Line 12	Allied Signal stock certificates

ldentifier	Return Reference	Explanation
F990_P11_S00_L05	Form 990, Part XI, Line 5	Net unrealized gains \$6,177,097

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DLN: 93493121007382

2010

OMB No 1545-0047

Open to Public Inspection

22-1494434

SCHEDULE R (Form 990)

FAIRLEIGH DICKINSON UNIVERSITY

Related Organizations and Unrelated Partnerships

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.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

Ca 3,466,256 2,795,278 Particular Programs Ca	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (sta or foreign country	(d) Total income	(e) End-of-year assets	(f) Direct controll entity	lıng	
or more related tax-exempt organizations during the tax year.) (a) Name, address, and EIN of related organization (b) Primary activity (c) Legal domicile (state or foreign country) (d) Exempt Code section (related section 501(c)(3)) Direct controlling entity (ontrolling entity) Section 512(b)(13 controlled organization Yes No (a) (b) Primary activity (related organization) (d) Exempt Code section (related organization) (d) (e) Public charty status (related organization) Yes No (e) Public charty status (related organization) Yes No (ii) In (iii) Section 512(b)(13 controlled organization) Yes No In (iii) Section 512(b)(13 controlled organization Yes No In (iii) Sec	of British Columbia Foundation 842 Cambie Street Vancouver, British Columbia V6B 2P6	Education	CA	3,466,.	2,795,2	78 Fairleigh Dickinson (University	
or more related tax-exempt organizations during the tax year.) (a) Name, address, and EIN of related organization (b) Primary activity (c) Legal domicile (state or foreign country) (d) Exempt Code section (related section 501(c)(3)) Direct controlling entity (ontrolling entity) Section 512(b)(13 controlled organization Yes No (a) (b) Primary activity (related organization) (d) Exempt Code section (related organization) (d) (e) Public charty status (related organization) Yes No (e) Public charty status (related organization) Yes No (ii) In (iii) Section 512(b)(13 controlled organization) Yes No In (iii) Section 512(b)(13 controlled organization Yes No In (iii) Sec								
or more related tax-exempt organizations during the tax year.) (a) Name, address, and EIN of related organization (b) Primary activity (c) Legal domicile (state or foreign country) (d) Exempt Code section (related section 501(c)(3)) Direct controlling entity (ontrolling entity) Section 512(b)(13 controlled organization Yes No (a) (b) Primary activity (related organization) (d) Exempt Code section (related organization) (d) (e) Public charty status (related organization) Yes No (e) Public charty status (related organization) Yes No (ii) In (iii) Section 512(b)(13 controlled organization) Yes No In (iii) Section 512(b)(13 controlled organization Yes No In (iii) Sec								
or more related tax-exempt organizations during the tax year.) (a) Name, address, and EIN of related organization (b) Primary activity (c) Legal domicile (state or foreign country) (d) Exempt Code section (related section 501(c)(3)) Direct controlling entity (ontrolling entity) Section 512(b)(13 controlled organization Yes No (a) (b) Primary activity (related organization) (d) Exempt Code section (related organization) (d) (e) Public charty status (related organization) Yes No (e) Public charty status (related organization) Yes No (ii) In (iii) Section 512(b)(13 controlled organization) Yes No In (iii) Section 512(b)(13 controlled organization Yes No In (iii) Sec								
or more related tax-exempt organizations during the tax year.) (a) Name, address, and EIN of related organization (b) Primary activity (c) Legal domicile (state or foreign country) (d) Exempt Code section (related section 501(c)(3)) Direct controlling entity (ontrolling entity) Section 512(b)(13 controlled organization Yes No (a) (b) Primary activity (related organization) (d) Exempt Code section (related organization) (d) (e) Public charty status (related organization) Yes No (e) Public charty status (related organization) Yes No (ii) In (iii) Section 512(b)(13 controlled organization) Yes No In (iii) Section 512(b)(13 controlled organization Yes No In (iii) Sec								
or more related tax-exempt organizations during the tax year.) (a) Name, address, and EIN of related organization (b) Primary activity (c) Legal domicile (state or foreign country) (d) Exempt Code section (related section 501(c)(3)) Direct controlling entity (ontrolling entity) Section 512(b)(13 controlled organization Yes No (a) (b) Primary activity (related organization) (d) Exempt Code section (related organization) (d) (e) Public charty status (related organization) Yes No (e) Public charty status (related organization) Yes No (ii) In (iii) Section 512(b)(13 controlled organization) Yes No In (iii) Section 512(b)(13 controlled organization Yes No In (iii) Sec								
Name, address, and this related organization primary activity leads of foreign country) activity	Part II Identification of Related Tax-Exempt Organization or more related tax-exempt organizations during the	ations (Complete e tax year.)	ıf the organızatıo	n answered "Yes"	on Form 990, Part	IV, line 34 becau	ıse ıt had	one
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	Public charity status	Direct controlling	cont	rolled
							Yes	No

art III		_	ole as a Partners reated as a partner	 _	answered "\	es" on Form 990,	Part IV, lin	ne 34
		(c)	(a)		(h)	(i)	(j)	1

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana parti	ral or iging	(k) Percentage ownership
							Yes	No		Yes	No	
Part IV Identif	ication of Polat	ad Ora	anizatione Taya	hle as a Cornora	tion or Trust (C	omplote if the ora	ובדומבו	ion ar	newared "Vec" on	Form	۵۵۸	Dart 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.)

		addens di catea as a co. p	0144011 01 41401 4	adining and tax ,	- Cu. 1 /		
(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) HARBINGER CORPORATION c/oFairleigh Dickinson Univ 1000 River Rd Teaneck, NJ07666 22-2317172	INACTIVE	NJ	N/A	С	-2,210	500	1 00 %

(6)

Part V	Transactions With Related Organizations (Complete if the organization answered "Ye	es" on Form 990, Pa	rt IV, line 34, 35, 3	55A, or 36.)		
Not e.	. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
1 During t	he tax year, did the orgranization engage in any of the following transactions with one or more related orga	anızatıons lısted ın Part	s II-IV?			
a Rece	ipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No
b Gift,	grant, or capital contribution to other organization(s)			1b		No
c Gift, 9	grant, or capital contribution from other organization(s)			1 c		No
d Loans	s or loan guarantees to or for other organization(s)			1d		No
e Loans	s or loan guarantees by other organization(s)			1e		No
f Sale	of assets to other organization(s)			1 f		No
g Purcl	hase of assets from other organization(s)			1 g		No
h Exch	ange of assets			1h		No
i Lease	e of facilities, equipment, or other assets to other organization(s)			1 i		No
j Lease	e of facilities, equipment, or other assets from other organization(s)			1 j		No
k Perfo	rmance of services or membership or fundraising solicitations for other organization(s)			1k		No
I Perfor	rmance of services or membership or fundraising solicitations by other organization(s)			11		No
m Sharı	ng of facilities, equipment, mailing lists, or other assets			1m	1	No
n Shari	ing of paid employees			1n		No
o Reim	bursement paid to other organization for expenses			10		No
p Reim	bursement paid by other organization for expenses			1р		No
q Othe	r transfer of cash or property to other organization(s)			1 q		No
r Other	r transfer of cash or property from other organization(s)			1 r		No
2 If the	answer to any of the above is "Yes," see the instructions for information on who must complete this line,	ıncludıng covered relat	ionships and transact	ion thresholds		
	(a)	(b)	(c)	(d) Method of determin	aina ama	ount
	Name of other organization	Transaction type(a-r)	Amount involved	involved		Juni
(1)						
(2)						
-						
(3)						
(4)						
(4)						
(5)						
(5)		1	1	I		

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets		ortionate	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	(h) neral or anaging artner?	
			Yes	No		Yes	No		Yes	N	
										+	
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Part VII Supplemental Information

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

Ident if ier	Ret urn Ref erence	Explanation
	1	Fairleigh Dickinson University of British Columbia, Foundation (FDU-Vancouver) is a campus of Fairleigh Dickinson University, incorporated under the Society Act on July 19, 2006 at Victoria, British Columbia, Canada

Schedule R (Form 990) 2010