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DLN: 93493121007383

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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

Internal	Revenue	Service	► The organization may have to use a copy	of this return to s	satisfy s	tate reporting	requirem	ents	Inspection
A Fo	or the 2	2011 ca	lendar year, or tax year beginning 07-01-2011	and ending 06	-30-201	2			
B Ch	eck if ap	pplicable	C Name of organization FAIRLEIGH DICKINSON UNIVERSITY				D Employ	yer id	entification number
┌ Ad	dress ch	ange					22-14		
Г№	me char	nge	Doing Business As				E Telepho	one n	umber
┌ Ini	tıal retur	m	Number and street (or P O box if mail is not delivere	ed to street address)	Room/su	ute.	(201)	692-	-2381
Гте	rmınated	d	1000 River Road Mail Code T-FH2-06	ed to street address)	ROOM, 3u		<b>G</b> Gross re	eceipt	s \$ 283,114,870
L An	nended r	return	City or town, state or country, and ZIP + 4						
		pending	Teaneck, NJ 076661914						
j Aþ	piication	penung							
			<b>F</b> Name and address of principal officer Sheldon Drucker			<b>H(a)</b> Is this affiliat		retui	rn for □ Yes 🔽 No
			1000 River Road			aiiiiat	.es r		) res j• No
			Mail Code T-FH2-06 Teaneck,NJ 076661914			H(b) Are all	affiliates	inclu	ded?
		nt status							t (see instructions)
I 16	ix-exem	pt status	▼ 501(c)(3)	4947(a)(1) or   5	27	H(c) Group	exempt	ion n	umber 🟲
J W	ebsite	: F www	ı fdu edu						
<b>K</b> For	m of org	janization	Corporation Trust Association Other			L Year of for	mation 19	42	M State of legal domicile NJ
Pa	rt I	Sumi	mary			•		•	
Activities & Governance	- -	educatior necessar	Dickinson University is a center of academic  The University strives to provide students by to participate, lead, and prosper in the global	with the multi-dis al marketplace of	ciplinar ideas, c	y, intercultural commerce and	, and ethiculture	ıcal u	ınderstandıngs
<b>15</b>			is box 🔭 if the organization discontinued its				5% of its		ı
<b>ኛ</b> ዕ ያሳ ያ	1		of voting members of the governing body (Part				-	3	28
Ě	1		of independent voting members of the governing				-	4	27
Ę	1		nber of individuals employed in calendar year		ie Za)		-	5	2,570
q.			nber of volunteers (estimate if necessary) . elated business revenue from Part VIII, colui				-	6 7a	9,840
	1		ated business taxable income from Form 990	• • • •			-	7a 7b	-27,901
	<u>                                   </u>	Tet uniter	acca basiness taxable income nom romingso	1,11110 31 1	•	Prior	Year	<del></del>	Current Year
	8	Contrib	outions and grants (Part VIII, line 1h)			1 1101	9,879,5	531	7,986,607
9	9		m service revenue (Part VIII, line 2g)		2	53,403,0	-	261,312,932	
Revenue	10	_	ment income (Part VIII, column (A), lines 3, 4		838,6		841,012		
æ	11		revenue (Part VIII, column (A), lines 5, 6d, 8			1,430,33		1,513,916	
	12		evenue—add lines 8 through 11 (must equal F		-				
						_	65,551,6	-	271,654,467
	13		and similar amounts paid (Part IX, column (A	•			62,764,6	-	66,365,624
	14		s paid to or for members (Part IX, column (A)					0	0
8	15	Salarie 5-10)	s, other compensation, employee benefits (Pa	art IX, column (A	), lines	1	12,999,9	88	122,974,123
Expenses	16a	•	sional fundraising fees (Part IX, column (A), li	ne 11e)			172,4	152	182,007
Ě	Ь		ndraising expenses (Part IX, column (D), line 25) $\blacktriangleright^{1,70}$						
ш	17		expenses (Part IX, column (A), lines 11a-11c		<del></del> .		72,929,5	523	74,401,527
	18	Total e	xpenses Add lines 13-17 (must equal Part I	X, column (A), lıı	ne 25)	2	48,866,6	544	263,923,281
	19	Revenu	ue less expenses Subtract line 18 from line 1	2			16,684,9	93	7,731,186
Net Assets or Fund Balances						Beginning		nt	End of Year
9.44 10.44			(0.1)				ear		
ASS.	20		ssets (Part X, line 16)		•		94,172,3		309,449,197
5 F	21		abilities (Part X, line 26)				71,661,4 22,510,9	-	178,982,899
	22 rt III		sets or fund balances  Subtract line 21 from li ature Block	ine 20			22,510,5	,01	130,400,290
Unde know	er penal rledge a rledge.	ties of peand belief,	ture of officer  Ferrara VP for Finance & Treasurer			er) is based on a	II informa		
			or print name and title						
Paid		Preparer's		Date	9	Check if self- employed 🕨 🦵	Preparer's (see instr		ayer identification number s)
	Only If self-er		me (or yours polyoed), and ZIP + 4		•		EIN 🕨		

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

Phone no 🕨

┌Yes ┌No

Form	990 (2011)	Page
Par	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	.୮
1	Briefly describe the organization's mission	
Univ	gh Dickinson University is a center of academic excellence dedicated to the preparation of world citizens through global sity strives to provide students with the multi-disciplinary, intercultural, and ethical understandings necessary to partic er in the global marketplace of ideas, commerce and culture	education Th ipate, lead, an
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amougrants and allocations to others, the total expenses, and revenue, if any, for each program service reported	
4a	(Code ) (Expenses \$ 219,180,629 including grants of \$ 66,056,202 ) (Revenue \$ 232,58.	 3,517 )
	HIGHER EDUCATION INSTRUCTION - Fairleigh Dickinson University (the "University") founded in 1942, is one of the largest independent nonsectabligher education in New Jersey, serving more than 12,200 undergraduate and graduate students. With a wide range of academic programs and to in New Jersey, each with its own identity and separate mission, the University preserves the intimacy of a small college within a large suburban in College at Florham in Morris County, New Jersey is a picture perfect collegiate environment. Ivy-covered buildings, a strong student life program, amenities and activities make Florham a picturesque learning environment. The Metropolitan Campus in Teaneck and Hackensack, New Jersey is paced, professionally oriented environment that feeds off the energy of nearby New York City. Many of the University's business, professional, sci healthcare programs are based at the Metropolitan Campus. The AACSB-accredited Silberman College of Business provides career-focused prepara entrepreneurial studies, accounting, marketing, finance, information systems, and management through BS, MS and MBA degrees, including the Extraordal in the heart of the U.S. pharmaceutical industry, Fairleigh Dickinson University's School of Pharmacy in Morris County, New Jersey, is unvectively in the heart of the U.S. pharmaceutical industry, Fairleigh Dickinson University also operates international campuses, the Wroxton C. Oxfordshire, England and Fairleigh Dickinson University-Vancouver in British Columbia, Canada. Courses are also offered at many locations through New Jersey and through on-line courses accessible from anywhere in the world. The University offers over 140 degree programs at the associate, master's and doctorate levels. Its wide range of offerings include a variety of innovative programs in education, nursing, psychology, business, convisual arts, and public administration. A new state-of-the art cyber crime laboratory extends FDU's already widely respected graduate and certifical computer security and fore	wo main campuse istitution. The and traditional by contrast a fast lence, and itton in executive MBA eiling a dynamic a educating ampus in hout the State of baccalaureate, mputer science, ite programs in
4b	(Code ) (Expenses \$ 22,073,516 including grants of \$ 309,422 ) (Revenue \$ 28,549)	9,569 )
	HIGHER EDUCATION AUXILIARY - To provide food service and resident halls for University students Approximately 2,310 undergraduate U S students utilize University residence halls	dents currently
4c	(Code ) (Expenses \$ 153,257 including grants of \$ 0 ) (Revenue \$ 170	0,006 )
	HIGHER EDUCATION RESEARCH - Investigation and experimental activities for the purpose of discovery and revision of accepted conclusions undependent of the community at large. The Silberman College of Business sponsors a series of business research studies that involve faculty and stude publishes several working papers series and The Journal of Pharmaceutical Chemical Business. University College. Arts, Sciences, Professional Studies Campus houses the clinical psychology and school psychology doctoral programs where students and faculty do research in such areas as behavor cognitive, psychological and psych-educational testing and women's issues. In the Maxwell Becton College of Arts and Sciences, research efforts a prominent in the psychology, english, social sciences and communications disciplines. The College of Florham psychology department emphasizes industrial/organizational psychology and clinical counseling.	ertaken for the nts The College dies Metropolitan nal medicine, re particularly
4d	Other program services (Describe in Schedule O )	
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0	)
4e	Total program service expenses►\$ 241,407,402	

Form 990 (	<u> </u>	
Part IV	Checklist of Required	Schedules

	one or no quire a concauted		.,	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	_	<b>Yes</b> Yes	No
2	complete Schedule $A^{\otimes 2}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		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? If "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	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II 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, Part 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	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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		No
	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 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 Man	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
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	

Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		. [	
			Yes	No
la	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	<b>1a</b>   377			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b			
_	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
C	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this			
L	return	1		
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
a	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b	Yes	
a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account or securities account)?	4a	Yes	
b	,			
_	If "Yes," enter the name of the foreign country ►UK, CA See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	222 121. 21. 21. 1. 1. 1. 1. 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.			
а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	70		
	Tries to fine 3a or 3b, did the organization merofin 5000-1	5c		
а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	שט		
		7a	Yes	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	/a	1 65	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
_	Did the average transition receive any finder divastily or indivastily to now promiting an a newconal honofit			
٠	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
	Form 1098-C?	/11		
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club  10b			
-	facilities			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them)......... <mark>11b</mark>			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?			
	<b>Note.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization			
	allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
	the states in which the organization is licensed to issue qualified health plans			
C	Enter the aggregate amount of reserves on hand 13c			
<b>4</b> 2	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Yes " has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O.	14a		110

Teaneck, NJ 076661914

(201)692-2381

Se	ection 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 supervision of officers, directors or trustees, or key employees to a management company or other person?.	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	venue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No No
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990	114		110
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16a		No
b	taxable entity during the year?	100		INU
	organization's exempt status with respect to such arrangements?	16b		
<u>Se</u> 17	List the States with which a copy of this Form 990 is required to be filed.			
18	List the States with which a copy of this Form 990 is required to be filed.  Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. Upon request. Describe in Schedule O. whether (and if so, how), the organization made its governing documents, conflict of			
19	interest policy, and financial statements available to the public See Additional Data Table			. <b>b</b> -
20	State the name, physical address, and telephone number of the person who possesses the books and records of the Hania Ferrara-VP Finance Treasurer	ie orga	nizatioi	i <b>F</b>
	Fairleigh Dickinson University 1000 River Road Mail Code T-FH2-03			

## 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the or	ganization nor any re	lated o	rgan	ızatı	ons	compe	ensat	ted any current or fo	rmer officer, direc	tor, or trustee
<b>(A)</b> Name and Title	(B) A verage hours per week (describe	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		MISC)	related organizations
See Additional Data Table										
				$\vdash$			_			

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

	(A) Name and Title	(B) Average hours per week (describe	unles an	on (d e tha	n on son er a	e bo: is bo nd a	x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-		(F) Estima amount o compens from f	ated f other sation the ion and
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Kej emplojee	Highest compensated employee	Former		MISC)		relat organıza	
See A	Addıtıonal Data Table												
											$\bot$		
											$\perp$		
											$\bot$		
											$\bot$		
											Щ		
1b	Sub-Total				•	•		<b>&gt;</b>			+		
d	Total (add lines 1b and 1c) .					•		<b>F</b>	4,511,963		0		813,90
2	Total number of individuals (incl \$100,000 of reportable compen						above	) who	received more tha	n			
										. , . r		Yes	No
3	Did the organization list any <b>for</b> on line 1a? <i>If</i> "Yes," complete Sci							ee, c	or highest compens	ated employee	3		No
4	For any individual listed on line organization and related organiz										4	Yes	
5	Did any person listed on line 1a services rendered to the organiz		-				-		-	or individual for	5	. 33	No
Se	ection B. Independent Con	tractors											
1	Complete this table for your five \$100,000 of compensation from	n the organizatio											

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
Gourmet Dining Services 285 Madison Avenue Madison, NJ 07940	Food Services	7,078,480
Hollister Construction Services 777 Terrace Avenue Hasbrouck Heights, NJ 07604	Construction Services	4,462,418
Collins Building Services Court Square Pl 24-01 44th Rd LIC, NY 11101	Building - Cleaning	2,627,990
ISS TMC Services Inc 81 Dorsa Avenue Livingston, NJ 07039	Bldg - Mechanical Maint	1,745,470
Torcon Inc 328 Newman Springs Road Red Bank, NJ 07701	Construction Services	1,254,380
2 Total number of independent contractors (including but not limited to those listed above)	who received more than	

\$100,000 of compensation from the organization  $\blacktriangleright$ 38

Part V	<u> </u>	Statement o	t Revenue					
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
Contributions, gifts, grants and other similar amounts	1a	Federated camp	paigns 1a	100,279				
준들	ь	Membership due	es 1b	0				
₽E	c	Fundraising eve	nts 1c	502,456				
चें इ.स.	_			0				
<u>ਜ਼</u> ਰ	d	Related organiza						
હેં≣	e	Government grants	(contributions) <b>1e</b>	3,669,313				
<u>고</u>	f		ns, gifts, grants, and <b>1f</b>	3,714,559		İ		j
돌		sımılar amounts not						
重ち	g	Noncash contrit	outions included in 17.985					
돌	١.	lines 1a-1f \$	<u>.</u>	_	7,986,607			
ें ब	h	lotal. Add lines	1a-1f		7,986,607			
e				Business Code				
₽	2a	Tuition		611310	219,549,027	219,549,027	0	0
9. 8.	ь	Student Residence		611310	20,049,461	20,049,461	0	0
Œ								
156	С	Student Fees		611310	10,332,488	10,332,488	0	0
<u>5</u>	d	Student Food Svc		611310	8,500,108	8,500,108	0	0
S	e							
Program Serwce Revenue	f	All other progra	m service revenue		2,881,848	2,872,008	9,840	0
Ť	g	Total. Add lines	2a-2f	<u></u> . ►	261,312,932			
	3	Investment inco	ome (including dividen	ds, interest				
		and other sımıla	ramounts)	▶ [	834,739	0	0	834,739
	4	Income from invest	ment of tax-exempt bond p	oroceeds 🕨 🕨	0	0	0	0
	5	Royalties		▶ ↑	12,257	0	0	12,257
		Ĺ	(ı) Real	(II) Personal				
	6a	Gross rents	1,659,418	0				
	b	Less rental	0	0				
	"	expenses						
	С	Rental income or (loss)	1,659,418	0				
	d	_	ne or (loss)	<u></u> ►	1,659,418	0	0	1,659,418
	_	Г	(ı) Securities	(II) Other	, ,			, , ,
	7a	Gross amount from sales of assets other	11,223,357	0				
	b	than inventory Less cost or other basis and	11,217,084	0				
	c	sales expenses Gain or (loss)	6,273	0				
	d	` ` L	s)	<u> </u>	6,273	0	0	6,273
Other Revenue	8a	Gross income frevents (not incl	rom fundraising uding 456 reported on line 1c)		,			,
Œ		•	а	85,560				
ie l	ь	Less direct exr	penses b	243,319				
ᅙ	С	•	loss) from fundraising (		-157,759		o	-157,759
-	9a		om gaming activities					
			a	0				
	b		penses <b>b</b>	0				
	С	Net income or (	loss) from gamıng actıv	/ities►	0	0	0	0
	10a	Gross sales of i returns and allo	wances .					
	_		<b>a</b>	0				
	b	Less cost of go		0				
	С	•	loss) from sales of inve	· ·	0	0	0	0
		Miscellaneous	Revenue	Business Code				
	11a							
	ь							
	c							
	آم	All other revers			0	0	0	0
	"	All other revenu	L			9	0	
			11a-11d		0			
	12	lotal revenue. S	See Instructions	. •	271,654,467	261,303,092	9,840	2,354,928 Form <b>990</b> (2011)

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) 

7b, 8b, 9l  1	rants and other assistance to governments and organizations the United States See Part IV, line 21  rants and other assistance to individuals in the inited States See Part IV, line 22  rants and other assistance to governments, reganizations, and individuals outside the United states See Part IV, lines 15 and 16 enefits paid to or for members compensation of current officers, directors, trustees, and any employees	(A) Total expenses  0  64,167,976  2,197,648 0	(B) Program service expenses  0  64,167,976	(C) Management and general expenses	( <b>D</b> ) Fund raising expenses
3 Gr org St. 4 Be	rants and other assistance to individuals in the nited States. See Part IV, line 22  rants and other assistance to governments, reganizations, and individuals outside the United states. See Part IV, lines 15 and 16 enefits paid to or for members.	64,167,976 2,197,648			
3 Gr org St. 4 Be	rants and other assistance to governments, ganizations, and individuals outside the United rates See Part IV, lines 15 and 16 enefits paid to or for members ompensation of current officers, directors, trustees, and	2,197,648	64,167,976		
org St <b>4</b> Be	ganizations, and individuals outside the United rates See Part IV, lines 15 and 16 enefits paid to or for members ompensation of current officers, directors, trustees, and				
	ompensation of current officers, directors, trustees, and	0	2,197,648		
<b>5</b> Co			0		
		4,490,761	2,049,315	2,128,758	312,688
(as	ompensation not included above, to disqualified persons s defined under section 4958(f)(1)) and persons escribed in section 4958(c)(3)(B)	161,833	161,833	0	0
<b>7</b> Ot	ther salaries and wages	86,440,045	77,222,224	8,490,004	727,817
	ension plan contributions (include section 401(k) and section 03(b) employer contributions)	5,215,271	4,551,889	606,014	57,368
<b>9</b> Ot	ther employee benefits	19,878,659	17,803,285	1,895,900	179,474
<b>10</b> Pa	ayroll taxes	6,787,554	5,924,177	788,714	74,663
<b>11</b> Fe	ees for services (non-employees)				
	anagement	0	0	0	0
	egal	802,378	0	802,378	0
	ccounting	336,999	0	336,999	0
	bbbying	174,663	174,663	0	0
	rofessional fundraising See Part IV, line 17	182,007	21.1,222	-	182,007
	vestment management fees	76,841	0	76,841	0
	ther	10,439,034	9,817,237	619,449	2,348
	dvertising and promotion	1,216,243	1,207,033	9,210	0
	ffice expenses	7,389,691	6,541,112	757,532	91,047
	formation technology	5,543,607	4,768,471	775,136	0
	pyalties	36,872	21,517	15,355	0
	·	18,483,198	17,836,048	647,090	60
	ccupancy	, ,		,	
	ravel	2,849,142	2,692,598	146,590	9,954
sta	ayments of travel or entertainment expenses for any federal, late, or local public officials	0	0	0	0
	onferences, conventions, and meetings	3,657,536	3,269,337	326,733	61,466
	nterest	5,449,293	5,361,310	87,983	0
	ayments to affiliates	0	0	0	0
	epreciation, depletion, and amortization	8,318,800	7,744,012	574,090	698
	surance	3,010,371	2,125,937	884,434	0
mı	ther expenses Itemize expenses not covered above (List iscellaneous expenses in line 24f If line 24f amount exceeds 10% of the 25, column (A) amount, list line 24f expenses on Schedule O)				
<b>a</b> Ba	ad Debt Expense	2,446,000	2,446,000	0	0
<b>b</b> Bo	ooks and Periodicals	802,413	761,060	40,110	1,243
<b>c</b> St	udent Activity Fees	601,103	601,113	-10	0
<b>d</b> Fu	urniture & Equip (non-capital)	544,826	496,092	48,106	628
е					
f All	II other expenses	2,222,517	1,465,515	755,564	1,438
25 To	otal functional expenses. Add lines 1 through 24f	263,923,281	241,407,402	20,812,980	1,702,899
SC org	oint costs. Check here ► ┌ If following OP 98-2 (ASC 958-720) Complete this line only if the Granization reported in column (B) joint costs from a Combined educational campaign and fundraising solicitation				m <b>990</b> (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 1 1 76.841.589 79.836.330 2 Savings and temporary cash investments . . . . . . . 3 1,689,490 2,200,578 17.366.042 18.490.486 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 0 5 0 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 0 0 6 0 0 7 0 8 9 4, 194, 183 9 4.556.905 Prepaid expenses and deferred charges . . . . . . 277, 179, 535 Land, buildings, and equipment cost or other basis Complete 10a Part VI of Schedule D 10a 10b 107,307,555 b Less accumulated depreciation . . . . . 160,145,700 10c 169,871,980 33,818,392 11 34,375,929 11 30,000 12 12 30,000 Investments—other securities See Part IV, line 11 . . . . . . 13 13 Investments—program-related See Part IV, line 11 . . 14 14 86,989 15 15 86,989 294, 172, 385 309, 449, 197 16 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 20,638,290 17 25,817,052 17 Accounts payable and accrued expenses . 18 18 19 2,007,961 19 2,212,262 20 103.426.678 20 99.525.296 21 21 0 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 0 0 22 0 0 23 Secured mortgages and notes payable to unrelated third parties . . . 23 0 24 Unsecured notes and loans payable to unrelated third parties . . . . 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 45,588,555 25 51,428,289 D . . . . 26 171,661,484 26 178,982,899 **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 89,252,388 27 99,927,623 Unrestricted net assets . . . . 17,200,487 28 13,591,698 28 Temporarily restricted net assets . . . . . Fund 29 16.058.026 29 16,946,977 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . . . . Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ž 33 Total net assets or fund balances . . . . . 122.510.901 33 130.466.298 34 Total liabilities and net assets/fund balances . . . . . 294.172.385 309 449 197

Pa	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)	1		271 <i>e</i>	554,467
2	Total expenses (must equal Part IX, column (A), line 25)	2			23,281
3	Revenue less expenses Subtract line 2 from line 1	3			, ,186
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		122,5	510,901
5	Other changes in net assets or fund balances (explain in Schedule O)	5		Ž	224,211
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		130,4	166,298
Pai	rt 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 in Schedule O		<b>2</b> c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were in a separate basis, consolidated basis, or both	ssued			
	Separate basis Consolidated basis Both consolidated and separated basis				1
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the i audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

**Employer identification number** 

#### OMB No 1545-0047

2011

Open to Public 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

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

Pa	rt I	Reas	on for Pu	iblic Charity Sta	<b>tus</b> (All org	ganızatıons	must com	plete this p	art.) See ir	structions	
he o	organı	zatıon ıs	not a priva	te foundation becaus	eitis (Forl	ınes 1 throu	igh 11, check	only one bo	x )		
1	Γ	A chur	ch, convent	ion of churches, or a	ssociation of	churches <b>s</b>	ection 170(b	)(1)(A)(i).			
2	굣	A scho	ol described	d in <b>section 170(b)(1</b>	l <b>)(A)(ii).</b> (At	tach Schedu	ıle E)				
3	$\Gamma$	A hosp	ital or a coo	perative hospital se	rvice organiz	atıon descri	bed in <b>sectio</b>	n 170(b)(1)(	(A)(iii).		
4	Γ			h organization operat ity, and state	ted in conjun	ction with a	hospital desc	cribed in <b>sec</b>	tion 170(b)(	1)(A)(iii). E	nter the
5	Г	Δn ora:	anization on	erated for the benefi	t of a college	or universit	ty owned or o	nerated by a	government	al unit descr	
,	•	_	•	( <b>A)(iv).</b> (Complete P	=	. Or universit	ty owned or o	peracea by a	government	ar unic deser	ibed iii
6	$\Gamma$	A feder	al, state, or	local government or	government	al unit desc	rıbed ın <b>secti</b>	on 170(b)(1	)(A)(v).		
7	Γ	describ	oed in	at normally receives		al part of its	support from	a governme	ntal unit or fr	om the gene	ral public
0	_			(A)(vi) (Complete P		<b>A.)</b> () (C.o.n.	anlata Davt II				
8 9	<u> </u>			described in <b>section</b>						harabın fasa	and areas
9	1	_		at normally receives	` '		• •		•	•	
				rities related to its ex							
				oss investment inco ganization after June						cax) Iroili bus	sillesses
10	_	•			•			•	•		
10 11	<u>'</u>			ganized and operated ganized and operated						o carry out th	ne nurnoses of
11	1	one or the box	more public	ly supported organized by supported organized by the type of supported by Type I	ations descr orting organ	ibed in secti ization and d	on 509(a)(1)	) or section 5 s 11e throug	509(a)(2) So gh 11h	ee section 50	
e f	Γ	other the section	han foundat n 509(a)(2) rganızatıon	ox, I certify that the ion managers and oth received a written do	her than one	or more pub	licly support	ed organizat	ions describe	ed in section	509(a)(1) or
			this box	2006, has the organi	ization accer	stad any gift	or contributi	on from any	of the		ı
g			ng persons?		ization accep	ited any gnt	or contributi	on nom any	or the		
				rectly or indirectly c	ontrols, eith	er alone or t	ogether with	persons des	cribed in (ii)		Yes No
		and (III	) below, the	governing body of th	e the suppor	ted organiza	ation?			11g(	i)
		(ii) a fa	mily memb	er of a person descri	bed in (i) abo	ve?				11g(	ii)
		(iii) a 3	35% contro	lled entity of a perso	n described i	ın (ı) or (ıı) a	bove?			11g(i	iii)
h		Provide	the follow	ng information about	the supporte	ed organizat	ion(s)				
(i) Nam suppo organiz		Type organiza e of (ii) (describ orted EIN lines 1 - 9		(iii) Type of organization (described on lines 1- 9 above or IRC section	(iv) Is the organizati col (i) list your gove docume	on in ced in rning	(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organizat col (i) org in the U	e Ion In anized	(vii) A mount of support?
				(see instructions))	Yes	No	Yes	No	Yes	No	1
				madactions))		110		110		110	
										-	
							+				
							1			1	

Total

instructions

Sch	edule A (Form 990 or 99	90-EZ)2011						Page <b>2</b>
	(Complet	e only if you	checked the	box on line 5,	7, or 8 of Part	<b>(b)(1)(A)(iv)</b> I or if the orgar	nızatıon faıle	d to qualify
			<u>organızatıon f</u>	fails to qualify ι	<u>under the tests</u>	listed below, pl	<u>lease comple</u>	ete Part III.)
	ection A. Public Su			1		Т	1	
Cal	endar year (or fiscal ye in)	ar beginning	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	(e) 2011	( <b>f</b> ) Total
1	Gifts, grants, contribut	ions, and						
	membership fees recei							
	ınclude any "unusual							
_	grants ") Tax revenues levied fo	rtho						
2	organization's benefit a							
	paid to or expended on							
	behalf							
3	The value of services of							
	furnished by a governme the organization withou							
4	Total. Add lines 1 thro	_						
5	The portion of total cor	-						
-	by each person (other	than a						
	governmental unit or p	•						
	supported organization line 1 that exceeds 2%							
	amount shown on line 1							
	(f)	21,0014						
6	<b>Public Support.</b> Subtractine 4	ct line 5 from						
S	ection B. Total Sup	port						
Cal	<b>endar year</b> (or fiscal yea	r beginning	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
_	ın)	_	(4) 2007	(2) 2000	(4) 2005	(4) 2020	(0) 2022	(1) 1 3 4 4
7 8	A mounts from line 4 Gross income from inte	rost –						
0	dividends, payments re							
	securities loans, rents							
	and income from simila	ır						
_	sources							
9	Net income from unrela business activities, wh							
	not the business is reg							
	carried on							
10	Other income (Explain							
	IV ) Do not include gai from the sale of capital							
11	Total support (Add line							
	through 10)							
12	Gross receipts from re	lated activities	s, etc (See inst	ructions )			12	
13	First Five Years If the		r the organizati	on's first, second	l, thırd, fourth, or	fıfth tax year as a	501(c)(3) or	
	check this box and <b>sto</b>	p here						<b>▶</b> □
S	ection C. Computat	ion of Publ	ic Support F	Percentage				
14	Public Support Percen	tage for 2011	(line 6 column	(f) dıvıded by lıne	11 column (f))		14	
15	Public Support Percen	tage for 2010	Schedule A , Pa	rt II, line 14			15	
16a	33 1/3% support test-					line 14 is 33 1/3%	% or more, che	
h	and <b>stop here.</b> The org  33 1/3% support test					6a and line 15 is	33 1/20% or m	ore check this
D	box and <b>stop here.</b> The					oa, and inte 15 IS	1/3%0 UI M	ore, check this
17a	10%-facts-and-circum	-	•		-	ne 13, 16a, or 16	b and line 14	٠,
	ıs 10% or more, and ıf							
	in Part IV how the orga	anızatıon meet	s the "facts and	d circumstances"	test The organiz	zatıon qualıfıes as	a publicly su	
b	organization 10%-facts-and-circum	stances test—	<b>2010.</b> If the ora	anization did not	check a hov on li	ne 13, 16a 16b	or 17a and lin	<b>▶</b>
,	15 is 10% or more, an							-
	Explain in Part IV how	the organizati						
10	supported organization  Private Foundation If t		n did not chools	a hov on line 12	16a 16h 17a a	or 17h chack this	hov and coc	<b>►</b> □

**▶**□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I 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) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (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 persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) 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 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 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 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. 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

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

33 1/3% support tests-2010. 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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

**▶**[

Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493121007383

OMB No 1545-0047

#### 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.

Political Campaign and Lobbying Activities

Yes

f the organization answered "Yes,"	' to Form 990, Part IV	, Line 3, or Form 990-EZ	., Part V, line 46 (Political	Campaign Activities),
hen				

- ◆ 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

Provide a description of the organization's direct and indirect political campaign activities on behalf of or

Section 527 organizations Complete Part I-A only

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

Named	of the	organia	zatıon	
FAIRLEIG	GH DIC	KINSON	UNIVERS	ПΥ

Employer identification number

22-1494434

Part I-A	Complete in	<u>f the organization i</u>	<u>s exempt under s</u>	section 501(c)	or is a section 52	27 organization.

- in opposition to candidates for public office in Part IV 2 Political expenditures
- Volunteer hours
- Part I-B Complete if the organization is exempt under section 501(c)(3).
- Enter the amount of any excise tax incurred by the organization under section 4955
- Enter the amount of any excise tax incurred by organization managers under section 4955
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
- Was a correction made?
- b If "Yes," describe in Part IV

#### Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- Did the filing organization file Form 1120-POL for this year? Yes
- Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

Sch	nedule C (Form 990 or 990-EZ) 2011			Page 2
Pā	cart II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3) a	and filed Form 5768	(election
	expenses, and share of excess lobb	in affiliated group (and list in Part IV each affilia lying expenditures) x A and "limited control" provisions apply	ted group member's name	, address, EIN
	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing O rganization's Totals	<b>(b)</b> Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lobbyıng)	0	
b	Total lobbying expenditures to influence a legisla	ative body (direct lobbying)	174,663	
c	Total lobbying expenditures (add lines 1a and 1b	p)	174,663	
d	O ther exempt purpose expenditures		241,232,739	
e	Total exempt purpose expenditures (add lines 1	c and 1d)	241,407,402	
f	Lobbying nontaxable amount Enter the amount f	1,000,000		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		

Grassroots nontaxable amount (enter 25% of line)
--

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting
	section 4911 tax for this year?

☐ Yes	
-------	--

250,000

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

	Lobbying Expend	(a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) Total (ount 1,000,000 1,000,000 1,000,000 4,000,000 (e))				
	Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	(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
_с	Total lobbying expenditures	150,015	169,718	174,847	174,663	669,243
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

_	edule C (Form 990 or 990-EZ) 2011				Page <b>3</b>
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has (election under section 501(h)).	NOT f	iled Fo	orm 57	768 
		(	a)	(	b)
		Yes	No	Am	ount
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	O ther 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				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c	)(5), d	or sect	tion
			_	Y	es No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".				tion
1	Dues, assessments and similar amounts from members	1			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year	2a			
b	Carryover from last year	2b			
C	Total	2c			
3	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	5			

#### Part IV Supplemental Information

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

Identifier | Return Reference | Explanation

DLN: 93493121007383

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Name of the organization

Employer identification number

FAI	RLEIGH DICKINSON UNIVERSITY			•	
				L494434	
Pa	organizations Maintaining Donor Acordanization answered "Yes" to Form 99		unds (	or Accounts. Co	omplete if th
		(a) Donor advised funds	(	<b>b)</b> Funds and other	accounts
1	Total number at end of year		1		
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advifunds are the organization's property, subject to the		nor advi:		Yes
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit			r purpose	Yes
Pa	rt II Conservation Easements. Complete	ıf the organization answered "Yes" t	to Form	n 990, Part IV, lır	ne 7.
2	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreating Protection of natural habitat  Preservation of open space  Complete lines 2a-2d if the organization held a quality	on or pleasure) Preservation of ar Preservation of a	certified	d historic structure	
	easement on the last day of the tax year			= 1	
_	Total number of conservation easements		2-	Held at the End	of the Year
a			2a		
b	Total acreage restricted by conservation easements		2b		
С	Number of conservation easements on a certified his		2c		
d	Number of conservation easements included in (c) a		2d		
3	Number of conservation easements modified, transfe	erred, released, extinguished, or terminate	ed by th	e organization durii	ng
	the taxable year 🛌				
4	Number of states where property subject to conserva	ation easement is located ►			
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		dling of		Yes No
6	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easen	nents dı	uring the year 🛌	
7	Amount of expenses incurred in monitoring, inspecti				
,	<b>▶</b> \$	5,	_	,	
8	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of sec	ction	Г	Yes No
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	the footnote to the organization's financia			s
Par	<b>t III</b> Organizations Maintaining Collection Complete if the organization answered '		or Oth	ner Similar Ass	ets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or resear	ch ın fui		
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research			
	(i) Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$	
	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art, histo	orical treasures, or other similar assets f	or finan		
-	following amounts required to be reported under SFA			5, p. 5	

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Par	<b>311</b> Organizations Maintaining Co	llections of Art	t, His	storic	al Trea	sures, or Oth	<u>ier Similai</u>	ASS	ets (co	<u>intinued)</u>
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	he follo	wing that	are a significan	t use of its co	llectio	n	
а	Public exhibition		d	Γ	Loan or e	exchange prograi	ns			
ь	Scholarly research		e	Γ	Other					
С	Preservation for future generations									
4	Provide a description of the organization's co	allections and evals	un hai	w thay	further th	ne organization's	evemnt nurn	oca in		
7	Part XIV					_		ose III		
5	During the year, did the organization solicition assets to be sold to raise funds rather than to						ımılar	_	Yes	□ No
Par	t IV Escrow and Custodial Arrang	ements. Comple	ete ıf	the o	rganızat	tion answered	"Yes" to Foi			1 110
	Part IV, line 9, or reported an ar									
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other interme	ediary	/ for co	ntributior	ns or other asset	s not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the	follov	wing ta	ble	_				
						<u> </u>		Amo	unt	
C	Beginning balance					1				
d	Additions during the year					10				
e	Distributions during the year					1				
f	Ending balance					1	f			
2a	Did the organization include an amount on Fe	orm 990, Part X, lin	e 21?	>				Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI\	<i>!</i>								
Pa	rt V Endowment Funds. Complete									
	Danish a faranchalana	(a)Current Year 31,274,383	(Ь	Prior Ye	ear (c	20,072,125	(d)Three Years	Back (	<b>e)</b> Four \	Years Back
1a	Beginning of year balance									
Ь	Contributions	4,064,623			22,003	2,264,012		0,557		
С	Investment earnings or losses	822,964			54,552	2,692,448	· ·	3,697		
d	Grants or scholarships	794,772			81,436	683,867		6,900		
е	Other expenditures for facilities and programs	463,125		4	48,934	416,520	37	'3,425		
f	Administrative expenses	0			0	0		0		
g	End of year balance	34,904,073		31,2	74,383	23,928,198	20,07	2,125		
2	Provide the estimated percentage of the year	r end balance held	as		- I					
а	Board designated or quasi-endowment	31 %								
b	Permanent endowment ► 69 %									
	remailent endowment P									
c 3a	Term endowment   • 0 %  Are there endowment funds not in the posse	ssion of the organiz	ation	that a	re held an	nd administered f	or the			
Ja	organization by	ssion of the organiz	acion	tilat ai	e neiu an	ia administerea i	or the		Yes	No
	(i) unrelated organizations							3a(i)	1	No
	(ii) related organizations							3a(ii)		No
b	If "Yes" to 3a(II), are the related organization	•						3b		
4	Describe in Part XIV the intended uses of th									
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	90, Pa	art X,	line 10.					
	Description of property				ost or othe (investmen		r <b>(c)</b> Accumu depreciat		( <b>d</b> ) Bo	ok value
1a	Land					0 18,675,6	13		1	8,675,613
Ь	Buildings					0 218,503,3	89,28	0,963	12	9,222,424
	Leasehold improvements					0 810,0		30,325		479,761
	Equipment					0 26,636,8		6,267		8,940,574
	Other					0 12,553,6		0		2,553,608
	I. Add lines 1a-1e (Column (d) should equal Fo		mn (B	), line i	10(c).) .	12,333,0		<del>-  </del>		9,871,980
	, , ,		. ,	*				ule D (		90) 2011

Part VIII Investments—Other Securities. See	<u>Form 990, Part X, line 1</u>	2.	
(a) Description of security or category	(b)Book value		od of valuation
(including name of security) (1)Financial derivatives		Cost of elia-of	f-year market value
(2)Closely-held equity interests Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		12	
Part VIII Investments—Program Related. See			od of valuation
(a) Description of investment type	(b) Book value		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, lir	ne 15.		
(a) Descrip	otion		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1			
<b>Part X</b> Other Liabilities. See Form 990, Part X  (a) Description of Liability	•		
	(b) A mount		
Federal Income Taxes	0		
Post-retirement benefits liability	30,534,624		
U.S. government grants refundable	9,310,058		
Fin 47 asset retirement obligations  Deferred Liabilities	7,018,186		
Misc Other	2,919,864		
FII3C Other	1,645,557		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	E4 430 300		
. Committee Should Equal Form 990, Fate A, COI (D) IIIIC 23 )	51,428,289		

271,654,467

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	271,654,467
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	263,923,28
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	7,731,186
4	Net unrealized gains (losses) on investments	4	224,21
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	224,21
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	7,955,393
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	272,084,034
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		
е	Add lines 2a through 2d	2e	224,21
3	Subtract line <b>2e</b> from line <b>1</b>	3	271,859,823
4	A mounts included on Form 990, Part VIII, line 12, but not on line $oldsymbol{1}$		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 76,841		
b	Other (Describe in Part XIV)		
C	Add lines <b>4a</b> and <b>4b</b>	4c	-205,356
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	271,654,467
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per l	
1	Total expenses and losses per audited financial statements	<sub>1</sub>	264,128,637
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 <b>2e</b> from line <b>1</b>	3	264,128,637
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a 76,841		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	-205,356
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	263,923,28
	THAT Supplemental Information		, ,

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

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

Identifier	Return Reference	Explanation
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 990 reporting (\$243,319), special event purpose +(\$2,545) unrealized gain on investment + (\$48,590) budget transfer elimination + reclassification between Expense and Revenue \$12,257
SchD_P13_S00_L04b	Schedule D, Part XIII, Line 4b	Reclassifications between Revenue and Expense 990 reporting (\$243,319), special event purpose +(2,545) unrealized gain on investment +(\$48,590) budget transfer elimination + reclassification between Expense and Revenue \$12,257

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493121007383

OMB No 1545-0047

#### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

**Schools** 

**Employer identification number** 

Name of the organization 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? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 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 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes 4d Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 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? Νo 5a **b** Admissions policies? 5b Νo

c Employment of faculty or administrative staff?

d Scholarships or other financial assistance?

e Educational policies?

f Use of facilities?

g Athletic programs?

h Other extracurricular activities? 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?

b Has the organization's right to such aid ever been revoked or suspended? 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

Νo

Νo

Νo

Νo

Νo

Νo

5d

5e

5f

5g

5h

6a

Yes

Yes

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	Schedule E, Part I, Line 3	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. As of 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) 2011

DLN: 93493121007383

OMB No 1545-0047

**SCHEDULE F** (Form 990)

Department of the Treasury

to Part I

c Totals (add lines 3a and 3b)

### Statement of Activities Outside the United States

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

Open to Public **Inspection** 

Internal Revenue Service Name of the organization

**Employer identification number** 

ΑIR	LEIGH DICKINSON UNIVERSIT	ſΥ				
					22-1494434	
Pa	rt I General Informatio "Yes" to Form 990, Pa			he United States. C	omplete if the organ	zation answered
1	For grantmakers. Does the	organization n	naıntaın record	s to substantiate the	amount of the grants	or
	assistance, the grantees' elig		_			
	the grants or assistance?					✓ Yes
2	<b>For grantmakers.</b> Describe in Pa United States	irt V the organiz	zatıon's procedur	es for monitoring the use	e of grant funds outside	the
3	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed [	)		
						_
	(a) Region	( <b>b</b> ) Number of offices in the region	(c) Number of employees or agents in region of 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					
D	Total from continuation sheets	I	1	I	I	I

7,515,984

Pa	Part IV, I	ine 15, for any	sistance to Orgar recipient who recesspace is needed.	<b>nizations or Entiti</b> erved more than \$5,	<b>es Outside the Un</b> 000. Check this box	nited States. Composite of the composite	olete if the organiza received more that	tion answered "Yes' n \$5,000	' to Form 990, ► 厂
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	<b>(f)</b> Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2	Enter total nur tax-exempt by	mber of recipie the IRS, or fo	ent organizations lis or which the granted	ted above that are e or counsel has pro	recognized as chari ovided a section 50:	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . 🕨	
3	Enter total nur	mber of other	organizations or en	tities					: (Form 990) 2011

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	( <b>f)</b> A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other
Univ funded scholarships	North America (including Canada and Mexico, but not the United States)	301		n/a		Tuition A/R credit	n/a
Univ funded scholarships	Europe (including Iceland and Greenland)	84		n/a	730,995	Tuition A/R credit	n/a
				!	-		
			<u> </u>				
				<u>'</u>	<u> </u>		
			 I	!	-		
			1				

## 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	Yes	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	F	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	Yes	Γ	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	Yes	্য	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	Yes	্য	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	Yes	ঘ	Νo

Schedule F (Form 990) 2011

Schedule F (Form 990) 2011 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.

Identifier 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 method of accounting	

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

ldentifier	Return Reference	Explanation
SchF_P04_S00_L03	IV, Line 3	Fairleigh Dickinson University of British Columbia, Foundation (FDU-Vancouver) was incorporated under the Society Act, Victoria, British Columbia, Canada on July 19, 2006 and is a campus of Fairleigh Dickinson University, Teaneck, NJ, United States

Schedule F (Form 990) 2010

Software ID: 11000129
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 Part I - Activities Outside The 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	33	Program Services	Higher Education	2,289,014		
North America (including Canada and Mexico, but not the United States)	1	83	Program Services	Higher Education	3,944,347		
North America (including Canada and Mexico, but not the United States)	0	59	Program Services	Mktg Commission	491,655		
Europe (including Iceland and Greenland)	0	1	Program Services	MBA Study Abroad	127,067		
South America	0	1	Program Services	MBA Study Abroad	1,485		
East Asia and the Pacific	0	0	Program Services	Business Mtg	2,761		
Europe (including Iceland and Greenland)	0	0	Program Services	Recruitment	18,873		
South Asia	0	0	Program Services	Recruitment	59,714		
North America (including Canada and Mexico, but not the United States)	0	0	Program Services	Recruitment	7,408		
East Asia and the Pacific	0	0	Program Services	Recruitment	104,689		
Middle East and North Africa	0	0	Program Services	Recruitment	37,405		
Europe (including Iceland and Greenland)	0	4	Program Services	Intruction	34,152		
Sub-Saharan Africa	0	1	Program Services	Instruction	1,000		
North America (including Canada and Mexico, but not the United States)	0	1	Program Services	Instruction	2,000		
South Asia	0	1	Program Services	IT Consultant	26,620		
Europe (including Iceland and Greenland)	0	1	Program Services	Mktg Commission	1,000		
South Asia	0	8	Program Services	Mktg Commission	44,000		
Europe (including Iceland and Greenland)	0	0	Program Services	Study Abroad	173,414		
South America	0	0	Program Services	Study Abroad	38,935		
East Asia and the Pacific	0	0	Program Services	Study Abroad	32,544		
Central America and the Caribbean	0	0	Program Services	Study Abroad	48,008		
Central America and the Caribbean	0	0	Program Services	Recruitment	3,097		
South America	0	0	Program Services	Recruitment	26,796		
				·			

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As Filed Data -

DLN: 93493121007383

OMB No 1545-0047

**SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury

## **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.

Internal Revenue Service	Attach to Form 990 or Form 990-E2. F See separate instructions.	Inspection
Name of the organization		Employer identification number
FAIRLEIGH DICKINSON	UNIVERSITY	
		22-1494434

					22-1494434	
Part I Fundraising A	<b>ctivities.</b> Complete	of the c	organiza	tion answered "Yes"	to Form 990, Part IV,	line 17.
a	solicitations ns e a written or oral agree in Form 990, Part VII) est paid individuals or	ement will or entity entities (	e f g th any ind in conne (fundraise	Solicitation of nor Solicitation of governments of Special fundraising Special fundraising office ction with professional forms of the second special forms of the second	n-government grants vernment grants ig events rs, directors, trustees fundraising services? ents under which the fun	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outlons?	(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
elecomp Inc 3375 Brighton Henrietta ownline Road Rochester, NY 146232842	Design, management, and preparation of solicitation materials, direct mail and telephone solicitation of contributions, consultation and final written reports including statistical evaluation to the organization	163	No	203,981	182,007	21,974
			•	203,981	182,007	21,974
3 List all states in which th licensing	e organization is regis	tered or I	icensed t	o solicit funds or has be	een notified it is exempt	from registration or

Pai	e 18, or reported 000.					
			(a) Event #1  Charter Day (event type)	(b) Event #2  Robt Shields Event (event type)	(c) O ther Events  2 (total number)	(d) Total Events (Add col (a) through col (c))
E E	1	Gross receipts	408,125	76,803	103,088	588,016
Revenue	2	Less Charitable contributions	368,425	56,563	77,468	502,456
	3	Gross income (line 1 minus line 2)	39,700	20,240	25,620	85,560
	4	Cash prizes	0	0	0	0
ហ	5	Non-cash prizes	0	8,647	0	8,647
Expenses	6	Rent/facility costs	81,903	14,446	915	97,264
ă	7	Food and beverages	58,858	11,020	31,529	101,407
Direct	8	Entertainment	9,050	0	2,000	11,050
ā	9	Other direct expenses .	19,768	793	4,390	24,951
	10	Direct expense summary Add line	es 4 through 9 in column	(d)	🛌	(243,319)
	11	Net income summary Combine li	nes 3 and 10 in column (	d)		-157,759
Par	: !!!!	<b>Gaming.</b> 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
Reveilue			(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1	Gross revenue				
မှ မ	2	Cash prizes				
Direct Expenses	3	Non-cash prizes				
ញ ក្ត	4	Rent/facility costs				
ă	5	Other direct expenses				
	6	Volunteer labor	┌ Yes ┌ No	┌ Yes ┌ No	┌ Yes	_
	7	Direct expense summary Add lines	s 2 through 5 in column (	d)	•	( )
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	mn (d)	<u> ► </u>	
9 a b	Ist	er the state(s) in which the organiza the organization licensed to operate No," Explain	gaming activities in each	n of these states?		
		re any of the organization's gaming l Yes," Explain	icenses revoked, suspen	ded or terminated during	the tax year?	· · Fyes Fno

Sche	edule G (Form 990 or 990-EZ) 201	1		Page <b>3</b>
11	Does the organization operate ga	ımıng actıvıtıes with nonmembers? .		· · · · Fyes Fno
12	Is the organization a grantor, ber	neficiary or trustee of a trust or a mem	ber of a partnership or other entity	
	formed to administer charitable g	lamıng?		· · · · Fyes FNo
13	Indicate the percentage of gamir			
a				
Ь				
14	Provide the name and address of records	the person who prepares the organiza	ition's gaming/special events book	s and
	Name 🟲			
	Address 🟲			
15a	Does the organization have a cor	ntract with a third party from whom the	e organization receives gaming	
	revenue?			· · · · F <sub>Yes</sub> F <sub>No</sub>
b	If "Yes," enter the amount of gan	ning revenue received by the organiza	tion 🟲 \$ and	d the
	amount of gaming revenue retain	ed by the third party 🟲 \$		
С	If "Yes," enter name and address	5		
	Name 🟲			
16	AddressGaming manager information			
	Name 🟲			
	Gaming manager compensation	<b>*</b> \$		
	Description of services provided	<b>&gt;</b>		
17	Director/officer  Mandatory distributions	Employee	Independent contractor	
a b	retain the state gaming license? Enter the amount of distributions	r state law to make charitable distribi		Yes No
Pai		activities during the tax year <b>&gt;</b> \$ provide additional information for	responses to quuestion on Scl	nedule G (see
	Identifier	ReturnReference	Explana	tion
Sch	G_P01_S00_L02b	Schedule G, Part I, Line 2b	The agreement with Telecomp, Inprofessional fundraising services basing fundraising service payme	from expense payments by

chG_P01_S00_L02b	Schedule G, Fait 1, Line 20	The agreement with Telecomp, Inc distinguishes payments for professional fundraising services from expense payments by basing fundraising service payments on solicitation call volume and by charging for expenses such as postage at the actual first-class postage rate. The expense for telephone number research is billed at a set fee amount.

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Schedule I

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

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

OMB No 1545-0047

DLN: 93493121007383

**Inspection** 

Department of the Treasury Internal Revenue Service

(Form 990)

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

Part I General Informatio	n on Grants and	Assistance					
<ul> <li>Does the organization maintain the selection criteria used to aw</li> <li>Describe in Part IV the organization</li> </ul>	ard the grants or ass	ustance?			the grants or assist	ance, and	✓ Yes   I
Part II Grants and Other A Form 990, Part IV, line	ssistance to Gov	ernments and O	rganizations in the	United States. Con			
Part IV and Schedule	I-1 (Form 990) if a	additional space is	needed	· · · · · · · ·	· · · · ·		▶ ┌
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount 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 grader or assistance
<ul><li>2 Enter total number of section 50</li><li>3 Enter total number of other orga</li></ul>							
For Privacy Act and Panerwork Reduction				Cat No. 50055P			le I (Form 990) 2011

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>(b)</b> Number of recipients	<b>(c)</b> 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	4463	61,460,108	0		
(2) EDUCATIONAL OPPORTUNITY FUND	317	1,095,376	o		
(3) PRIVATE & ENDOWED SCHOLARSHIPS	485	1,444,030	0		
(4) MISC STATE & OTHER SCHOLARSHIPS	79	136,462	0		
(5) PRIVATE & ENDOWED FELLOWSHIPS	7	32,000	o		

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

Identifier	Return Reference	Explanation
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) 2011

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

Part I Questions Regarding Compensation

DLN: 93493121007383

OMB No 1545-0047

**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 senarate instructions

Open to Public Inspection

	F Attach to Form 990. F See separate instructions.		
Name of the organization		Employer ident if	ication number
FAIRLEIGH DICKINSON UNIVERSITY			
		22-1494434	

			Yes	Νo
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions  Payments for business use of personal residence			
	Tax idemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
Ь	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
_	To be about a form of the following the constraint of the constrai			
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	▼ Compensation committee     ▼ Written employment contract			
	✓ Independent compensation consultant ✓ Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization			
	or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of	_		
a	The organization?	5a		No
Ь	Any related organization?	5b		No
_	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form $990$ , Part VII, Section A, line $1a$ , did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		Νo
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
		<b>-</b>		INO
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?			INU
	Section 33 4930-0(c)	9		

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

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

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name	<b>(B)</b> Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation			( <b>D</b> ) Nontaxable	(E) Total of columns	(F) Compensation
	(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							

### Part III Supplemental Information

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

Identifier	Return Reference	Explanation
SchJ_P01_S00_L01a	Part I, Line 1a	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 considered to have a bona fide business purpose, and such travel is approved in advance by the Chairman of the Board of Trustees The President receives an annual housing allowance which is included in reportable compensation on form W-2. The IRS includes Airline Clubs in the definition of Social Clubs. Payment of airline club dues is provided only when membership has a University business purpose.
SchJ_P01_S00_L03	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 commisioning 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	,	A 457(f) supplemental retirement plan payment in the amount of \$36,770 04 was distributed to Provost Kenneth Greene during the calendar year ending December 31, 2011

Schedule J (Form 990) 2011

**Software ID:** 11000129

**Software Version:** v1.00

**EIN:** 22-1494434

Name: FAIRLEIGH DICKINSON UNIVERSITY

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

(A) Name		(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & ıncentive compensation	(iii) O ther compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
J Michael Adams	(I) (II)		0	111,528 0	26,950 0	25,718 0	393,354 0	0 0
Cecil A Abrahams	(I) (II)	174,769 0	0	13,330 0	0 0	4,313 0	192,412 0	0
Christopher A Capuano	(I)	215,457 0	0 0	14,620 0	25,654 0	19,489 0	275,220 0	0
Sheldon Drucker	(I) (II)		0	63,729 0	26,950 0	25,218 0	327,094 0	0
Hanıa Ferrara	(ı) (ıı)	158,204 0	0	36,313 0	21,255 0	24,919	240,691 0	0
Kenneth R Greene	(I) (II)	143,162 0	0	64,987 0	18,799 0	23,076	250,024 0	30,000
Joseph J Kiernan	(ı) (ıı)	178,307 0	0	26,874 0	21,846 0	10,421	237,448	0
Richard P Reiss	(ı) (ıı)	229,195 0	0	26,150 0	26,950 0	25,533	307,828 0	0
Richard A Riccio	(ı) (ıı)		0	53,991 0	20,164 0	23,109	242,654 0	0
Wayne M Richardson Esq	(ı) (ıı)		0	28,373 0	20,165	10,391		0
Neal M Sturm	(ı) (ıı)	147,346 0	0	22,346 0	18,211 0	414	188,317 0	0
Jonathan Wexler	(I) (II)	161,702 0	0	8,769 0	13,536 0	10,364	194,371 0	0
Pattı A Mılls	(ı) (ıı)		0	22,432 0	14,420 0	10,386	204,733	0
William M Moore	(ı) (ıı)	173,704 0	0	25,674 0	15,808 0	10,418	225,604	0
Ruth E Nemire	(I) (II)		10,000	21,350 0	22,550	17,623	256,654 0	0
Kenneth T Vehrkens	(I) (II)		0	19,233	19,112	23,082	220,968	0
Geoffrey S Weinman	(I) (II)	160,371	0	20,155	20,234	23,101	223,861	0
Michael J Avaltroni	(ı) (ıı)	153,947	0	16,450 0	18,150 0	25,461 0	214,008	0

### 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-MIS	SC compensation	(C) Deferred	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) O ther compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Ronald E Calissi Esq	(I) (II)	155,285 0	0	6,749 0	15,824 0	2,794 0	180,652 0	0 0
Brian D Domenick	(I) (II)	148,054 0	0 0	14,931 0	18,205 0	23,066 0	204,256 0	0
Richard C Frick	(I) (II)	142,601 0	0 0	13,680 0	10,944 0	23,011 0	190,236 0	0
Diana L Marin Esq	(I) (II)	128,223 0	0	28,535 0	10,557 0	280 0	167,595 0	0

Schedule K

**Supplemental Information on Tax Exempt Bonds** 

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

Department of the Treasury Internal Revenue Service Name of the organization

FAIRLEIGH DICKINSON UNIVERSITY

(Form 990)

OMB No 1545-0047

DLN: 93493121007383

Open to Public Inspection

Employer identification number

FA.	FAIRLEIGH DICKINSON UNIVERSITY								22-1494434						
Р	art I Bond Issues							<u> </u>							
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued (e) Issue Price		CUSIP # (d) Date Issued (e) Issue Price (f) Desc		(f) Description of Purpose		<b>(g)</b> De		(h) On d Behalf of Issuer		of (1) Pool	
								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	Refund Series	ding of NJEFA 1993 s 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		ding of NJEFA 1998 G & ous loans		x		X		X		
c	New Jersey Educational Facilities Authority Safety Trust Fund Bonds Series 2003 A	22-1829511	64605NBU7	10-09-2003	598,793		cing Dormitory Safety vements		Х		Х		х		
P	rt III Proceeds														
					Α		В		С		<u> </u>	D			
1	A mount of bonds retired					0	0			С	1				
2	A mount of bonds defeased					0	0			C	<i>i</i>				
3	Total proceeds of issue				36,10	4,646	18,050,500		6	502,022	2				
4	Gross proceeds in reserve fur	nds			3,20	8,950	1,128,635			C	,				
5	Capitalized interest from proc	eeds				0	0			C	,				
6	Proceeds in refunding escrow	ī				0	0			C	,		,		
7	Issuance costs from proceed	s			62	0,577	279,120			9,101					
8	Credit enhancement from pro	ceeds				0	0			C	,				
9	Working capital expenditures	from proceeds				0	0			C	,				
10	Capital expenditures from pro	ceeds			32,27	5,119	16,642,745		į	592,921					
					<del>                                     </del>						+				

9	Working capital expenditures from proceeds		0		0	0			
10	Capital expenditures from proceeds		32,275,119		16,642,745		592,921		
11	O ther spent proceeds		0		0		0		
12	O ther unspent proceeds		0	0 0					
13	Year of substantial completion	20	2004 2006			20	04		
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	Х		Х			Х		
15	Were the bonds issued as part of an advance refunding issue?		Х	Х			Х		
16	Has the final allocation of proceeds been made?	Х		Х		Х			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	х		X		Х		_	

Part IIII Private Business Use

		Α		В		С		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		Х		Х		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		×		X		×		

Sch	edule K (Form 990) 2011								Page <b>2</b>
Pai	rt IIII Private Business Use (Continued)								
	• • • • • • • • • • • • • • • • • • • •		Α		В	С			D
		Yes	No	Yes	No	Yes	No	Yes	No
За	Are there any management or service contracts that may result in private business use?	Х		Х		Х			
<b>b</b> If 'Yes' to line 3a, does the organization routinely engage bond counsel or other out counsel to review any management or service contracts relating to the financed property?		e X		Х		Х			
С	Are there any research agreements that may result in private business use of bond-financed property?		х		х		х		
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outsic counsel to review any research agreements relating to the financed property?	е							
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	f	0 4 %		0 %		0 %		
6	Total of lines 4 and 5		04%		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			
Pa	rt IV Arbitrage								
		Α		В		С		D	

Yes Yes No Yes Yes No No No Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and 1 Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? Χ Χ Χ Is the bond issue a variable rate issue? Χ Χ Χ Has the organization or the governmental issuer entered За into a hedge with respect to the bond issue? Χ Χ Χ Name of provider Term of hedge Was the hedge superintegrated? Was a hedge terminated? Were gross proceeds invested in a GIC? 4a Χ Χ Χ Name of provider b

Part V	Procedures T	o Undertake	Corrective	Action

Did the bond issue qualify for an exception to rebate?

Was the regulatory safe harbor for establishing the fair market

Were any gross proceeds invested beyond an available temporary

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary 

Χ

Χ

Χ

Χ

Χ

Χ

### Part VI Supplemental Information

Term of GIC

period?

value of the GIC satisfied?

C d

5

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

<b>Ident if ier</b>	Return Reference	Explanation
SchK_P01_S00_L00e	Schedule K, Part I, Column e	The Total Proceeds of Issue in Part II include investment earnings for each bond issue
SchK_P03_S00_L03a		The University maintains a janitorial service contract which is solely incidental to the primary function of the financed facility, and is therefore excluded from private business use pursuant to Rev Proc 97-13, Sec 1 141-3(b)(iii)(a) safe harbor rules

DLN: 93493121007383

Employer identification number

OMB No 1545-0047

Inspection

### **SCHEDULE M** (Form 990)

**NonCash Contributions** 

Department of the Treasury Internal Revenue Service

Name of the organization

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

FAIRL	EIGH DICKINSON UNIVERSITY				22-1494434		
Pa	<b>rt I</b> Types of Property				- · · · · · ·		
		(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line	<b>(d)</b> Method of deteri contribution am	_	
	Art—Works of art						
2	Art—Historical treasures .						
3	Art—Fractional Interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities—Publicly traded .	Х	4	72,139	Market		
	Securities—Closely held stock .						
11	Securities—Partnership, LLC, or trust interests						
12	Securities—Miscellaneous						
	Qualified conservation						
	contribution—Historic						
4.4	structures						
14	Qualified conservation contribution—Other						
15	Real estate—Residential .						
16	Real estate—Commercial						
17	Real estate—Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies .						
	Taxidermy						
22	Historical artifacts						
23 24	Scientific specimens Archeological artifacts						
	Other ► (Two lamps )	X	1	150	Market		
23	Mahogany		-	150	THATKEE		
26	Other ► (table)	Х	1	850	Market		
27	Other▶ ( <u>Walnut desk</u> )	Х	1	1,500	Market		
	Toiletries &	.,	_	1 0 4 7			
28	Other ► (snacks) Other ► (Gift Card)	X	1	· ·	Market Market		
	Exercise		1	1,000	Market		
	Other ► ( equipment )	X	1	1,599	Market		
	Athletic						
	Other ► ( supplies )	X	1	79	Market		
	Stone bench & plaque-						
	Other ► ( Wroxton )	Х	1	1,821	Market		
	Other► ( <u>Jets suite</u> )	Х	1		Market		
	Other ► ( <u>Chapel altar</u> )	Х	1	•	Market		
29	Number of Forms 8283 received for which the organization compl				29		0
	for which the organization compl	eteu Foiiii (	5265, Part IV, Donee Acki	iowieugement		Yes	No
30a	During the year, did the organiza	ation receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it	+:==	<del>                                     </del>
	must hold for at least three year						
	for exempt purposes for the enti	re holding p	period?		30	a	No
b	If "Yes," describe the arrangeme	ent in Part :	II				
31	Does the organization have a gif	t acceptan	ce policy that requires the	review of any non-standard	contributions? 31	Yes	<u> </u>
32a	Does the organization hire or us contributions?	e third part	ies or related organizations	to solicit, process, or sell			
L	If "Yes," describe in Part II				32	1	No
	If the organization did not report	revenues	in column (c) for a type of n	roperty for which column (a	) is checked.		
	describe in Part II			column (u	,		

#### Part II

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

Identifier	Return Reference	Explanation
SchM_P01_S00_L00	· · · · · · · · · · · · · · · · · · ·	The University is reporting in Part I, column (b) the number of contributions received

Schedule M (Form 990) 2011

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SCHEDULE O

As Filed Data -

DLN: 93493121007383

OMB No 1545-0047

Open to Public Inspection

### Supplemental Information to Form 990 or 990-EZ

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990 or 990-EZ.

Name of the organization FAIRLEIGH DICKINSON UNIVERSITY

(Form 990 or 990-EZ)

Employer identification number

22-1494434

ldentifier	Return Reference	Explanation
F990_P06_S0A_L02	Section A, Line 2	President J Michael Adams served 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 17, 2013, 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 the policy. The policy states that no member shall make recommendations, vote, deliberate, or participate in decision-making where a conflict exits. 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 disclosures 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 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_L19		The University's conflict of interest policy and financial statements are made available to the general public on the University's website at www fdu edu. The conflict of interest policy, financial statements, and governing documents are also available upon request.

ldentifier	Return Reference	Explanation
F990_P11_S00_L05	Form 990, Part XI, Line 5	Net unrealized gains

efile GRAPHIC print - DO NOT PROCESS | As Filed Data SCHEDULE R | Related Or

DLN: 93493121007383

## **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.

2011

**Employer identification number** 

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990)

FAIRLEIGH DICKINSON UNIVERSITY				22-1494	1434		
Part I Identification of Disregarded Entities (Comple	ete if the organization	on answered "Yes	" on Form 990,	•			
(a) Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity		
(1) Fairleigh Dickinson University of British Columbia Foundation 842 Cambie Street Vancouver, British Columbia V6B 2P6 CA	Education	CA	7,351,776	3,834,763	Fairleigh Dickinson University		
Part II Identification of Related Tax-Exempt Organiz or more related tax-exempt organizations during the		ıf the organızatıoı	n answered "Ye	es" on Form 990,	Part IV, line 34 becau	se it had	one
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sect	(e) Public charity sta (if section 501(c)	(f) atus Direct controlling (3)) entity	Section 5 cont	<b>g)</b> 12(b)(13 rolled nization
						Yes	No
For Privacy Act and Paperwork Reduction Act Notice, see the Instruction	ons for Form 990.	Cat No 5	0135Y		Schedule R (	Form 990	2011

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

<b>(k)</b> Percentage ownership					
ral or iging	No		i		<i>i</i>
(j) Genera manag partn	Yes				
(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)					
tionate	No				
(h) Dispropr allocatio	Yes				
<b>(g)</b> Share of end-of- year assets					
<b>(f)</b> Share of total Income					
(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)					
,					
(c) Legal domicile (state or foreign country)					
<b>(b)</b> Primary activity					
(a) Name, address, and EIN of related organization					

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total Income	( <b>g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership
Teaneck, NJ 07666 22-2317172	INACTIVE	NJ	N/A	С	-2,350	500	1 00 %
(2) CHARITABLE REMAINDER UNI-TRUST 2 2333 Southern Pines Place Deland, FL 32724 22-7653678	TRUST	NJ	N/A	Т	0	0	0 %

(5)

(6)

Part	V Tra	ansactions With Related Organizations (Complete if the organization answered	"Yes" on Form 990, Pa	rt IV, line 34, 35, 3	35A, or 36.)			
	<b>lote.</b> Comp	olete line 1 if any entity is listed in Parts II, III or IV					Yes	No
<b>1</b> Dur	ing the tax	year, did the orgranization engage in any of the following transactions with one or more related	organizations listed in Par	ts II-IV?				
a i	Receipt of (	(i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity				1a		No
Ь	Gıft, grant,	or capital contribution to related organization(s)				1b		No
c (	Gıft, grant,	or capital contribution from related organization(s)				1c		No
<b>d</b> l	_oans or lo	an guarantees to or for related organization(s)				1d		No
<b>e</b> l	_oans or lo	an guarantees by related organization(s)				1e		No
f S	Sale of ass	ets to related organization(s)				1f		No
g F	ourchase o	f assets from related organization(s)				1g		No
h i	Exchange o	of assets with related organization(s)				1h		No
i L	ease of fac	cilities, equipment, or other assets to related organization(s)				<b>1</b> i		No
j L	ease of fac	cilities, equipment, or other assets from related organization(s)				1j		No
k i	erformanc	ce of services or membership or fundraising solicitations for related organization(s)				1k		No
I P	erformanc	e of services or membership or fundraising solicitations by related organization(s)				11		No
m s	Sharing of f	acilities, equipment, mailing lists, or other assets with related organization(s)				1m		No
n S	Sharing of p	paid employees with related organization(s)				1n		No
<b>o</b> 1	Reimbursei	ment paid to related organization(s) for expenses				10		No
р	Reimbursei	ment paid by related organization(s) for expenses				<b>1</b> p		No
q (	O ther trans	sfer of cash or property to related organization(s)				1q	Yes	
r	ther trans	fer of cash or property from related organization(s)				1r		No
	f the answe	er to any of the above is "Yes," see the instructions for information on who must complete this li	ne, including covered relat	tionships and transac	tion thresholds			
		(a) Name of other organization	<b>(b)</b> Transaction type(a-r)	(c) Amount involved	Method of dete	<b>d)</b> rmını olved	ng amo	unt
	RITABLE REM	1AINDER UNI-TRUST 2	а-і	8,227	Cash			
(2)								
(3)								
(4)								

### 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

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	org	(e) Are all partners section 501(c)(3) janizations?	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Disproprtionate alloc		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	<b>j)</b> eral or aging ener?	(k) Percentage ownership
			,	Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

### Part VII Supplemental Information

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

Identifier	Return Reference	Explanation
	•	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, BC, Canada

Schedule R (Form 990) 2011

Software ID: 11000129
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	Independ	lent C	onti	act	tors	3				
<b>(A)</b> Name and Title	(B) Average hours per		tion that a		/)			( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
J Michael Adams President & Trustee	86	Х		х				340,686	0	52,668
Anthony P Ambrosio Trustee	3	Х						0	0	0
Curtis R Artis Trustee	3	Х						0	0	0
Brenda Blackmon Trustee	3	Х						0	0	0
Kenneth L Brier Trustee	3	Х						0	0	0
Guy F Budinscak Trustee	5	Х						0	0	0
John J Carscadden Trustee	3	Х						0	0	0
Mıchael Clarke Trustee	3	Х						0	0	0
Ronald J Doerfler Trustee	3	Х						0	0	0
Rosemary Espanol Trustee	3	Х						0	0	0
Robert M Hallenbeck Trustee	5	Х						0	0	0
Franklyn G Jenifer Trustee	3	Х						0	0	0
Stewart Krentzman Trustee	3	Х						0	0	0
Daniel C Lewis Trustee	3	Х						0	0	0
Winston I Lowe Esq Trustee	3	Х						0	0	0
Donna DelPrete Markı Trustee	3	Х						0	0	0
Vincent J Naimoli Trustee	5	Х						0	0	0
Gergory H Olsen Trustee	3	Х						0	0	0
William L O'Neill DDS Trustee	3	Х						0	0	0
Antoinette Petrocelli Trustee	3	Х						0	0	0
Robert J Pures Trustee	3	Х						0	0	0
Robert P Saltarellı Trustee	3	Х						0	0	0
Paul C Santuccı Trustee	3	Х						0	0	0
Molly Easo Smith Trustee	3	Х						0	0	0
Mary Kay Stratis Trustee	5	Х						0	0	0

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

Compensated Employees, and I	Independ	ent C	onti	act	ors	}				
(A) Name and Title	(B) Average hours		(tion that a			П		(D) Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustae 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
Steven Weinstein Trustee	3	Х						0	0	0
Susan Welsh DC Trustee	3	Х						0	0	0
Patrick J Zenner Chairman, Board of Trustees	10	Х						0	0	0
Cecıl A Abrahams Campus Provost, FDU-Vancouver	50			X				188,099	0	17,643
Christopher A Capuano University Provost & Sr VP Academic Affairs	70			X				230,077	0	45,143
John M Codd Esq General Counsel & Secretary	60			Х				52,516	0	0
Sheldon Drucker Sr VP, Chief Operating Officer, & Acting President	60			X				274,926	0	52,168
Hanıa Ferrara Vıce President for Finance and Treasurer	55			X				194,517	0	46,174
Kenneth R Greene Provost, College at Florham	55			Х				208,149	0	41,875
Joseph J Kiernan Provost, Metro Campus	62			Х				205,181	0	32,267
Richard P Reiss Senior VP for University Advancement	50			Х				255,345	0	52,483
Richard A Riccio Vice President of Administration	60			Х				199,381	0	43,273
Wayne M Richardson Esq General Counsel	40			Х				205,601	0	30,557
Neal M Sturm VP & Chief Information Officer	60			Х				169,692	0	18,625
Jonathan Wexler Vice President for Enrollment Management	70			х				170,471	0	23,901
Martha C Young Asst Secretary of the Corporation	45			X				53,781	0	32,104
Pattı A Mılls Dean, University College	55				х			179,927	0	24,806
William M Moore Dean, Silberman College	58 5				х			199,378	0	26,227
Ruth E Nemire Dean, School of Pharmacy	60				х			216,481	0	40,173
Kenneth T Vehrkens Dean, Petrocellı College	70				х			178,774	0	42,194
Geoffrey S Weinman Dean, Becton College	65				х			180,526	0	43,335
Michael J Avaltroni Assoc Dean Academic Affairs-School of Pharmacy	50					Х		170,397	0	43,611
Ronald E Calissi Esq Executive Associate Dean, Petrocelli College	50					х		162,034	0	18,619
Brian D Domenick Director Systems and Security	55					Х		162,985	0	41,271
Richard C Frick Associate VP Facilities, Bldgs & Grounds	65					х		156,281	0	33,955

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(A) Name and Title	(B) Average hours		(tion that a		<b>/</b> )			<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustae 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
Diana L Marin Esq Associate Dean, Continuing Education Paralegal	60					х		156,758	0	10,83