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#### DLN: 93493122010724

Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

2012

OMB No 1545-0047

Open to Public

benefit trust or private foundation)

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

A Fo	or the	2012 cal	endar year, or tax year beginning 07-01-2012 , 2012, and ending 06-	30-2013			<u> </u>		
<b>B</b> Ch	eck if a	applicable	C Name of organization FAIRLEIGH DICKINSON UNIVERSITY		D Employ	D Employer identification number			
Ad	dress c	hange			22-1494434				
∏ Na	me cha	ange	Doing Business As						
∏ Inı	tıal retu	um	Number and street (or P O box if mail is not delivered to street address) Room/s	uite	E Telephor	ne num	nber		
Г Те	rmınate	ed	1000 River Road Mail Code T-FH2-06		(201)				
☐ Am	nended	return	City or town, state or country, and ZIP + 4		(201)	92-	2301		
Гар	plicatio	n pending	Teaneck, NJ 076661914		<b>G</b> Gross re	ceıpts	\$ 298,670,036		
			<b>F</b> Name and address of principal officer	<b>H(a)</b> Is t	this a group i	returr	n for		
			Sheldon Drucker 1000 River Road		liates?		┌ Yes ┌ No		
			Mail Code T-FH-06	H(b) Ara	all affiliates	ınclı	ıded?		
			Teaneck,NJ 076661914				(see instructions)		
I Ta	ax-exer	mpt status	▼ 501(c)(3)						
J W	ebsit	e: 🕨 ww	w fdu edu	<b>H(c)</b> Gr	oup exemption	JII IIU	ilibei <b>F</b>		
<b>K</b> For	m of o	rganization	✓ Corporation Trust Association Other ►	L Year of	formation 194	2 <b>M</b>	State of legal domicile NJ		
	rt I		mary	1					
	1	Briefly d	escribe the organization's mission or most significant activities						
		Fairleigh	n Dickinson University is a center of academic excellence dedicated to						
			on The University strives to provide students with the multi-disciplina ry to participate, lead, and prosper in the global marketplace of ideas,			cal ur	nderstandings		
Governance			Ty to participate, read, and prosper in the grobal marketprace of facus,	commerce a	ila calcare				
屋									
臺					250/ 6 /				
ទី	2	Check th	his box দ if the organization discontinued its operations or disposed	of more than	25% of its i	net as	ssets		
<b>න්</b> ග්	3	Number	of voting members of the governing body (Part VI, line 1a)		1	3	28		
Activities &	1		of independent voting members of the governing body (Part VI, line 1b			4	27		
<b>₹</b>			mber of individuals employed in calendar year 2012 (Part V, line 2a)			5	2,614		
Ac			mber of volunteers (estimate if necessary)		F	6	199		
	1		related business revenue from Part VIII, column (C), line 12			7a	8,437		
	1		elated business taxable income from Form 990-T, line 34		<u> </u>	7b	-19,030		
					ior Year		Current Year		
	8	Contri	butions and grants (Part VIII, line 1h)		7,986,6	07	6,966,310		
量	9		am service revenue (Part VIII, line 2g)		261,312,93		272,910,596		
Rayenue	10	Inves	tment income (Part VIII, column (A ), lines 3, 4, and 7d).....		841,0	12	779,357		
ď	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,513,9	1,513,916 1,250			
	12		revenue—add lines 8 through 11 (must equal Part VIII, column (A), lir	ne	371 654 467		201 006 400		
	12		and ample and and (Dant IV actions (A) lines 1.2.)		271,654,4	-	281,906,400		
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)		66,365,6	0	69,625,613		
	14		es, other compensation, employee benefits (Part IX, column (A), line 4)	•		-	0		
8	15	5-10			122,974,1	23	117,930,849		
Expenses	16a	Profes	ssional fundraising fees (Part IX, column (A), line 11e)		182,007 178				
훒	Ь	Total fu	ındraısıng expenses (Part IX, column (D), line 25) ▶1,682,813						
ш	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		74,401,5	27	77,701,850		
	18	Total	expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		263,923,2	81	265,436,448		
	19	Reven	ue less expenses Subtract line 18 from line 12		7,731,1	86	16,469,952		
ຮ <sup>፠</sup>		<u> </u>		Beginni	ing of Curren	t	End of Year		
Not Assets or Fund Balances		<b>-</b>	and the Abert V. Inc. 16		Year	+			
Ass I Ba	20		assets (Part X, line 16)		309,449,1	_	328,116,481		
5.5 5.5 5.5	21		liabilities (Part X, line 26)	•	178,982,8		175,948,707		
	22    21    1		nature Block		130,400,2	ادر	152,167,774		
Unde my k	er pen nowle	alties of dge and	perjury, I declare that I have examined this return, including accompa belief, it is true, correct, and complete Declaration of preparer (other t nowledge						
	u 1 E 1 1 I	as ally K							
		_			2014-05-02				
Sign		[ ]	ature of officer		Date				
Her	e		a Ferrara Senior VP for Finance & COO						
			<del>`</del>	Date C	T	PTIN			
Da:	4		ring 17pc proparet 3 name richatet 3 signature	-	heck if elf-employed	. 1714			
Pai			Firm's name		ım's EIN 🕨				
	pare		Firm's address ▶	D	hone no				
USE	e On	יוע  '	2 223.555 .						

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

. . . . . . . . . Т**Y**es По

orm	990 (	2012)					Pa	age
Part	1111	Statement of Progr Check if Schedule O con						
1	Brief	ly describe the organization	n's missior	1				
Jnive	rsity s		with the m	nultı-dıscıplınary, ıntercu	ted to the preparation of world cit Itural, and ethical understandings			
		ne organization undertake rior Form 990 or 990-EZ?			ring the year which were not listed	d on	┌ Yes ┌ No	
	If "Ye	s," describe these new se	rvices on S	chedule O				
	servi	ces <sup>?</sup>			in how it conducts, any program		┌ Yes ┌ No	
	If "Ye	s," describe these change	s on Sched	ule O				
4	exper		nd 501(c)(4	l) organizations are requi	ach of its three largest program s red to report the amount of grant: ported			
	of high camp institution and to contrascient in entitude to contrascient currict veters. Awars Camp the Spacca comp	gher education in New Jersey, so buses in New Jersey, each with in ution. The College at Florham in craditional amenities and activities ast a fast-paced, professionally ce, and healthcare programs are trepreneurial studies, accounting ted in the heart of the U.S. phan rallum incorporationg technology, ans and welcomed to campus a d. Grant from the American Cour pus in Oxfordshire, England and state of New Jersey and through alaureate, master's and doctorate buter science, visual arts, and pulicate programs in computer secu-	erving more the sown identity of the sown identity or	nan 12,200 undergraduate and y and separate mission, the Ui y, New Jersey is a picture perfiam a picturesque learning env oniment that feeds off the ene Metropolitan Campus The Ad finance, information systems, a lustry, Fairleigh Dickinson Univ pective, and multiple master's gent under the new GI Bill Fai on (ACE) and The Walmart Fo inson University-Vancouver in es accessible from anywhere in uide range of offerings include ation. A new state-of-the art c	ersity") founded in 1942, is one of the la graduate students. With a wide range of inversity preserves the intimacy of a smalect collegiate environment. Ivy-covered ironment. The Metropolitan Campus in Tirgy of nearby. New York City. Many of the CSB-accredited Silberman College of Busiand management through BS, MS and Millersity's School of Pharmacy in Morris Coldegree options. The University has take rleigh Dickinson University was one of justification. The University also operates in British Columbia, Canada. Courses are also the world. The University offers over 1-ral variety of innovative programs in educy ber crime laboratory extends FDU's alier rrorism studies. The University both defin	f academic programment programment pulldings, a strore aneck and Hackings provides can be depressed in the programment less to U S instituternational camples offered at ma 40 degree programment in the programment programme	rams and two main a large suburban ng student life prograi kensack, New Jersey usiness, professional, areer-focused preparading the Executive My, has unveiled a dynicadership role in educations to receive a Verbuses, The Wroxton any locations throughms at the associate, sychology, business, ected graduate and	m, is by ation IBA iamio ating terai
4b	(Code	e ) (Exp	enses \$	22,602,573 including g	grants of \$ 321,128 ) (Rev	enue \$	29,403,979 )	
		ER EDUCATION AUXILIARY - To e University residence halls	provide food	service and resident halls for	University students Approximately 2,340	undergraduate	U S students current	:ly
4c	(Code	e ) (Exp	enses \$	126,302 including o	grants of \$ 0 ) (Rev	enue \$	89,692 )	
	benet publis Camp cogni prom	fit of the community at large Tl shes several working papers ser pus houses the clinical psycholog itive, psychological and psych-ei	ne Silberman ( es and The Jo ly and school ducational test llish, social sci	College of Business sponsors a purnal of Pharmaceutical Chem of psychology doctoral prograr ting and women's issues In the lences and communications dis	he purpose of discovery and revision of a series of business research studies that i lical Business Univesity College Arts, Sc ins where students and faculty do resear e Maxwell Becton College of Arts and Sci ciplines The College of Florham psychology	involve faculty a lence, Profession ch in such areas ences, research	nd students The Coll nal Studies Metropolita as behavorial medicii efforts are particularly	lege an ne, y
4d		er program services (Desc penses \$		edule O) :luding grants of \$	0 )(Revenue\$		0 )	
4e		nl program service expense		244,217,301	o / (nevenue p		<u> </u>	
			-	· · /= = · /= = =				

# Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 📆	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? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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
LO	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	
l1	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, line 10?  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
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part $X^{f color}$	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 and XII	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 and XII is optional	12b	Yes	
L3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 🥌	13	Yes	
L4a	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, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
<b>L7</b>	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
L9	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 hospital facilities? If "Yes," complete Schedule $H$	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 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
С	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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	Yes	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	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, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, 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	<b>Section 501(c)(3) organizations.</b> 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 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	

	Statements Regarding Other 1R5 Fillings 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   1a   357		103	110
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
-	gaming (gambling) winnings to prize winners?	1c	Yes	
а	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
•	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		163	
4	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
)	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			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N c
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
:	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
2	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		N c
ui .	organization solicit any contributions that were not tax deductible as charitable contributions?			
)	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).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a	Yes	
	services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		N
ı	If "Yes," indicate the number of Forms 8282 filed during the year			
	,			
:	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		N
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	H		14.0
,	required?	7g		
1	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	-		
	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		
	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 facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
•	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
1	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			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
-	Note. See the instructions for additional information the organization must report on Schedule O	13a		
)	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
ı	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
<b>.</b>	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

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

	ection A. Governing body and management			
			Yes	No
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	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	
b		8b	Yes	
_	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
-	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	J , ,	_		
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
Se		evenu	ue Cod Yes	e.) No
		evenu 10a		
10a	ection B. Policies (This Section B requests information about policies not required by the Internal R			No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b		No No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		No No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a	Yes	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written whistleblower policy?  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?  The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No No

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
  - Own website Another's website Vpon request Vother (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► Hania Ferrara - Sr VP Finance COO 1000 River Road Mail Code T-FH2-06 Teaneck, NJ (201) 692-2381

Form	990	(2012)
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#### 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 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 organization nor any related organization compensated any current officer, director, or trustee

	1									
(A) Name and Title	(B) A verage hours per week (list any hours for related	more t perso and	han o	one l both ector	box, an o	officer stee)		( <b>D)</b> Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related related organizations
See Additional Data Table										
	•	•	•							Form <b>990</b> (2012)

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

	<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	verage Position (do not check pours per more than one box, unless eek (list person is both an officer and a director/trustee)								.   '	(F) Estima mount o compens from t	other ation he
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)		rganizati relate organiza	d
											-		
											_		
											+		
											+		
											_		
											-		
1b	Sub-Total			<u> </u>		<u> </u>		<b>▶</b> -					
c	Total from continuation sheet	s to Part VII, S	ection A	۸.				Þ					
d 	Total (add lines 1b and 1c) .  Total number of individuals (in	cluding but not	· ·	to the	se l	liste	d abov	e)w	6,122,664 ho received more th		0		883,324
	\$100,000 of reportable compe	_						,					
										Г		Yes	No
3	Did the organization list any <b>fo</b> on line 1a? <i>If</i> "Yes," complete S					key •	emplo	yee,	or highest compen	sated employee	3	Yes	
4	For any individual listed on line organization and related organ individual										4	Yes	
5	Did any person listed on line 1 services rendered to the organ										5		No
Se	ection B. Independent Co	ntractors											
1	Complete this table for your five											tax vear	

(A) Name and business address	(B) Description of services	(C) Compensation
Gournet Dining Services 285 Madison Avenue Madison NJ 07940	Food Services	7,879,771
Torcon Inc 328 Newman Springs Road Red Bank NJ 07701	Construction Services	7,667,392
Hollister Construction Services 777 Terrace Avenue Hasbrouck Heights NJ 07604	Construction Services	5,555,542
Collins Building Services Court Square Pl 24-01 44th Rd LIC NY 11101	Building - Cleaning	2,475,329
ISS TMC Services Inc 81 Dorsa Avenue Livingston NJ 07039	Bldg - Mechanical Maint	1,645,259
3. Total number of independent centractors (including but not limited to these	listed above) who received more than	

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  $\blacktriangleright$ 37

Part V	11.11	Statement o	<b>T KEVENUE</b> ule O contains a respor	ise to any question	ın thıs Part VIII .			
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
တည	1a	Federated cam	paigns 1a	116,066				
ant	ь	Membership du	es <b>1b</b>	0				
9 E	С	Fundraising eve	ents <b>1c</b>	518,511				
ffs, FA	d	Related organiz	zations 1d	0				
i3 i3		Government grants		2,166,630				
ns,	е	_						
Contributions, Giffs, Grants and Other Similar Amounts	f	sımılar amounts no		4,165,103				
ĒĢ	g	1a-1f \$	ons included in lines	622,763				
Sur	h	Total. Add lines	s 1a-1f	🗼	6,966,310			
				Business Code				
JII.	2a	Tuition		611310	229,667,856	229,667,856	0	0
25. 22.	b	Student Residence		611310	20,662,795	20,662,795	0	0
Program Serwice Revenue	С	Student Fees	_	611310	10,509,983	10,509,983	0	0
er M	d	Student Food Serv	ice	611310	8,741,184	8,741,184	0	0
an &	e		_					
ʻograr	f	All other progra	am service revenue		3,328,778	3,320,341	8,437	0
4	g	Total. Add lines	s 2a-2f	🛌	272,910,596			
	3		ome (including dividendar amounts)		749,577	0	0	749,577
	4		ar amounts) stment of tax-exempt bond		0	0	0	0
	5	Royalties		🕨	11,114	0	0	11,114
			(ı) Real	(II) Personal				
	6a	Gross rents	1,410,909	0				
	b	Less rental expenses	0	0				
	С	Rental income or (loss)	1,410,909	0				
	d		me or (loss)		1,410,909	О	0	1,410,909
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	16,467,632	0				
	Ь	Less cost or other basis and	16,437,852	0				
	С	sales expenses Gaın or (loss)	29,780	0				
	d	Net gaın or (los	s)		29,780	o	0	29,780
Other Revenue	8a	*	luding ,511 s reported on line 1c)	152 909				
<u> </u>	Ь	Less direct ex	penses b	153,898 325,784				
ਰ	c		(loss) from fundraising		-171,886		0	-171,886
	9a	Gross income f See Part IV, lin		·				
	Ь	Lace direct an	penses b	0				
	С		(loss) from gaming acti		o	o	0	0
	10a	Gross sales of returns and allo	ınventory, less	· -				
			a	0				
	b		oods sold <b>b</b>	0				
	С		(loss) from sales of inve		0	0	0	0
	44-	Miscellaneous	s Revenue	Business Code				
	11a							
	b							
	С	A.II!						
	d		ue					
	е		s 11a-11d		0			
	12	Total revenue.	See Instructions	🕨	281,906,400	272,902,159	8,437	2,029,494

	990 (2012)				Page 10
	TIX Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must complete all columns Al	l other organizat	ions must comp	lete column (Δ )	
<u>Jecti</u>	Check if Schedule O contains a response to any question in this Pa			icte column (A)	
Do no	ot include amounts reported on lines 6b,	(A)	(B)	(c)	(D)
	o, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0	0		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	67,479,657	67,479,657		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	2,145,956	2,145,956		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	4,275,336	2,107,667	1,848,217	319,452
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0	0	0	0
7	Other salaries and wages	88,874,681	79,311,778	8,799,984	762,919
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	5,212,832	4,639,420	515,028	58,384
9	Other employee benefits	12,777,968	11,764,302	910,456	103,210
10	Payroll taxes	6,790,032	6,043,129	670,855	76,048
11	Fees for services (non-employees)				
а	Management	0	0	<del>                                     </del>	0
b	Legal	605,453	0	,	0
<b>c</b>	Accounting	370,551	0	0.0,001	0
d	Lobbying	142,350	142,350	0	0
e	Professional fundraising services See Part IV, line 17	178,136		00.242	178,136
f g	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on	88,342	0		0
4.5	Schedule O)	10,665,914	9,866,712	· ·	0
12	Advertising and promotion	1,491,108	1,468,443	· ·	0
13 14	Office expenses	7,511,224	6,528,880	· ·	111,322
15	Royalties	6,699,120	5,813,240 7,491	885,880 6,780	0
16	Occupancy	20,291,500	19,424,507	866,993	0
17	Travel	3,093,170	2,881,830	· ·	6,069
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0,003
19	Conferences, conventions, and meetings	3,335,671	2,932,609	345,221	57,841
20	Interest	5,248,911	5,167,185	81,726	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	9,786,836	9,190,007	596,166	663
23	Insurance	2,876,986	1,918,232	958,754	0
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	Furniture & Equip (non-capital)	480,876	441,995	38,826	55
b	Bad Debt Expense	2,751,000	2,751,000	0	0
c	Books & Periodicals	677,036	658,018	19,018	0
d	Student Activity Fees	560,261	560,261	0	0
е	All other expenses	1,011,270	972,632	29,924	8,714
25	Total functional expenses. Add lines 1 through 24e	265,436,448	244,217,301	19,536,334	1,682,813
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Pai	rt X	Balance Sheet Check if Schedule O contains a response to any question in this Part X			
		, ,	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1	·
	2	Savings and temporary cash investments	79,836,330	2	78,982,893
	3	Pledges and grants receivable, net	2,200,578	3	1,672,194
	4	Accounts receivable, net	18,490,486	4	18,500,437
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
ts	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		5	
Š	_		0		0
Assets	7	Notes and loans receivable, net			0
	8	Inventories for sale or use	0		0
	9	Prepaid expenses and deferred charges	4,556,905	9	4,284,752
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  294,952,847			
	Ь	Less accumulated depreciation			181,283,219
	11	Investments—publicly traded securities	34,375,929	11	43,275,997
	12	Investments—other securities See Part IV, line 11	30,000	12	30,000
	13	Investments—program-related See Part IV, line 11		13	0
	14	Intangible assets		14	0
	15	Other assets See Part IV, line 11	86,989	15	86,989
	16	Total assets. Add lines 1 through 15 (must equal line 34)	309,449,197	16	328,116,481
	17	Accounts payable and accrued expenses	25,817,052		22,607,033
	18	Grants payable	0		0
	19	Deferred revenue	2,212,262		2,325,558
	20	Tax-exempt bond liabilities	99,525,296	20	95,432,184
8	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
jet		persons Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	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	51,428,289	25	55,583,932
	26	D	178,982,899	26	175,948,707
	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and complete	170,302,033	20	170,040,707
ņč	27	lines 27 through 29, and lines 33 and 34.  Unrestricted net assets	99,927,623	27	117,149,404
<u>ଅ</u>	28	Temporarily restricted net assets	13,591,698	28	15,973,215
<u> </u>	29	Permanently restricted net assets	16,946,977	29	19,045,155
ĭ	29	·	10,940,977	29	19,043,133
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
ζ.	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Ą	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	130,466,298	33	152,167,774
	34	Total liabilities and net assets/fund balances	309,449,197	34	328,116,481

Pai	rt XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI		• •		<u></u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		281.9	906,400
2	Total expenses (must equal Part IX, column (A), line 25)	2			136,448
3	Revenue less expenses Subtract line 2 from line 1	3			469,952
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		130,4	166,298
5	Net unrealized gains (losses) on investments	5		5,2	209,450
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			22,074
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		152,1	167,774
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis			1	
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	arate			
	Separate basis Consolidated basis Both consolidated and separate basis			1	
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			11	
	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?		3a	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	required	3b	Yes	

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**EIN:** 22-1494434

Name: FAIRLEIGH DICKINSON UNIVERSITY

Form 990, Part VII - Compensation of Compensated Employees, and Indepe	Officers, Dir ndent Contra	ectors	,Tru	ıste	es,	, Key	/ En	nployees, Highe	st	
( <b>A)</b> Name and Title	(B) Average hours per week (Ist	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						( <b>D</b> ) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	any hours for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organizations
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 Budınscak Trustee	5 0	х						0	0	0
John J Carscadden Trustee	3	х						0	0	0
Michael J 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 0	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 Saltarelli Trustee	3	х						0	0	0
Paul C Santucci Trustee	3	х						0	0	0
Molly Easo Smith Trustee	3 0	х						0	0	0
Mary Kay Stratis Trustee	5 0	х						0	0	0
Steven Weinstein Trustee	3 0	х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (C)
Position (do not check (B) Average (A) Name and Title (D) (E) (F) Reportable Estimated amount Reportable

Name and Fitte	hours per week (list any	dıre	than	one son is er and trust	box s bo d a tee)	, th	·-	compensation from the organization (W- 2/1099-MISC)	compensation from related organizations (W- 2/1099-MISC)	of other compensation from the organization and related
	hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organızatıons
Susan Welsh DC Trustee	3	х						0	0	0
Patrick J Zenner Chairman, Board of Trustees	10 0	х						0	0	0
Sheldon Drucker President & Trustee	60 0	х		х				383,669	0	53,468
Cecil A Abrahams Campus Provost, FDU-Vancouver	70 0			х				178,116	0	18,550
Christopher A Capuano University Provost & Sr VP Academic Affairs	65 0			х				256,680	0	47,476
John M Codd Esq General Counsel & Secretary of the Corporation	52 0			х				195,088	0	10,009
Hanıa Ferrara Vice President for Finance & Treasurer	55 0			х				206,752	0	47,147
Kenneth R Greene Provost, College at Florham	55 0			х				196,461	0	37,455
Joseph J Kiernan Provost Metro Campus & Sr Vice Provost for Institutional Effectiveness	63 0			х				209,897	0	32,667
Richard P Reiss Senior VP for University Advancement	55 0			х				261,614	0	53,943
Richard A Riccio Vice President for Administration	60 0			х				203,988	0	44,014
Wayne M Richardson Esq General Counsel	40 0			х				131,899	0	24,239
Neal M Sturm VP & Chief Information Officer	60 0			х				171,998	0	18,688
Jonathan D Wexler Vice President for Enrollment Management	70 0			х				207,234	0	26,803
Peter J Woolley Provost College at Florham & Sr Vice Provost for Govt & Community Affairs	62 0			Х				155,351	0	37,107
Martha C Young Assistant Secretary of the Corporation	40 0			х				55,271	0	32,669
Pattı A Mılls Dean, University College	55 0				х			186,406	0	30,605
Ruth E Nemire Dean, School of Pharmacy	40 0				х			235,801	0	33,286
Kenneth T Vehrkens Dean, Petrocelli College	65 0				х			183,265	0	43,000
Geoffrey S Weinman Dean, Becton College	55 0				х			184,557	0	44,144
James G Almeida Assoc Dean Silberman College	57 0					х		158,970	0	40,542
Michael J Avaltroni Assoc Dean, School of Pharmacy	60 0					х		175,937	0	44,492
Ronald E Calissi Esq Executive Associate Dean, Petrocelli College	50 0					х		166,931	0	16,878
Brian D Domenick Director Systems and Security	55 0					х		166,676	0	42,075
Minerva Guttman Director, School of Nursing & Allied Health	48 0					x		155,761	0	39,321

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

compensated Employees, and Indepen	iaciic conci								1	
<b>(A)</b> Name and Title	hours per week (list	more unless an o	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					( <b>D</b> )  Reportable  compensation  from the  organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former			related organizations
J Michael Adams President Emeritus	10						X	1,423,019	0	25,910
Robert Greenfield Former Metro Campus Provost	40						Х	137,102	0	25,632
William M Moore Former Dean, Silberman College	30						х	134,221	0	13,204

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493122010724

**Employer identification number** 

OMB No 1545-0047

**SCHEDULE A** (Form 990 or 990EZ)

Name of the organization

FAIRLEIGH DICKINSON UNIVERSITY

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

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

Inspection

									22-1494		
	rt I			blic Charity Sta					<del></del>	ınstruction	S.
The	organı:			e foundation becaus							
1			· ·	on of churches, or a				section 170	(b)(1)(A)(i)	•	
2		A scho	ol described	in <b>section 170(b)(1</b>	L <b>)(A)(ii).</b> (At	tach Sche	dule E )				
3	Г	A hosp	ital or a cod	perative hospital se	rvice organiz	zatıon desc	rıbed ın <b>sect</b> i	ion 170(b)(	1)(A)(iii).		
4	Γ	A medi	cal researc	n organization operat	ted ın conjun	ction with	a hospital de	scribed in <b>s</b>	ection 170(b	)(1)(A)(iii).	Enter the
_	_			ty, and state							<del></del>
5	ļ	_	-	erated for the benefi	=	e or univers	sity owned or	operated by	y a governme	ntal unit des	scribed in
	_			A)(iv). (Complete P	•						
6	<u> </u>			local government or							
7		_		at normally receives			s support fro	m a governn	nental unit or	from the ge	neral public
8	_			on 170(b)(1)(A)(vi). described in <b>sectior</b>		•	mplete Part	TT \			
9	<u>'</u>		-				-	-	abutions mo	mbarchin fac	s and gross
9	,			at normally receives							
				ities related to its ex							
				oss investment inco						τ ταχιιοιή Γ	,ualliesses
10	_			janization after June							
10	_	_		ganized and operated							
11	ı			ganized and operated ly supported organiz							
			•	bes the type of supp				•		See <b>section</b>	309(a)(3). Check
				b						Non-function	nally integrated
е	Γ	By che	cking this b	ox, I certify that the	organization	ıs not con	trolled direct	ly or indired	tly by one or	more disqu	alıfıed persons
				on managers and ot	her than one	or more pu	iblicly suppo	rted organız	ations descr	ıbed ın sectı	on 509(a)(1) or
£			1509(a)(2)	received a unitten d		from the T	DC that it is	Tuna I Tu	ma II ar Tun	a III aummas	ting organization
f			this box	received a written de	etermination	i irom the 1	KS that it is a	aryper, ry	pe II, or Typ	e III Suppor	ting organization,
g				2006, has the organi	ızatıon acce	oted any gr	ft or contribu	tion from an	y of the		,
_			ng persons?	,	·	, 5			,		
		(i) A p	erson who d	irectly or indirectly o	ontrols, eith	ner alone or	together wit	h persons d	escribed in (	···)	Yes No
		and (111	) below, the	governing body of th	ie supported	organizatio	on?			11	.g(i)
		(ii) A f	amıly memb	er of a person descr	ıbed ın (ı) ab	ove?				11	g(ii)
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı)	) above?			119	g(iii)
h		Provide	e the followi	ng information about	the support	ed organıza	ition(s)				
							_				
_	i) Nam		(ii) EIN	(iii) Type of	(iv) Is		(v) Did yo	•	(vi) I:		(vii) A mount of
	suppoi			organization	organizat		the organ		organiza		monetary
OI	rganiz	ation		(described on lines 1- 9 above	col (i) lıs your gove		ın col (i) suppo		col (i) or		support
				or IRC section	docume	_	J Supp.	516	"" ""	0 3 .	
				(see							
				instructions))	Yes	No	Yes	No	Yes	No	7
						1,0	1.03		1.03	1.10	+
								+			
Tota											
· ULA			ı	i	1	1	1	1	1	1	i

Sch	edule A (Form 990 or 990-EZ) 2012							Page <b>2</b>
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	iplete Pa	rt III.)	
	ection A. Public Support endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2	312	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not include any "unusual							
	grants ")							
2	Tax revenues levied for the							
	organization's benefit and either							
	paid to or expended on its behalf							
3	The value of services or facilities							
•	furnished by a governmental unit to							
	the organization without charge							
4	<b>Total.</b> Add lines 1 through 3							
5	The portion of total contributions by each person (other than a							
	governmental unit or publicly							
	supported organization) included on							
	line 1 that exceeds 2% of the							
	amount shown on line 11, column							
6	(f) <b>Public support.</b> Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 20	)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	business activities, whether or not							
	the business is regularly carried							
	on							
10	Other income Do not include gain or loss from the sale of capital							
	assets (Explain in Part IV )							
11	Total support (Add lines 7 through							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	<b>First five years.</b> If the Form 990 is this box and <b>stop here</b>							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and <b>stop here.</b> The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	<b>►</b> □
b	<b>33</b> 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and <b>stop here.</b> The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,rF3	<b>▶</b> □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							<b>▶</b> ┌

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 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						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
	Amounts included on lines 1, 2,						
/a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
_	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6 )						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	( <b>d)</b> 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493122010724

#### OMB No 1545-0047

Inspection

#### **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

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

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

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

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- 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, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** FAIRLEIGH DICKINSON UNIVERSITY 22-1494434 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B 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 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes 3 Was a correction made? ☐ Yes □ No 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 function 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? 4 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 **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

section 4911 tax for this year?

┌ Yes ┌ No

# Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

Check	<b>▶</b> □	if the filing	organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address,	EIN,
		expenses	and share of excess lobbying expenditures)	

B Check ► If the filing organization checked box A and "limited control" provisions apply

	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)	0	
b	Total lobbying expenditures to influence a legisla	ative body (direct lobbying)	142,350	
c	Total lobbying expenditures (add lines 1a and 1i	142,350		
d	O ther exempt purpose expenditures		244,074,951	
e	Total exempt purpose expenditures (add lines 1	c and 1d)	244,217,301	
f	Lobbying nontaxable amount Enter the amount f	rom the following table in both	1,000,000	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of lin	e 1f)	250,000	
h	Subtract line 1g from line 1a If zero or less, ent	er-0-	0	
i	Subtract line 1f from line 1c If zero or less, ente	r-0-	0	
j	If there is an amount other than zero on either lii	ne 1h or line 1i, did the organization file Form 472	0 reporting	□ Ves □ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five

columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) Total beginning in) Lobbying nontaxable amount 1,000,000 1,000,000 1,000,000 1,000,000 4,000,000 Lobbying ceiling amount 6,000,000 (150% of line 2a, column(e)) 169,718 174,847 142,350 Total lobbying expenditures 174,663 661,578 Grassroots nontaxable amount 250,000 250,000 250,000 250,000 1,000,000 Grassroots ceiling amount 1,500,000 (150% of line 2d, column (e)) Grassroots lobbying expenditures

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has Notice filed Form 5768 (election under section 501(h)).	ОТ			7 0	ge <b>S</b>
	Week Week was a second to be a second to be a second to be a second to be a second to the second to	( 6	a)		(b)	
activ	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying vity.	Yes	No	1	Amoun	t
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?					
j	Total Add lines 1c through 1:					
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 505(c)(6).	01(c	)(5), (	or s		
_			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			3		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?					
Pa	t III-B Complete if the organization is exempt under section 501(c)(4), section 505(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
	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, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier Return Reference Explanation

DLN: 93493122010724

OMB No 1545-0047

**SCHEDULE D** 

Department of the Treasury

(Form 990)

**Supplemental Financial Statements** 

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

Open to Public

Interna	al Revenue Service	► Attach to For	m 990. ► See separate instructions.	Inspection
Na	me of the organ	ization LINIVERSITY		Employer identification number
- AI		CHIVENOIT I		22-1494434
Pa				unds or Accounts. Complete if the
	organi	zation answered "Yes" to Form 990	, Part IV, line 6.  (a) Donor advised funds	(b) Funds and other accounts
1	Total number a	at end of year	(a) Dollor advised fullds	(b) Fullus and other accounts
2		tributions to (during year)		
3		nts from (during year)		
4		ue at end of year		
5	Did the organi	zation inform all donors and donor adviso organization's property, subject to the or	<del>_</del>	or advised Yes No
6	used only for c	zation inform all grantees, donors, and de charitable purposes and not for the benef ermissible private benefit?		
Pa		ervation Easements. Complete if	the organization answered "Yes" to	
2	Purpose(s) of Preservation Protection Preservation Complete lines	conservation easements held by the org on of land for public use (e g , recreation of natural habitat on of open space s 2a through 2d if the organization held a	anization (check all that apply) or education) Preservation of an Preservation of a c	historically important land area certified historic structure
	easement on t	he last day of the tax year	г	
_	Total number	of conservation easements	-	Held at the End of the Year
a b		restricted by conservation easements	-	2a 2b
C	_	servation easements on a certified histo	oric structure included in (a)	2c 2c
d	Number of con	servation easements included in (c) acquire listed in the National Register	· · · •	2d
3		servation easements modified, transferr	ــ ed. released. extinguished. or terminate:	d by the organization during
		·	,,,	, <b>g</b>
4	Number of stat	tes where property subject to conservat	ion easement is located ►	<u></u>
5		nization have a written policy regarding t f the conservation easements it holds?	the periodic monitoring, inspection, hand	lling of violations, and <b>Yes No</b>
6	Staff and volur	nteer hours devoted to monitoring, inspe	cting, and enforcing conservation easem	nents during the year
7	•	enses incurred in monitoring, inspecting	, and enforcing conservation easements	during the year
8	Does each cor	nservation easement reported on line 2(o 70(h)(4)(B)(ii)?	d) above satisfy the requirements of sec	tion 170(h)(4)(B)(ı)
9	In Part XIII, d balance sheet	lescribe how the organization reports cor , and include, if applicable, the text of the on's accounting for conservation easeme	e footnote to the organization's financial	
Pai	t IIII Organ	iizations Maintaining Collection ete if the organization answered "Y	s of Art, Historical Treasures, o	or Other Similar Assets.
1a	If the organiza works of art, h	tion elected, as permitted under SFAS 1 istorical treasures, or other similar asse de, in Part XIII, the text of the footnote t	16 (ASC 958), not to report in its revents held for public exhibition, education, o	or research in furtherance of public
b	works of art, h	tion elected, as permitted under SFAS 1 istorical treasures, or other similar asse de the following amounts relating to thes	ts held for public exhibition, education, o	
	(i) Revenues i	included in Form 990, Part VIII, line 1		<b>►</b> \$
	(ii) Assets inc	luded in Form 990, Part X		<b>►</b> \$
2	If the organiza	tion received or held works of art, histor ints required to be reported under SFAS		· -
а	Revenues incl	uded in Form 990, Part VIII, line 1		<b>-</b> \$

**b** Assets included in Form 990, Part X

Par	Organizations Maintaining Co	llections of Ar	t, HIS	storical li	reasures, or O	tne	r Similar As	<b>SetS</b> (continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other reco	rds, cl	heck any of	the following that a	are a	significant use	ofits
а	Public exhibition		d	┌ Loan	or exchange progi	rams		
b	Scholarly research		e	┌ Othe	r			
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and expl	aın ho	w they furth	er the organization	ı's ex	cempt purpose i	ın
	Part XIII				-			
5	During the year, did the organization solicition assets to be sold to raise funds rather than to							□Yes □No
Par	t IV Escrow and Custodial Arrang		-				es" to Form 9	990,
	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 interm	nediary	for contribu	utions or other ass	ets	not	┌ Yes ┌ No
b	If "Yes," explain the arrangement in Part XI	II and complete th	e follo	wing table	-			
					-		An	nount
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on Fe	orm 990, Part X, III	ne 21?	•				┌ Yes ┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if th	e expla	anation has	been provided in F	art )	×III	Г
Pa	rt V Endowment Funds. Complete							
	·	(a)Current year	(b)	Prior year	<b>b</b> (c)Two years back	+		(e)Four years back
1a	Beginning of year balance	34,904,073		31,274,383	23,928,198	-	20,072,125	23,755,590
b	Contributions	5,166,720		4,064,623	3,022,003	3	2,264,012	1,870,557
С	Net investment earnings, gains, and losses	5,734,012		822,964	5,454,552		2,692,448	-4,473,697
d	Grants or scholarships	1,001,333		794,772	681,436	_	683,867	706,900
e	Other expenditures for facilities							
	and programs	499,681		463,125	448,934		416,520	373,425
f	Administrative expenses	0		0	C	1	0	0
g	End of year balance	44,303,791		34,904,073	31,274,383	3	23,928,198	20,072,125
2	Provide the estimated percentage of the cur	rent year end balar	nce (lir	ne 1g, colum	nn (a)) held as			
а	Board designated or quasi-endowment 🕨	35 %						
b	Permanent endowment ► 65 %							
c	Temporarily restricted endowment ► (	) %						
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%						
За	Are there endowment funds not in the posse	ssion of the organi	zatıon	that are hel	d and administere	d for	the	
	organization by						[a-4	Yes No
	(i) unrelated organizations		•			•	3a(	
b	(ii) related organizations If "Yes" to $3a(II)$ , are the related organization					•	<u>  34(</u> 31	<del>-                                     </del>
4	Describe in Part XIII the intended uses of the					•		<u> </u>
Par	t VI Land, Buildings, and Equipme				10.			
	Description of property		,	(a) Cost or basis (invest	other (b)Cost or of		(c) Accumulated depreciation	(d) Book value
	and			1	0 19,147	.529		19,147,529
	Buildings				0 242,332		95,392,739	<del>                                     </del>
	Leasehold improvements				0 2,200	-	475,221	<del>                                     </del>
	Equipment		•		0 29,968	•	17,801,668	<u> </u>
	Other				0 1,304	•	17,001,000	<del>                                     </del>
	I. Add lines 1a through 1e (Column (d) must e			ımn (B), lıne	· · · · · · · · · · · · · · · · · · ·		<u> </u>	181,283,219
	5 (====================================		,	, ,,			-	,,

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	2.	
(a) Description of security or category	(b)Book value	(c) Metho	od of valuation
(including name of security)		Cost or end-or	f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See			
(a) Description of investment type	(b) Book value		od of valuation f-year market value
		Cost of cha of	year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, III			(h) Baak walua
(a) Descrip	tion		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.			
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of liability	(b) Book value		
Federal income taxes	0		
Post-retirement benefit liability	28,215,643		
U S government grants refundable	10,055,294		
Fin 47 asset retirement obligations	12,012,963		
Deferred liabilities	2,668,660		
Miscellaneous other	2,631,372		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	55,583,932		
2. Fin 48 (ASC 740) Footnote In Part XIII, provide the tex		nization's financial stater	ments that reports the

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	217,729,820
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII ) 2d 0		
e	Add lines <b>2a</b> through <b>2d</b>	2e	5,231,524
3	Subtract line <b>2e</b> from line <b>1</b>	3	212,498,296
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 88,342		
b	Other (Describe in Part XIII )		
C	Add lines <b>4a</b> and <b>4b</b>	<b>4</b> c	69,408,104
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	281,906,400
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	196,028,344
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII )		
e	Add lines 2a through 2d	2e	C
3	Subtract line <b>2e</b> from line <b>1</b>	3	196,028,344
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 88,342		
b	Other (Describe in Part XIII )		
C	Add lines <b>4a</b> and <b>4b</b>	4c	69,408,104
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	265,436,448

#### Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, 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 endorsements allow for 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_P11_S00_L04b	Schedule D, Part XI, Line 4b	\$69,625,614 reclassification of scholarship & tuition grants to expense for 990 reporting + \$8,818 unrealized loss of investments reclassification + \$11,114 reclassification of royalty revenue from expense and \$(325,784) reclassification of special event purpose between revenue and expense
SchD_P12_S00_L04b	Schedule D, Part XII, Line 4b	\$69,625,614 reclassification of scholarship & tuition grants to expense for 990 reporting +\$8,818 unrealized loss on investments reclassification +\$11,114 reclassification of royalty revenue from expense and \$(325,784) reclassification of special event purpose between revenue and expense

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493122010724

OMB No 1545-0047

#### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Schools**

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

► Attach to Form 990 or Form 990-EZ.

**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? Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo 5h Νo 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? 6a Yes b Has the organization's right to such aid ever been revoked or suspended? Yes If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II 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, internet, TV media, a statement is set forth to advertise our racially non-discriminatory policy
SchE_P01_S00_L06	Part I, Line 6	In 1990-91, the federal government suspended payments for financial aid for nursing loans because the default rate exceeded the maximum allowable rate. As of June 1991, the default rate was reduced to below the maximum allowable rate and the suspension was lifted

Schedule E (Form 990 or 990-EZ) 2012

efile GRAPHIC print - DO NOT PROCESS

**SCHEDULE F** 

(Form 990)

As Filed Data -

DLN: 93493122010724

**Statement of Activities Outside the United States** 

2012

OMB No 1545-0047

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

	nent of the Treasury Revenue Service		► Attach	Open to Public Inspection			
Name	ification number						
						22-1494434	
Pai			<b>on Activitio</b> t IV, line 14b.		ne United States. Co	omplete if the organiz	ation answered
1	For grantmaker	amount of the grants	or				
	assistance, the	grantees' elig	jibility for the q	grants or assis	stance, and the selecti	on criteria used to awa	ard
	the grants or as	sıstance?					▼ Yes    No
2	For grantmaker the United State		n Part V the or	ganızatıon's p	rocedures for monitori	ng the use of grant fu	nds outside
3	Activites per Reg	on (The follow	ing Part I, line 3	3 table can be d	uplicated if additional spa	ace is needed )	
	(a) Region		<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(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 and investments in region
	See Add'l Data				,		
	Sub-total						
b	Total from continuto Part I	iation sheets					

119

c Totals (add lines 3a and 3b)

9,479,003

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				ted above that are r e or counsel has pro					
3	Enter total nu	mher of other or	nanizations or en	tities					

Schedule F (Form 990) 2012

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.

Part III can be duplicated if additional space is needed.

Part III can be	<u>duplicated if additio</u>	nai space is n	eeded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
University funded scholarships	North America (including Canada and Mexico, but not the United States)			N/A		Tuition A/R credit	N/A
University funded scholarships	Europe (including Iceland and Greenland)	71		N/A	609,457	Tuition A/R credit	N/A

#### Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Yes	굣	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Γ	Yes	হ	No
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)	<u> ~</u>	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)	Γ	Yes	্	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	দ	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	V	Νo

Schedule F (Form 990) 2012

#### Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

as applicable. Als	so complete this part to provide any	additional information (see instructions).
Identifier	ReturnReference	Explanation
SchF_P01_S00_L02	Schedule F, Part I, Line 2	All grant funds awarded to students outside of the United States are posted electronically by the bursar to the tuition receivable account for each student. The University's 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 purpose.
SchF_P01_S00_L03	Schedule F, Part I, Line 3	The accrual method of accounting is used to account for the expenditures reported on the University's financial statements
SchF_P03_S00_L00	Schedule F, Part III	The accrual method of accounting is used to account for the non-cash assistance on the University's financial statements
SchF_P04_S00_L03	Schedule F, Part IV, Line 3	Fairleigh Dickinson University of British Columbia, Foundation ("FDU-Vancouver") is a campus of Fairleigh Dickinson University in the United States FDU-Vancouver is incorporated under the Society Act on July 19, 2006 at Victoria, BC, Canada and accredited by the British Columbia Ministry of Advanced Education
		Schedule F (Form 990) 2012

#### **Additional Data**

**Software ID:** 12000197

**Software Version:** v1.00

**EIN:** 22-1494434

Name: FAIRLEIGH DICKINSON UNIVERSITY

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	35	Program Services	Higher Education	2,398,678
North America (including Canada and Mexico, but not the United States)	1	82	Program Services	Higher Education	5,610,217
North America (including Canada and Mexico, but not the United States)	0	0	Program Services	Recruitment	133,373

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)	0	0	Program Services	Study Abroad	143,831				
South Asia	0	1	Program Services	IT Consultant	66,297				
North America (including Canada and Mexico, but not the United States)	0	1	Program Services	Consulting	1,183				

Form 990 Schedule F	<u>Part I - Activit</u>	<u>ties Outside T</u>	he 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	
East Asia and the Pacific	0	0	Program Services	Recruitment	144,932	
Middle East and North Africa	0	0	Program Services	Business Mtg	5,992	
South Asia	0	0	Program Services	Recruitment	451,430	

Form 990 Schedule F	<u> Part I - Activit</u>	<u>ies Outside T</u>	he 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
East Asia and the Pacific	0	0	Program Services	MBA Study Abroad	190,417
Central America and the Caribbean	0	0	Program Services	Business Mtg	4,172
Middle East and North Africa	0	0	Program Services	Study Abroad	8,450

<u> Form 990 Schedule F I</u>	<u> Part I - Activit</u>	<u>ies Outside Tl</u>	he 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
Russia and the newly independent States	0	0	Program Services	Recruitment	7,067
Central America and the Caribbean	0	0	Program Services	Recruitment	10,500
Europe (including Iceland and Greenland)	0	0	Program Services	Recruitment	49,823

Form 990 Schedule F	<u> Part I - Activit</u>	<u>ties Outside T</u>	he 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	
Sub-Saharan Africa	0	0	Program Services	Recruitment	32,249	
Middle East and North Africa	0	0	Program Services	Recruitment	59,453	
South America	0	0	Program Services	Recruitment	48,387	

Form 990 Schedule F F	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			
North America (including Canada and Mexico, but not the United States)	0	0	Program Services	Business Mtg	5,651			
North America (including Canada and Mexico, but not the United States)	0	0	Program Services	Instruction	1,843			
Europe (including Iceland and Greenland)	0	0	Program Services	Instruction	35,644			

Form 990 Schedule F	<u>Part I - Activit</u>	<u>ties Outside T</u>	he 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
East Asia and the Pacific	0	0	Program Services	Instruction	4,615
East Asia and the Pacific	0	0	Program Services	Study Abroad	64,799

DLN: 93493122010724

OMB No 1545-0047

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

Department of the Treasury

Internal Revenue Service

**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. Form 990-EZ filers are not required to complete this part.

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

**Supplemental Information Regarding** 

Internal Neverlae Scratee	Inspection
Name of the organization	Employer identification number
FAIRLEIGH DICKINSON UNIVERSITY	
	22 1404424

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Indicate whether the organization raised funds through any of the following activities Check all that apply ✓ Mail solicitations e Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations ▼ Special fundraising events ✓ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of (ii) Activity (iii) Did (iv) Gross receipts (v) A mount paid to (vi) A mount paid to (or retained by) (or retained by) ındıvıdual fundraiser have from activity or entity (fundraiser) custody or fundraiser listed in organization control of col (i) contributions? Yes No Design, management, and preparation of solcitation materials, direct Telecomp Inc mail and telephone 3375 Brighton Henrietta solicitation of Nο 186,875 178,136 8,739 Townline Road contributions, Rochester, NY consultation and 146232842 final written reports ncluding statistical evaluation to the organızatıon 186,875 178,136 8,739 Total. List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Sche	edule	G (Form 990 or 990-EZ) 2012				Page 2
Pa	rt II	Fundraising Events. Com more than \$15,000 of fundra events with gross receipts g	aising event contributi			
		or or the second of	(a) Event #1  Charter Day (event type)	(b) Event #2  Robt Shields Event (event type)	(c) O ther events  4 (total number)	(d) Total events (add col (a) through col (c))
₽	1	Gross receipts	435,069	69,933	167,407	672,409
Revenue	2	Less Contributions	391,269	49,143	78,099	518,511
- <u>ĕ</u>	3	Gross income (line 1 minus line 2)	43,800			
	4	Cash prizes	0	0	0	0
	5	Noncash prizes	0	3,592	11,271	14,863
Expenses	6	Rent/facility costs	81,850	23,226	24,438	129,514
<u>8</u>	7	Food and beverages .	67,120	894	62,798	130,812
Direct B	8	Entertainment	6,469	0	3,300	9,769
Ē	9	Other direct expenses .	30,174	2,446	8,206	40,826
	10	Direct expense summary Add lin	es 4 through 9 in column	(d)		(325,784)
	11	Net income summary Combine lii	-	• •		-171,886
Revenue	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir	ne 6a. (a) Bingo	"Yes" to Form 990, Pa (b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1	Gross revenue				
ses	2	Cash prizes				
sesued	3	Non-cash prizes				
Direct B	4	Rent/facility costs				
<u>ā</u>	5	Other direct expenses				
	6	Volunteer labor	Г Yes Г No	┌ Yes	Г Yes	
		Direct expense summary Add lines				
9 a b	Ente Is the If "N	Net gaming income summary Comer the state(s) in which the organization licensed to operate No," explain	ition operates gaming act	tivities		
		res," explain				

J063	the organization operate gaining	activities with nonnembers,			· I Yes I No
12	Is the organization a grantor, be	neficiary or trustee of a trust o	or a meml	per of a partnership or other entity	
	formed to administer charitable	gaming?			Г <sub>Yes</sub> Г <sub>No</sub>
L3	Indicate the percentage of gami				
а	The organization's facility .				13a
b	An outside facility			[	13b
L4	Enter the name and address of t	he person who prepares the or	rganızatıo	n's gamıng/specıal events books ar	nd records
	Name 🟲				
	Address 🟲				
L5a	Does the organization have a co	ontract with a third party from v	whom the	organization receives gaming	
	revenue?				<b>Г<sub>Yes</sub> Г</b> <sub>No</sub>
b				ıon ► \$ and	
	amount of gaming revenue retail				
c	If "Yes," enter name and addres				
	•				
	Name 🟲				
	Address ▶				
<b>16</b>	Gaming manager information				
	Name 🟲				
	Gaming manager compensation	<b>▶</b> \$			
	Description of services provided	<b>d</b> ▶			
	Director/officer	Employee		Independent contractor	
L <b>7</b>	Mandatory distributions	• .		·	
а		er state law to make charitable	e dıstrıbu	tions from the gaming proceeds to	
	retain the state gaming license?	,			· · Fyes Fno
b	Enter the amount of distribution	s required under state law dist	tributed to	o other exempt organizations or spe	
	ın the organization's own exemp				
Par				ovide the explanations required	
		and Part III, lines 9, 9b, 10 Iditional information (see i		15c, 16, and 17b, as applicablens).	e. Also complete this
	Identifier	Return Reference		Explanati	ion
Sch	G_P01_S00_L02b	Schedule G, Part I, Line 2b		The agreement with Telecomp, Inc professional fundraising services fr basing fundraising service payment and by charging for expenses such first-class postage rate The expen research is billed at a set fee amou	om expense payments by ts on solicitation call volume as postage at the actual ase for telephone number

**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: 93493122010724

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

	e organization	<del>-</del> .,					Employer identification	on number
AIRLEIG	GH DICKINSON UNIVERSI	ΙΥ					22-1494434	
Part I	General Information	n on Grants and	d Assistance				•	
the	es the organization maintain selection criteria used to av scribe in Part IV the organiza	vard the grants or as	sıstance?					▽ Yes
Part II	Grants and Other A Form 990, Part IV, lin							es" to
	ame and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	er total number of section 50 er total number of other orga						<b>.</b>	
or Paperv	vork Reduction Act Notice, see	the Instructions for	Form 990.		Cat No 50055P		Schedu	le I (Form 990) 2012

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. Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	<b>(b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) UNIVERSITY FUNDED SCHOLARSHIPS	4357	64,692,715	C	)	
(2) EDUCATIONAL OPPORTUNITY FUND	384	1,132,542	C	)	
(3) PRIVATE & ENDOWED SCHOLARSHIPS	563	1,465,190	C		
(4) MISC STATE & OTHER SCHOLARSHIPS	30	144,210	C	)	
(5) PRIVATE & ENDOWED FELLOWSHIPS	8	45,000	C	)	

#### Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), 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) 2012

DLN: 93493122010724

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.

**Compensation Information** 

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization FAIRLEIGH DICKINSON UNIVERSITY **Employer identification number** 

22-1494434

Pa	rt I Questions Regarding Compensation			
			Yes	No
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    Fax idemnification and gross-up payments   Fax idemnification fees   Fax idemnification and gross-up payments   Fax idemnification and gross-up payments			
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of 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	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	▼ Compensation committee     ▼ Written employment contract			
	✓ Independent compensation consultant ✓ Compensation survey or study			
	Form 990 of other organizations  A pproval 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	Yes	
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		No
	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			
а	The organization?	5a		No
b	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		No
b	Any related organization?	6b		No
	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
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 Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III			NI -
•		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)?	9		

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

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

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	<b>(B)</b> Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2012

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Also complete this part for any	additional information	
Identifier	Return Reference	Explanation
SchJ_P01_S00_L01a	Schedule J, Part I, Line 1a	Spousal travel occurs in very limited circumstances for University related activities when it is approved in advance by the President and/or the Chairman of the Board of Trusteees. Spousal travel is treated as taxable compensation when it is not for a bona fide business purpose. The President Emeritus received an annual housing allowance during part of the tax year in his capacity as University President, and is included in taxable compensation. The President and University Provost have airline club memberships which are provided for University business travel, and therefore not included in taxable compensation. The spouse of J Michael Adams, deceased University President Emeritus, received legal, tax, estate planning, and vehicle assistance pursuant to the Presidents contract which were treated as taxable compensation.
SchJ_P01_S00_L03	Schedule J, Part I, Line 3	The Board of Trustees Compensation Committee is responsible for making recommendations to the Board of Trustees Executive Committee concerning compensation of the University President, and setting compensation and other terms and conditions of employment for officers of the University in consultation with the President The process for determining compensation includes retaining an independent firm trienially to study executive compensation to assure that the compensation of each officer is consistent with market trend and in compliance with regulations. The Compensation Committee is also responsible for conducting or commissioning any other necessary survey or studies and report the results of such surveys and studies to the Board of Trustees. Meetings and decisions of this Committee are documented contemporaneously in Committee minutes.
SchJ_P01_S00_L04	Schedule J, Part I, Line 4	Ruth Nemire was paid \$113,750 02 pursuant to a salary continuation separation arrangement IRS Code Sec 457 (f) supplemental nonqualified retirement plan payments were paid during the tax year ending June 30, 2013 on behalf of President Emeritus J Michael Adams in the amount of \$162,325 05 and to President Sheldon Drucker in the amount of \$67,380 72

Schedule J (Form 990) 2012

**Software ID:** 12000197 **Software Version:** v1.00

**EIN:** 22-1494434

Name: FAIRLEIGH DICKINSON UNIVERSITY

(A) Name		(B) Breakdown o	of W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & ıncentıve compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Cecil A Abrahams	(ı) (ıı)		0	13,330	13,845 0	4,705 0	196,666 0	0
Christopher A Capuano	(I) (II)	) 231,877 ) 0	0	24,803 0	27,500 0	19,976 0	304,156 0	0
John M Codd Esq	(I) (II)	) 180,802 ) 0	0	14,286 0	0	10,009	205,097	C
Sheldon Drucker	(I) (II)		0	135,369	27,500 0	25,968	437,137 0	60,000
Hanıa Ferrara	(I) (II)		0	29,681	22,074	25,073	253,899	C
Kenneth R Greene	(ı) (ıı)		0	71,183	16,676 0	20,779	233,916	C
Joseph J Kiernan	(ı) (ıı)		0	31,124	21,920	10,747	242,564	C
Richard P Reiss	(ı) (ıı)	) 229,095 ) 0	0	32,519	27,500	26,443	315,557	C
Richard A Riccio	(ı) (ıı)		0	60,561	20,164	23,850	248,002	0
Wayne M Richardson Esq	(ı) (ıı)	) 112,357 ) 0	0	19,542	14,283	9,956 0	156,138	0
Neal M Sturm	(I) (II)	) 147,843 ) 0	0	24,155	18,273	415	190,686	0
Jonathan D Wexler	(I) (II)		0	26,110	16,054	10,749	234,037	(
Peter J Woolley	(I) (II)	) 126,524 ) 0	0	28,827	17,369	19,738	192,458	(
Pattı A Mills	(I) (II)		0	28,515 0	19,894	10,711	217,011	(
Ruth E Nemire	(I) (II)		0	38,457 0	17,300	15,986 0	269,087 0	0
Kenneth T Vehrkens	(I) (II)	) 159,770 ) 0	0	23,495	19,177 0	23,823	226,265	(
Geoffrey S Weinman	(I) (II)	) 160,107 ) 0	0	24,450 0	20,302	23,842	228,701	(
James G Almeida	(I) (II)	) 114,536 ) 0	0	44,434 0	14,329	26,213	199,512	(
Mıchael J Avaltronı	(I) (II)		0	22,813	18,211	26,281	220,429	
Ronald E Calissi Esq	(I) (II)	) 159,285 ) 0	0 0		15,878	1,000	183,809	(

Form 990, Schedule J, Pa	art:	II - Officers, Direc	ctors, Trustees, Ke	ey Employees, and	l Highest Compen	sated Employees	}		
(A) Name		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Deferred	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation	
Brown D. Davis and J.		(i) Base Compensation	Compensation compensation com		compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
Brian D Domenick	(I) (II)	147,750 0	0	18,926 0	18,267 0	23,808	208,751 0	0	
Minerva Guttman	(I)	130,499 0	0	25,262 0	15,561 0	23,760 0	195,082 0	0	
Robert Greenfield	(I)	128,726 0	0	8,376 0	15,006 0	10,626 0	162,734 0	0	
J Michael Adams	(I) (II)	121,928 0	0	1,301,091	12,916 0	12,994 0	1,448,929 0	140,000 0	

DLN: 93493122010724

OMB No 1545-0047

Open to Public

Schedule K (Form 990)

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

explanations, and any additional information in Part VI.

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ► See separate instructions.

Inspection **Employer identification number** 

FAIRLEIGH DICKINSON UNIVERSITY

#### 22-1494434 Part I Bond Issues **(h)** On (i) Pool (g) Defeased behalf of financing (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose ıssuer Yes Yes Yes No No No New Jersey Educational Refunding of NJEFA 1993 Facilities Authority 22-1829511 64605LQA9 07-14-2004 35.572.504 Χ Χ Χ Series C FDU Issue 2004 Series C New Jersev Educational Refunding of NJEFA 1998 G & H Х Facilities Authority 22-1829511 64605KCZ1 06-29-2006 16,652,544 Χ Χ various Ioans FDU Issue 2006 Series G & H New Jersey Educational Facilities Authority Financing Dormitory Safety 22-1829511 64605NBU7 10-09-2003 598,793 Χ Χ Χ Improvements Safety Trust Fund Bonds Series 2003 A Part II Proceeds Α В С D Amount of bonds retired 0 ol 0 Amount of bonds legally defeased ol 2 0 Total proceeds of issue

3	Total proceeds of issue		36,104,646	18,050,500		602,022			
4	Gross proceeds in reserve funds		3,208,950		1,128,635		0		
5	Capitalized interest from proceeds		0		0	0			
6	Proceeds in refunding escrows		0		0	C			
7	Issuance costs from proceeds		620,577		279,120		9,101		
8	Credit enhancement from proceeds		0		0	0			
9	Working capital expenditures from proceeds		0		0	0			
10	Capital expenditures from proceeds		32,275,119		16,642,745		592,921		
11	Other spent proceeds		0		0	0			
12	Other unspent proceeds		0		0		0		
13	Year of substantial completion	20	04	2006		2004			
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	×		X			X		
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		Х		Х			
Dar	TIII Drivate Rusiness Use								

## Part IIII Private Business Use

		A		Ī	В	Ç			)
		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?		×		×		×		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		
		_							

Part Private Business Use (Continued) C D Α В Yes No Yes No Yes No Yes No Are there any management or service contracts that may result in private business use За Х Х Х of bond-financed property? If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed Χ Χ Χ property? Are there any research agreements that may result in private business use of bond-Χ Χ Х financed property? If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside d counsel to review any research agreements relating to the financed property? Enter the percentage of financed property used in a private business use by entities 4 0% 0% 0% other than a section 501(c)(3) organization or a state or local government 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 0% 0% 0% (c)(3) organization, or a state or local government Total of lines 4 and 5 0% 0% 0% % Does the bond issue meet the private security or payment test? 7 Х Χ Χ Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were Χ Х Х issued? If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of h % % % % If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? Has the organization established written procedures to ensure that all nonqualified 9 bonds of the issue are remediated in accordance with the requirements under Х Χ Х Regulations sections 1 141-12 and 1 145-2? Part IV Arbitrage В С D Α Yes Yes No No Yes No Yes No Has the issuer filed Form 8038-T? 1 Χ Χ Χ If "No" to line 1, did the following apply? 2 Rebate not due vet? а Χ Χ Х Exception to rebate? Х Х Χ b No rebate due? Χ Χ Χ C If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed Is the bond issue a variable rate issue? 3 Χ Χ Χ Has the organization or the governmental issuer entered 4a Χ Χ Χ into a qualified hedge with respect to the bond issue? Name of provider Term of hedge C Was the hedge superintegrated? d Was a hedge terminated?

Pa	rt IV Arbitrage (Continued)								,
		А		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		х		Х		Х		
b	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		х		Х		Х		
7	Has the organization established written procedures to monitor the requirements of section 148?	Х		Х		Х			
Pa	art V Procedures To Undertake Corrective Action	•		•		•			
		А		В		C		D	

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?

Α		В		С		D	
Yes	No	Yes	No	Yes	No	Yes	No
X		х		х			

Part VI Supplemental Inf	ormation. Complete this part to j	provide additional information for responses to questions on Schedule K (see instructions).
Identifier 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 janitorial, vending, and office equipment service contracts which are solely incidental to the exempt use of the bond-financed facilities. Such arrangements are not treated as management or service contracts that may give rise to private business use, pursuant to the safe harbor provisions of Rev. Proc. 97-13, Sec. 1.141-3(b)(4)(III)

Schedule K (Form 990) 2012

DLN: 93493122010724

OMB No 1545-0047

Open to Public Inspection

#### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

**Transactions with Interested Persons** 

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

Name of the organization

**Employer identification number** FAIRLEIGH DICKINSON UNIVERSITY 22-1494434 Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (a) Name of disqualified person (b) Relationship between disqualified (c) Description of transaction (d) Corrected? person and organization Yes No 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. . Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (a) Name of (b) Relationship (c) Purpose (d) Loan to (e)Original (f)Balance (i)Written **(g)** In (h) interested with organization of loan or from the principal due default? Approved agreement? organization? by board or person amount committee? Τо From Yes No Yes No Yes No Total Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested (b) Relationship between (c) A mount of assistance (d) Type of assistance (e) Purpose of assistance interested person and the person organization (1) Susan M Adams Spouse of President Vehicle & office expenses Misc vehicle & home office 15,119 Emeritus J Michael Adams Spouse of President (2) Susan M Adams 13,850 Professional services Estate, legal & tax Emeritus J Michael Adams assistance (3) Susan M Adams Spouse of President 967 Healthcare assistance Insurance premiums Emeritus J Michael Adams

Νo

Part IV	Business	<b>Transactions</b>	Involving	Interested	Persons.
---------	----------	---------------------	-----------	------------	----------

Complete if the organiza	tion answered "Yes" on	Form 990, Part IV, lır	ne 28a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh organiz reven	f zatıon's
				Yes	No
(1) Susan M Adams	Family member of former Officer and Trustee	1,227,763	Accrued compensation payment & 457(f) distribution		No
(2) Susan M Adams	Family member of former Officer and Trustee	480	Insurance premium rebate		No
(3) Mary K Douglas	Family member of current officer	64,112	2012 employee compensation		No
(4) Karen A Vehrkens	Family member of Key employee	18,333	2012 employee compensation		No

### Part V Supplemental Information

(5) Kenneth J Vehrkens

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

Family member of Key

employee

Identifier	Return Reference		Explanation
SchL_P03_S00_L00	Schedule L, Part III	J Mich	n M Adams is the spouse of deceased University President nael Adams All of the assistance to Susan M Adams is ant to a University contract with President Adams

Schedule L (Form 990 or 990-EZ) 2012

21,493 2012 employee compensation

DLN: 93493122010724

OMB No 1545-0047

Open to Public Inspection

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

Department of the Treasury

Internal Revenue Service

## **Noncash Contributions**

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

Name of the organization FAIRLEIGH DICKINSON UNIVERSITY

**Employer identification number** 

22-1494434

Pa	rt I Types of Property							
		(a) Check ıf applıcable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d Method of d noncash contrib	etermı	_	ts
1	Art—Works of art			-				
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods	X		291	Cost			
	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	X	9	619,847	Market			
	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—O ther							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ( <u>ipad</u> ) Golf	X	1	427	Market			
26	Other ► ( foursome )	X	1	550	Market			
	150 Gift		_					
27	Other► ( <u>bags</u> )	Х	1	1,648	Market			
28	O ther ▶ ()							
29	Number of Forms 8283 received for which the organization comple				29			0
			, , =	· [	1		Yes	No
30a	During the year, did the organize	atıon receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it			
	must hold for at least three year							
	for exempt purposes for the enti					30a		No
b	If "Yes," describe the arrangem							
31	Does the organization have a gi	ft acceptan	ce policy that requires the	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us	e third part	ies or related organizations	to solicit, process, or sell	noncash			
b	If "Yes," describe in Part II					32a		No_
33	If the organization did not report	t an amount	: in column (c) for a type of	property for which column (	a) is checked,			
	describe in Part II				· ,			

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier	Return Reference	Explanation									
SchM_P01_S00_L33	, ,	The University is reporting the number of contributions received in Part I, Column (b)									

Schedule M (Form 990) (2012)

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As Filed Data -

DLN: 93493122010724

OMB No 1545-0047

2012

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# Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization FAIRLEIGH DICKINSON UNIVERSITY

**SCHEDULE 0** 

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

**Employer identification number** 

22-1494434

ldentifier	Return Reference	Explanation
F990_P06_S0B_L11b	Form 990, Part VI, Section B, Line 11b	The Unversity'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 the 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, 2014, 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 exists. The University's conflict of interest policy is also available on the University's Website. It calls for any member of the University to make 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 and key employees 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 and key employee is consistent with market trend and in compliance with regulations. The most recent study was completed in 2013. 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_L18	' '	The University's Form 990, Form 990-T and Form 1023 are made available to the general public by written request to the University Controller, 1000 River Road, Teaneck, NJ 07666, or by visiting either one of the University campus libraries in Teaneck or Madison, New Jersey

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

Identifier	Return Reference	Explanation
F990_P11_S00_L09	Form 990, Part XI, Line 9	Change in the FMV of Trusts

DLN: 93493122010724

2012

Open to Public

(f)

## SCHEDULE R (Form 990)

Name of the organization FAIRLEIGH DICKINSON UNIVERSITY

## **Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990. ► See separate instructions.

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

(b)

Department of the Treasury Internal Revenue Service

Part I

Inspection

Employer identification number

22-1494434

(c)

(d)

Name, address, and EIN (If applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity		
(1) Fairleigh Dickinson University of British Columbia Foundation 842 Cambie Street Vancouver, British Columbia V6B 2P6 CA	Education	CA	9,762,142	8,205,597	Fairleigh Dickinson University	_	
Part II Identification of Related Tax-Exempt Organization or more related tax-exempt organizations during the	ations (Complete i e tax year.)	f the organization a	I Inswered "Yes"	to Form 990, Pa	rt IV, line 34 because i	t had o	ne
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	Public charity sta (if section 501(c)	(f) Direct controlling entity	Section (13) co	<b>g)</b> n 512(tontrolle tity?
							No
						+	
							_
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 501	35Y		Schedule R (For	m 990) <i>2</i>	2012

Part III Identification of Related Org because it had one or more rela							zatıon an	swered "Y	es" to	Form	1 990, P	art l	.V, lii	ne 34	
<b>(a)</b> Name, address, and EIN of related organization	Name, address, and EIN of		Name, address, and EIN of related organization Primary activity Legal domicile controlling (state or entity foreign country) table and the controlling country) table and the controlling country table and the controlling controllin		(e) Predomir income(rel unrelate excluded i tax und sections 5	Iominant share of total income related, ided from c under ions 512-		(g) Share of e end-of-year assets		ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		ox managin partner?		<b>(k)</b> Percentage ownership
					514)				Yes	No			Yes	No	
Part IV Identification of Related Org									swere	d "Ye	s" to Fo	rm 9	990,	Part :	IV,
<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Lega domic (state or f countr	ile oreign	Direct	(d) controlling entity	Type (C co	(e) of entity rp, S corp, trust)	(f) Share of total Income		(g) re of end of-year assets		(h) ercenta wners	age	Co	(i) ction 512 (b)(13) ontrolled entity?
(1) HARBINGER CORPORATION	INACTIVE			N/A		С		-1,67	5	5	00 10	00 %		<u>Y</u>	es No
c/o Fairleigh Dickinson Univ 1000 River Rd Teaneck, NJ 07666 22-2317172		ГИ													
(2) CHARITABLE REMAINDER UNI-TRUST 2	TRUST			N/A		Т		(	0		0 0	%			No
2333 Southern Pines Place Deland, FL 32724		NJ													

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

Yes No

<b>1</b> Du	iring the tax year, did the orgranization engage in any of the following transactions with one or more re	elated organizations lis	sted in Parts II-IV?							
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No			
b	Gift, grant, or capital contribution to related organization(s)									
С	Gift, grant, or capital contribution from related organization(s)									
d	Loans or loan guarantees to or for related organization(s)									
e	e Loans or loan guarantees by related organization(s)									
f	Dividends from related organization(s)				1f		No			
g	g Sale of assets to related organization(s)									
h	h Purchase of assets from related organization(s)									
i	i Exchange of assets with related organization(s)									
j	j Lease of facilities, equipment, or other assets to related organization(s)									
k	k Lease of facilities, equipment, or other assets from related organization(s)									
ı	l Performance of services or membership or fundraising solicitations for related organization(s)									
m	m Performance of services or membership or fundraising solicitations by related organization(s)									
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)										
o Sharing of paid employees with related organization(s)										
р	Reimbursement paid to related organization(s) for expenses				<b>1</b> p		No			
q	Reimbursement paid by related organization(s) for expenses				1q		No			
r	Other transfer of cash or property to related organization(s)				1r	Yes				
s	s Other transfer of cash or property from related organization(s)									
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete									
	(a) Name of other organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	<b>(d)</b> Method of determining am	ount ı	nvolved				
<b>1)</b> CH	ARITABLE REMAINDER UNI-TRUST 2	а-і	7,112	Cash						

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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 re	garding exclu	sion for ce		nent	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 section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(e) (f) (g)		<b>(f)</b> Share of total	end-of-year	(h) Disproprtionate r allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No			
												1			

Additional Data \_\_\_\_Return to Form

**Software ID:** 12000197

**Software Version:** v1.00

**EIN:** 22-1494434

Name: FAIRLEIGH DICKINSON UNIVERSITY

Schedule R (Form 990) 2012

Page **5** 

### Part VII Supplemental Information

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

Identifier	Return Reference	Explanation
	Part I	Fairleigh Dickinson University of British Columbia, Foundation ("FDU-Vancouver") is a campus of Fairleigh Dickinson University in the United States FDU-Vancouver is incorporated under the Society Act on July 19, 2006 at Victoria, BC, Canada and accredited by the British Columbia Ministry of Advanced Education