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DLN: 93493127002906

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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2014

Open to Public Inspection

A Fo	r the	2014 ca	lendar year, or tax year beginning	g 07-01-2014 , and ending 06-	30-2015			
B Ch	eck ıf a	pplicable	C Name of organization FAIRLEIGH DICKINSON UNIVERSITY			D Empl	oyer ide	ntification number
┌ Ad	dress ch	nange				22-1	49443	4
Гиа	me cha	nge	% HANIA FERRARA-SR VP FINANCE Doing business as					
┌ Ini	tıal retu	rn						
Fır	al			all is not delivered to street address)	Room/suite	E Teleph	none num	iber
ret	urn/teri	mınated	1000 RIVER ROAD MAIL CODE T-FH.	2-06		(201)692-2	2381
_	nended plication	return n pending	City or town, state or province, cour TEANECK, NJ 076661914	ntry, and ZIP or foreign postal code		G Gross	receipts	\$ 329,451,908
			F Name and address of prir	icipal officer	H(a) 1	s this a grou	n return	for
			Sheldon Drucker	•		ubordinates?	-	┌ Yes ┌ No
			1000 River Road Teaneck, NJ 076661914		U(b)			
			,			re all subord ncluded?	linates	Γ Y es Γ No
I Ta	ıx-exen	npt statu:	s 🔽 501(c)(3)	nsert no)	7 I	f "No," attac	h a lıst	(see instructions)
J W	ebsite	e: 🕨 W	WW FDU EDU/		H(c)	Group exemp	tion nu	mber ►
K For	m of or	ganızatıo	n 🔽 Corporation 🗌 Trust 🦳 Associatio	n	L Year	of formation 1	942 M	State of legal domicile NJ
	rt I		nmary		'			
Governance		FAIRLE WORLD	describe the organization's missic EIGH DICKINSON UNIVERSITY O CITIZENS THROUGH GLOBAL this box	IS A CENTER OF ACADEMIC EDUCATION FOR MORE INFO	ORMATION SEE	SCHEDULE	0	
ŝ	_	CHECK	tills box Fig. If the organization dis	scontinued its operations of dis	posed of more th	an 25 % or it.	s net as	55615
	3	Numbe	r of voting members of the govern	ing body (Part VI, line 1a) .			3	28
Activities &	4	Numbe	r of ındependent votıng members	of the governing body (Part VI,	ıne 1b)		4	27
톭	5	Total n	umber of individuals employed in	calendar year 2014 (Part V, line	e 2a)		5	4,413
ă	6	Total n	umber of volunteers (estimate if n	ecessary)			6	150
	1		nrelated business revenue from P				7a	35,184
	Ь	Net unr	related business taxable income f	om Form 990-T, line 34			7b	-3,328
						Prior Year		Current Year
G)	8		ributions and grants (Part VIII, li	·		13,580		12,500,888
ш	9		ram service revenue (Part VIII, li			275,793		299,979,098
Rayenue	10		stment income (Part VIII, columr			946		3,075,724
	11		r revenue (Part VIII, column (A),		· —	1,228	,419	1,289,590
	12		revenue—add lines 8 through 11		` ''	291,548	,604	316,845,300
	13		ts and similar amounts paid (Part			71,558	,717	81,983,316
	14		fits paid to or for members (Part I	, , , , , , , , , , , , , , , , , , , ,		· ·	0	0
	15		ries, other compensation, employe			123,953	210	127,510,268
83		5-10						<u> </u>
Expenses	16a		essional fundraising fees (Part IX,		• •	171	,632	130,569
ਡੋ	Ь	Total f	fundraising expenses (Part IX, column (D), line 25) 🕨 1,809,641				
	17	Othe	r expenses (Part IX, column (A),	ınes 11a-11d, 11f-24e)		80,980	,480	85,381,575
	18	Total	l expenses Add lines 13-17 (mu	st equal Part IX, column (A), lın	e 25)	276,664	,139	295,005,728
	19	Reve	nue less expenses Subtract line	18 from line 12		14,884	,465	21,839,572
Not Assets or Fund Balances					Begir	nning of Curre Year	ent	End of Year
25.00 19.00 10.00	20	Total	l assets (Part X, line 16)			350,941	,120	368,917,498
A B	21	Total	l liabilities (Part X, line 26)			175,764	,202	169,815,090
žĒ	22	Neta	assets or fund balances Subtract	line 21 from line 20		175,176	,918	199,102,408
Pa	rt II	Sig	nature Block		•		•	
my k	nowled arer ha	as any l	f perjury, I declare that I have examined belief, it is true, correct, and conknowledge **** nature of officer NIA FERRARA SR VP FINANCE & COO					
			pe or print name and title					
		·	Print/Type preparer's name PHILLIP GROFF	Preparer's signature PHILLIP GROFF	Date 2016-05-04	Check If	PTIN P0124	7783
Pai	d		Firm's name	THILLI GROTT	2010-03-04	self-employed Firm's EIN 🕨	1 10124	,,,,,
	pare	r					2) ====	700
He	On	k,	Firm's address 🟲 345 Park Avenue			Phone no (21	∠) /58-9	/00

New York, NY 101540102

✓ Yes ☐ No

Forn	n 990 (2014)					Page 2
Pai		nt of Program Serv			II	·
1	Briefly describe th	he organization's missio	n			
		versity is a center of aca ION SEE SCHEDULE O	idemic exceller	nce dedicated to the pre	paration of world citizens thro	ugh global education
2	the prior Form 990				which were not listed on	ΓYes Γ No
3	•	on cease conducting, or		nt changes in how it coi	nducts, any program	┌ Yes ┌ No
	If "Yes," describe	these changes on Sche	dule O			
4	expenses Section		4) organızatıon	is are required to report	ee largest program services, a the amount of grants and alloo	
4a	(Code) (Expenses \$	248,829,706	ıncludıng grants of \$	81,509,650) (Revenue \$	268,448,579)
	Jersey The Universit) undergraduate a	nd graduate students in New	est independent nonsectarian institut Jersey, and an additional 700 under	
4b	(Code) (Expenses \$	23,572,514	ıncludıng grants of \$	392,666) (Revenue \$	31,202,401)
	Higher Education Aux University residence		ce and resident ha	lls for University students Ap	proximately, 2,330 undergraduate U	S students currently utilize
	(Code) (Expenses \$	250,014	ıncludıng grants of \$	0) (Revenue \$	313,155)
		search - Investigation and ex rge The Silberman College of	perimental activitie	es for the purpose of discove	ry and revision of accepted conclusion h studies that involve faculty and stu	ns undertaken for the benefit of

) (Revenue \$

4d

4e

(Expenses \$

Other program services (Describe in Schedule O)

Total program service expenses ►

including grants of \$

272,652,234

Part TV	Checklist o	f Required	Schedules
	CHECKHISLO	Reduired	Sciledules

			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		N o
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 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
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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		Νo
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		N o
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 🥌	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, 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 other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i>	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
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 or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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? <i>If "Yes," complete Schedule J</i>	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 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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? <i>If "Yes," complete Schedule L, Part III</i>	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	
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, 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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2014)

	Check if Schedule O contains a response or note to any line in this Part V			
	encent in conceasing a contention of recognition of the contention of the content of the cont		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 14,124			
b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered	10	163	
b	by this return	2b	Yes	
n -	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a 3b	Yes Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30	165	
та	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	ı
b	If "Yes," enter the name of the foreign country ▶CA , UK			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
Ī		5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time		ı	
	during the year?	8		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter	9b		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b			
_	facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	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		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Check if Schedule O	contains a res	ponse or no	ote to any	line in this	Part VI	_	 _	_	_	 _	_	_	_	_	·レ
Chick ii Schicadic C	contains a res	POLICE OF THE	occ co anny	11110 111 01110		•	 •	•	•		•		•	•	-,

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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		Νο
6	Did the organization have members or stockholders?	6		Νο
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		Νo
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	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available.
 - Own website Another's website V Upon request V Other (explain in Schedule O)
- 19 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
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records
 ►HANIA FERRARA-SR VP FINANCE

1000 RIVER RD MAIL CODE T-FH 2-06

Form 990 (2014)	
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age 7	7
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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

any hours for related organizations (W- organizations (W- organizations (W- organization (W- 2/1099-MISC) organization related	(A) Name and Title	for related organizations below		•	` `	organization and
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Form 990 (2014)

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

(A) Name and Title	(B) A verage hours per week (list any hours	more t perso	han d n is	one both	box, an	heck unless officer stee)	į	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustiei or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	•			
c	Total from continuation sheets to Part VII, Section A	►			
d	Total (add lines 1b and 1c)	►	4,326,881	0	942,567
		_			

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►187

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
Compass Group, 2400 Yorkmont Road Charlotte, NC 28217	Food Service Mgmt	7,703,068
Hollister Construction Services, 777 Terrrace Avenue Hasbrouck Heights, NJ 07604	Construction Svcs	4,985,857
Collins Building Services, 24-01 44th Road LIC, NY 11101	Building / Cleaning	2,767,478
ISS TMC Services, 81 Dorsa Avenue Livingston, NJ 07039	Bldg Mechanical	1,978,317
Allied Properties Real Estate, 520 KING STREET WEST TORONTO, 0 M5V 1L7 CA	Real Estate Mgmt	1,836,458
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 of compensation from the organization ►103	who received more than	

Contributions, Giffs, Grants and Other Similar Amounts	1a b c d e f
Program Serwice Revenue	2a b c d e f
evenue	9 3 4 5 6a b c d d 8a 8a
Other R	b c 9a b c
	11a b c d

Form 99		•						Page 9
Part V	/	Statement o Check if Schedi	f Revenue ule O contains a respon:	se or note to any lu	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
रु इ	1a	Federated cam	paigns 1a	95,550				
Gifts, Grants ilar Amounts	ь	Membership du	es 1b					
وَّ قُ	С	Fundraising eve	ents 1c	660,096				
iffs ar /	d	Related organiz	ations 1d					
3, G ⊞::	e	Government grants	s (contributions) 1e	5,624,681				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contribution	ons, gifts, grants, and 1f ot included above	6,120,561				
ntrib d Oth	g	1a-1f \$	ons included in lines	176,536				
<u>ပ</u>	h	Total. Add lines	s 1 a - 1 f	•	12,500,888			
<u>ā</u>			-	Business Code				
Ke II	2a	Tuition		611710	252,878,014	252,878,014		
8	b	Student Residence		611710	21,948,255	21,948,255		
¥ €	C .	Student Fees		900099	12,529,732	12,529,732		
ja Se	d	Student Food Serv		611710	9,254,146	9,254,146		
a	e	All Other Program :		900099	3,368,951	3,346,351	22,600	
Program Serwoe Revenue	f	All other progra	am service revenue					
	g		s 2a-2f		299,979,098			
	3		ome (including dividend ar amounts)		957,103			957,103
	4		stment of tax-exempt bond p		0			
	5	Royalties	<u> </u>	🕨	18,249			18,249
			(ı) Real	(II) Personal				
	6a	Gross rents Less rental	1,412,569					
	Ь	expenses						
	С	Rental income or (loss)	1,412,569	0				
	d	Net rental inco	me or (loss)		1,412,569			1,412,569
		Gross amount	(ı) Securities	(II) O ther				
	7a	from sales of assets other than inventory	14,436,085					
	ь	Less cost or other basis and	12,317,464					
		sales expenses						
	c d	Gain or (loss)	2,118,621 ss)		2,118,621			2,118,621
enne		Gross income f events (not inc 660	rom fundraising		3,337,33			
Other Revenue		See Part IV, lin		127,695				
the	ь	Less direct ex	penses b	289,144				
٥	C	Net income or (loss) from fundraising e(vents 🛌	-161,449			-161,449
	9a	Gross income f See Part IV, lin	rom gaming activities lie 19 a					
	b	Less direct ex	penses b					
	С .		' (loss) from gamıng actıv	ities	О			
	10a	Gross sales of						
		returns and allo	owances . a					
	Ь	less cost of a	oods sold b					
			(loss) from sales of inve	ntory	0			
		Miscellaneous		Business Code				
	11a	Mısc Copy Ctr	Revenue	611710	20,221	7,637	12,584	
	ь							
	С							
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d	▶ [20,221			
	12	Total revenue.	See Instructions		316,845,300	299,964,135	35,184	4,345,093

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must compl	ete column (A	()
---	---------------	----

Secti	on $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns $$ All	other organızat	ions must comp	lete column (A)	
	Check if Schedule O contains a response or note to any line in this	Part IX	<u></u>	<u> </u>	<u> </u>
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	81,000	81,000		
2	Grants and other assistance to domestic individuals See Part IV, line 22	79,726,278	79,726,278		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	2,176,038	2,176,038		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	4,159,409	2,229,206	1,592,267	337,936
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	108,304	108,304		
7	Other salaries and wages	90,314,689	81,570,970	7,946,211	797,508
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,675,957	5,047,629	, ,	65,273
9	Other employee benefits	20,294,100	18,508,172	1,600,398	185,530
10	Payroll taxes	6,957,809	6,187,579	690,215	80,015
11	Fees for services (non-employees)		=,==.,=/3	232,223	
 a	Management	0			
b	Legal	273,339		273,339	
c	Accounting	286,085		286,085	
d	Lobbying	37,516	37,516	200,003	
e	Professional fundraising services See Part IV, line 17	130,569	37,310		130,569
f	Investment management fees	· ·		114 622	130,309
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	114,632 12,120,429	11,128,214	114,632 977,614	14,601
12	Advertising and promotion	1,947,285	1,937,344	9,941	
13	Office expenses	7,857,493	6,936,688	· ·	116,988
14	Information technology	6,282,882	5,233,550	· · · · · ·	2,983
15	Royalties	19,502	11,168	8,334	2,303
16	Occupancy	23,197,373	21,949,203	· ·	11
17	Travel	3,330,959	3,108,025	210,844	12,090
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	3,330,939	3,100,023	210,044	12,090
19	Conferences, conventions, and meetings	4,044,651	3,576,197	405,211	63,243
20	Interest	3,706,176	3,636,808	69,368	
21	Payments to affiliates	0		, -	
22	Depreciation, depletion, and amortization	11,081,568	10,510,999	569,931	638
23	Insurance	4,355,171	3,264,742	 	
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)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3,23 ,,	-,,	
а	Bad Debt Expense	1,795,708	1,795,708		
b	Write-Off old Equipment/Bldg	965,828	946,496	19,332	
c	Books & Periodicals	580,685	563,473	17,212	
d	Co-hort Commission Expense	596,837	596,837		
e	All other expenses	2,787,456	1,784,090	1,001,110	2,256
25	Total functional expenses. Add lines 1 through 24e	295,005,728	272,652,234	20,543,853	1,809,641
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)				
					rm 990 (2014)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in	this	Part X		•	· · · · · · · · · · · · · · · · · · ·
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			0	1	0
	2	Savings and temporary cash investments			85,583,163	2	92,885,960
	3	Pledges and grants receivable, net			2,690,197	3	3,617,151
	4	Accounts receivable, net			17,930,912	4	18,701,689
	5	Loans and other receivables from current and former officers, employees, and highest compensated employees Complete P Schedule L	o	5	0		
its	6	Loans and other receivables from other disqualified persons (a $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and and sponsoring organizations of section $501(c)(9)$ voluntary e organizations (see instructions) Complete Part II of Schedule	0	6	0		
Assets	7	Notes and loans receivable, net			0	7	0
4	8	Inventories for sale or use			0	8	0
	9	Prepaid expenses and deferred charges			3,074,725		1,938,190
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	318,312,663			1,000,100
	ь	Less accumulated depreciation	10b	131,620,834	185,490,914	10c	186,691,829
	11	Investments—publicly traded securities			56,054,220	11	65,052,679
	12	Investments—other securities See Part IV, line 11	30,000	12	30,000		
	13	Investments—program-related See Part IV, line 11	0	13	0		
	14	Intangible assets	0	14	0		
	15	Other assets See Part IV, line 11			86,989	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			350,941,120	16	368,917,498
	17	Accounts payable and accrued expenses			22,811,135	17	20,674,143
	18	Grants payable			0	18	0
	19	Deferred revenue			2,314,494	19	3,002,458
	20	Tax-exempt bond liabilities			90,757,309	20	81,589,049
	21	Escrow or custodial account liability Complete Part IV of Sch			0	21	0
lities	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disqual	tors, t				
Liabilit		persons Complete Part II of Schedule L			0	22	0
$\ddot{\Box}$	23	Secured mortgages and notes payable to unrelated third partic	es .		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 rela and other liabilities not included on lines 17-24) Complete Pa					
		D			59,881,264	25	64,549,440
	26	Total liabilities. Add lines 17 through 25			175,764,202	26	169,815,090
Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.	✓ ar	d complete			
lan I	27	Unrestricted net assets			132,835,193	27	152,267,622
<u>В</u>	28	Temporarily restricted net assets			22,621,973	28	25,003,246
Ξ	29	Permanently restricted net assets			19,719,752	29	21,831,540
or Fu.		Organizations that do not follow SFAS 117 (ASC 958), check I complete lines 30 through 34.	nere Þ	- ┌─ and			
9 9	30	Capital stock or trust principal, or current funds				30	
Assets or	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			175,176,918	33	199,102,408
_	34	Total liabilities and net assets/fund balances			350,941,120	34	368,917,498

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		316,8	345,300
2	Total expenses (must equal Part IX, column (A), line 25)	2		295,0	05,728
3	Revenue less expenses Subtract line 2 from line 1	3		21,8	39,572
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		175,1	.76,918
5	Net unrealized gains (losses) on investments	5		2,1	.25,440
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			-39,522
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		199,1	.02,408
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. \sqsubset
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
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	rate			
	☐ Separate basis ☐ Both consolidated and separate basis				
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	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b	Yes	

Software ID: Software Version:

EIN: 22-1494434

Name: FAIRLEIGH DICKINSON UNIVERSITY

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

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) A verage hours per week (list any hours	Posit more tl perso and a	ion (han o n is b	ne b oth ctor,	ox,ι an o	unless fficer		(D) (E) Reportable compensation from the organization (W-		(F) Estimated amount of other compensation from the organization and	
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	related organizations	
(1) SHELDON DRUCKER	65 0	X		x				451,099	0	56,348	
PRESIDENT & TRUSTEE (1) ANTHONY P AMBROSIO	0 0										
TRUSTEE	0 0	Х						0	0	0	
(2) CHERYL K BEEBE	3 0										
TRUSTEE	0 0	X						0	0	0	
(3) MICHAEL J CLARKE	3 0	×						0	0	0	
TRUSTEE	0 0	_ ^						0	0	0	
(4) ROSEMARY ESPANOL	3 0	X						0	0	0	
TRUSTEE (5) STEVEN B GRUMBACH	0 0			_							
		Х						0	0	0	
TRUSTEE (6) ROBERT M HALLENBECK ESQ	5 0										
TRUSTEE	0 0	Х						0	0	0	
(7) FRANKLYN G JENIFER	3 0							_		_	
TRUSTEE	0 0	Х						0	0	0	
(8) STEWART KRENTZMAN	3 0	x						0	0	0	
TRUSTEE	0 0							Ů			
(9) DANIEL C LEWIS	3 0	X						0	0	0	
TRUSTEE (10) WINSTON I LOWE ESQ	3 0										
TRUSTEE		х						0	0	0	
(11) DONNA DELPRETE MARKI	3 0										
TRUSTEE	0 0	X						0	0	0	
(12) VINCENT J NAIMOLI	5 0	x						0	0	0	
TRUSTEE	0 0	_ ^						Ů	0	0	
(13) GREGORY H OLSEN	3 0	X						0	0	0	
TRUSTEE (14) WILLIAM L O'NEILL DDS	3 0										
		Х						0	0	0	
TRUSTEE (15) ANTOINETTE C PETROCELLI	5 0										
TRUSTEE	0 0	Х						0	0	0	
(16) ROBERT J PURES	5 0	,									
TRUSTEE	0 0	Х						0	0	0	
(17) WILLIAM J ROBERTS	3 0	x						0	0	0	
TRUSTEE	0 0							Ů			
(18) HOWARD W ROBIN	3 0	X						0	0	0	
TRUSTEE (19) ROBERT T SALTARELLI	0 0										
TRUSTEE	0 0	Х						0	0	0	
(20) PAUL C SANTUCCI	3 0										
TRUSTEE	0 0	Х						0	0	0	
(21) MOLLY EASO SMITH	3 0							0	0	0	
TRUSTEE	0 0	X						0			
(22) MARY KAY STRATIS	5 0	X						0	0	0	
TRUSTEE (23) MARTA L TELADO	0 0			_	1		_				
		х						0	0	0	
TRUSTEE (24) ANTHONY J VESPA	3 0	 		\vdash	\vdash		\vdash				
TRUSTEE	0 0	х						0	0	0	
								•			

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

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related	Posit more th perso and a	ion (d nan o n is b	ne b oth ctor/	ox, u an of trus	inless fficer tee)		(D) 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 trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former	2/1099-M13C)	2/1099-M13C)	related organizations
(26) STEVEN S WEINSTEIN	3 0	x						0	0	0
TRUSTEE (1) SUSAN WELSH DC	0 0									
		x						0	0	0
TRUSTEE (2) PATRICK J ZENNER	10 0									
CHAIRMAN, BOARD OF TRUSTEES	0 0	X						0	0	0
(3) CECIL A ABRAHAMS	60 0							160.667		16,000
CAMPUS PROVOST, FCU-VANCOUVER	0 0			Х				168,667	0	16,800
(4) CHISTOPHER A CAPUANO UNIV PROVOST & SR VP ACADEMIC	75 0 0 0			Х				296,092	0	93,460
(5) JOHN M CODD ESQ GENERAL COUNSEL & SECRETARY	55 0			Х				199,163	0	25,728
(6) HANIA FERRARA	60 0			х				261,167	0	56,404
SR VP FINANCE, COO & TREASURER (7) JOSEPH J KIERNAN	63 0			х				216,690	0	34,286
PROVOST METRO CAMPUS (8) RICHARD P REISS	0 0 60 0			×				281,585	0	87,354
SVP FOR UNIVERSITY ADVANCEMENT (9) RICHARD A RICCIO	0 0 60 0			^				201,303	, and the second	07,554
VP FOR ADMINISTRATION	0 0			Х				210,157	0	47,536
(10) NEAL M STurm VP & CHIEF INFORMATION OFFICER	60 0			Х				178,547	0	55,989
(11) JOHNATHAN D WEXLERVP FOR ENROLLMENT MANAGEMENT	70 0			х				216,566	0	28,258
(12) PETER J WOOLLEY PROVOST COLLEGE AT FLORHAM	65 0			Х				193,004	0	49,904
(13) MARTHA C YOUNG	40 0			х				57,337	0	35,496
ASST SECRETARY OF THE CORP (14) MICHAEL J AVALTRONI	60 0				Х			213,591	0	54,646
ASSOC DEAN, SCHOOL OF PHARMACY (15) PATTI A MILLS	0 0 55 0				Х			192,041	0	32,173
DEAN, UNIVERSITY COLLEGE (16) KENNETH T VEHRKENS	0 0 70 0				X			180,164	0	47,734
DEAN, PETROCELLI COLLEGE (17) GEOFFREY S WEINMAN	0 0									<u> </u>
DEAN, BECTON COLLEGE (18) JAMES G Almeida	0 0				Х			190,062	0	49,558
ASSOC DEAN SILBERMAN COLLEGE	0 0					Х		166,934	0	45,675
(19) RONALD E CALISSI ESQ EXEC ASSOC DEAN PETRO COLLEGE	50 0					×		170,905	0	12,669
(20) BRIAN D DOMENICK DIRECTOR SYSTEMS AND SECURITY	60 0					х		166,969	0	44,852
(21) MINERVA GUTTMAN	55 0					х		160,552	0	34,411
DIR, NURSING & ALLIED HEALTH (22) DAVID A LANGFORD	61 0					Х		155,589	0	33,286
DIRECTOR OF ATHLETICS	0 0							, -	_	

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DLN: 93493127002906

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

		ne organization		Employer identifica	ation number					
FAIRL	EIGH D.	ICKINSON UNIVERSITY					22-1494434			
Da	rt I	Peason for Publi	ic Charity S	status (All organiza	tions must co	mnlete this n		nc		
		zation is not a private f		, ,				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
1	,, gu	A church, convention		•	= :	· ·	•			
2	, -	A school described in	•			50001011 27 5(5	,(-)(-)(-)			
3	<u> </u>					tion 170/h\/1\/	(A.)/iii)			
4	J			erated in conjunction v	vitn a nospitai d	iescribea in sec i	tion 170(D)(1)(A)(III). Enter the		
5	Г	hospital's name, city, An organization opera	ted for the ber	nefit of a college or uni	versity owned c	r operated by a	governmental unit d	escribed in		
•	•	section 170(b)(1)(A)			versity owned t	, operated by a	governmental ante a			
6	_	A federal, state, or loc			described in se	action 170(b)(1	\(A \(\(\(\) \)			
_	<u>'</u>									
7	,	An organization that need to describe display the section 1	•	<u>.</u>	• •	om a governmei	ntai unit or irom the g	jenerai public		
8	Г	A community trust de				tII)				
9		An organization that n					utions, membership	fees, and gross		
	·	receipts from activitie								
		its support from gross								
		acquired by the organ				•	•	. 54511145545		
10	\vdash	An organization organ		•		•	•			
11	<u>'</u>	An organization organ	•	·		•		ut the nurneses of		
	,	one or more publicly s								
		the box in lines 11a th			•					
а	Γ	Type I. A supporting of								
		supported organizatio				ty of the directo	rs or trustees of the	supporting		
L	_	organization You mus				with its suppor	tod organization(c) h	w having control or		
b	1	Type II. A supporting management of the su	_	•						
		must complete Part I			same persons c	nac control of m	anage the supported	organization(3) 104		
C	Г	Type III functionally	•		n operated in c	onnection with,	and functionally inte	grated with, its		
	_	supported organizatio								
d	ı	Type III non-function								
		not functionally integr (see instructions) Yo					ment and an attentiv	eness requirement		
e	Г	Check this box if the					a Type I. Type II. T	vpe III functionally		
	•	integrated, or Type II					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,		
f		Enter the number of s	upported orgar	nizations						
g		Provide the following i	nformation abo	out the supported orga	ınızatıon(s)					
		ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org		(v) A mount of	(vi) A mount of		
		organization		organization	listed in your		monetary support	other support (see		
	(described on lines document? (see instructions) instructions							ınstructions)		
				section (see						
				instructions))						
					Yes	No				
Tota										

Sch	edule A (Form 990 or 990-EZ) 2014						Page 2
Pa	Support Schedule for (Complete only if you c	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation failed	to qualify under
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	ipiete Part I	11.)
	endar year (or fiscal year beginning	(-) 2010	(1) 2011	(-) 2012	(4) 2012	(-) 201	(6) T. t. l
	in) 🟲	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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						
3	behalf The value of services or facilities						
,	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public support. Subtract line 5 from line 4						
S	ection B. Total Support	1	l			1	
	endar year (or fiscal year beginning	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	in) ►	(a) 2010	(0) 2011	(6) 2012	(d) 2013	(e) 2014	(I) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or not the business is regularly carried						
	on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)						
11	Total support Add lines 7 through 10						
12	Gross receipts from related activities	es, etc (see inst	ructions)		•	12	<u> </u>
13	First five years. If the Form 990 is f	or the organizati	on's first, second	l, thırd, fourth, or	fifth tax year as a	section 501	(c)(3)
	organization, check this box and sto					<u> </u>	<u> </u>
	ection C. Computation of Pub			4.4 1 (5)		 	
14	Public support percentage for 2014	· ·		11, column (f))		14	
15	Public support percentage for 2013	•	•			15	
16a	33 1/3% support test—2014. If the				line 14 is 33 1/3%	∕o or more, ch	
h	and stop here. The organization qua 33 1/3% support test—2013. If the				and line 15 is 3	3 1/3% or mo	re check this
	box and stop here. The organization				, and fine 13 is 3.	3 1/3/0 01 1110	re, check this ▶□
17a	10%-facts-and-circumstances test-	-2014. If the org	anızatıon dıd not	check a box on li			,
	is 10% or more, and if the organizat						
	in Part VI how the organization mee	ts the "facts-and	d-circumstances'	test The organi	zation qualifies as	s a publicly s	
h	organization 10%-facts-and-circumstances test-	-2013. If the ora	anization did not	check a hov on li	ne 13 16a 16b	or 17a and b	▶ ┌
	15 is 10% or more, and if the organ						
	Explain in Part VI how the organizat						ublicly
	supported organization				471		▶ ┌
18	Private foundation. If the organizations	on ala not check	ca box on line 13	, 16a, 16b, 1/a,	or 1 / b, check this	s pox and see	• ▶ □

Schedule A (Form 990 or 990-EZ) 2014 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) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V $\,)$

Section A. All Supporting Organizations

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or (2) ? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	За		
	b Did the organization evergice a substantial degree of direction over the policies, programs and activities of each			l

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year		
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 Amounts paid to perform activity that directly furthexcess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	JCTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		(::)	(:::)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009			
b From 2010			
c From 2011			
d From 2012			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
A pplied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010			
b From 2011			
c From 2012			
d From 2013			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2014

DLN: 93493127002906

OMB No 1545-0047

Open to Public Inspection

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

Was a correction made? If "Yes," describe in Part IV

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) (see separate instructions) or Form 990-EZ, Part V,

line 35c (Proxy Tax) (see separate instructions). then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III **Employer identification number** Name of the organization FAIRLEIGH DICKINSON UNIVERSITY Part I-A 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 Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 2 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

2ar	150 Complete if the organization is exempt under section 501(c), except section	<u>5 חכ</u>	<u>01(c)</u>	(3).	
1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	F	\$		
2	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	 -	\$		
4	Did the filing organization file Form 1120-POI for this year?			□ Yes	□ No

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

section 4911 tax for this year?

┌ Yes ┌ No

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

Check	▶ □	ıf the filing	organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EI	ίΝ,
		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 an		(a) Filing organization's totals	(b) Affiliated group totals
Total lobbying expenditures to influence public o	ppinion (grass roots lobbying)		
Total lobbying expenditures to influence a legisl	37,516		
Total lobbying expenditures (add lines 1a and 1	37,516		
O ther exempt purpose expenditures	272,614,718		
Total exempt purpose expenditures (add lines 1	272,652,234		
Lobbying nontaxable amount Enter the amount columns	1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
Grassroots nontaxable amount (enter 25% of lir	ne 1f)	250,000	
Subtract line 1g from line 1a If zero or less, ent	er -0 -		
i Subtract line 1f from line 1c If zero or less, ente	er-0-		
i If there is an amount other than zero on either li	ne 1h or line 1i, did the organization file Form 4720	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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2011 **(b)** 2012 (c) 2013 (d) 2014 (e) Total beginning in) 1,000,000 1,000,000 1,000,000 1,000,000 4,000,000 Lobbying nontaxable amount Lobbying ceiling amount 6,000,000 (150% of line 2a, column(e)) 174,663 37,516 Total lobbying expenditures 142,350 38,493 393,022 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

	filed Form 5768 (election u	on is exempt under section 501(c)(3) and has I under section 501(h)).				
For e	each "Yes" response to lines 1a through 1: below, p	provide in Part IV a detailed description of the lobbying	(a	1)	(1)
actıv	rity.		Yes	No	Amo	ount
1 a		empt to influence foreign, national, state or local public opinion on a legislative matter or referendum,				
b c	Paid staff or management (include compensa Media advertisements?	tion in expenses reported on lines 1c through 1i)?				
d	Mailings to members, legislators, or the publi	c?				
e	Publications, or published or broadcast state	ments?				
f	Grants to other organizations for lobbying pur	poses?				
g	Direct contact with legislators, their staffs, g	overnment officials, or a legislative body?				
h						
i	O ther activities?					
j	Total Add lines 1c through 1i					
2a						
b	If "Yes," enter the amount of any tax incurred	d under section 4912				
C	If "Yes," enter the amount of any tax incurred	d by organization managers under section 4912				
d	If the filing organization incurred a section 49	912 tax, did it file Form 4720 for this year?				
Par		on is exempt under section 501(c)(4), section !	5 01(c))(5), o	r sect	ion
	501(c)(6).				Ye	es No
1	Were substantially all (90% or more) dues re	ceived nondeductible by members?		Г	1	.5 110
2	Did the organization make only in-house lobb	•		⊢	2	
3	- · · · · · · · · · · · · · · · · · · ·	ying and political expenditures from the prior year?			3	
Par		on is exempt under section 501(c)(4), section !	501(c)(5), o	r sect	ion
	501(c)(6) and if either (a)	BOTH Part III-A, lines 1 and 2, are answered "				
_	line 3, is answered "Yes."		1 4 1			
1 2	Dues, assessments and similar amounts from	olitical expenditures (do not include amounts of political	1			
	expenses for which the section 527(f) tax w		2a			
a b	Current year Carryover from last year		2b			
c	Total		2c			
3		e)(1)(A) notices of nondeductible section 162(e) dues	3			
4		c exceeds the amount on line 3, what portion of the excess				
•		ne reasonable estimate of nondeductible lobbying and				
	political expenditure next year?		4			
5	Taxable amount of lobbying and political expe	enditures (see instructions)	5			
Pa	art IV Supplemental Information					
	ovide the descriptions required for Part I-A , line see instructions), and Part II-B, line 1 Also, co	e 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou Implete this part for any additional information	up list),	Part II	-A , lines	s 1 and
	Return Reference	Explanation				

Part IV Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2014

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

DLN: 93493127002906

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

	me of the organization RLEIGH DICKINSON UNIVERSITY		Employer identification number
Pa	rt I Organizations Maintaining Donor Ac	lvised Funds or Other Similar	Funds or Accounts. Complete if the
	organization answered "Yes" to Form 99	•	
		(a) Donor advised funds	(b) Funds and other accounts
•	Total number at end of year		
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year		
	Did the organization inform all donors and donor advis funds are the organization's property, subject to the o		onor advised Yes No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the bendonferring impermissible private benefit?		
aı	rt II Conservation Easements. Complete	ıf the organızatıon answered "Yes"	to Form 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the or Preservation of land for public use (e g , recreation of Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held	n or education) Preservation of a	an historically important land area a certified historic structure n the form of a conservation
	easement on the last day of the tax year		Hald at the Find of the Warn
a	Total number of conservation easements		Held at the End of the Year
a b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified his	toric structure included in (a)	2c 2c
d	Number of conservation easements included in (c) ac historic structure listed in the National Register	, ,	2d
	Number of conservation easements modified, transfe	rred, released, extinguished, or termina	ated by the organization during
	the tax year 🛌		
	Number of states where property subject to some organic	tion opcoment is logated by	
	Number of states where property subject to conserva		
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		☐ Yes ☐ No
	Staff and volunteer hours devoted to monitoring, insp	ecting, and enforcing conservation eas	ements during the year
	-		
	Amount of expenses incurred in monitoring, inspecting	ng, and enforcing conservation easemen	nts during the year
	▶ \$		
	Does each conservation easement reported on line 2 and section $170(h)(4)(B)(II)$?	(d) above satisfy the requirements of s	ection 170(h)(4)(B)(i)
	In Part XIII, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation easem	he footnote to the organization's financ	
ar	t III Organizations Maintaining Collectio Complete if the organization answered "		s, or Other Similar Assets.
a	If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar ass service, provide, in Part XIII, the text of the footnote	ets held for public exhibition, education	n, or research in furtherance of public
b	If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar ass service, provide the following amounts relating to the	116 (ASC 958), to report in its revenusets held for public exhibition, education	e statement and balance sheet
	(i) Revenue included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		▶ \$
	If the organization received or held works of art, histofollowing amounts required to be reported under SFAS		for financial gain, provide the
a	Revenue included in Form 990, Part VIII, line 1	· -	▶ - \$
ь	Assets included in Form 990, Part X		▶ \$
	A 33613 MCIAACA MTOMIN 220, FAIL A		F P

Par	Organizations Maintaining Co	llections of Art,	Hist	torical T	reası	<u>ıres, or O</u>	<u>ther</u>	<u>Similar As</u>	sets (continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other record	s, ch	eck any of	f the fol	lowing that a	ire a	sıgnıfıcant use	e of its	
а	Public exhibition		d	┌ Loar	orexc	:hange progr	ams			
b	Scholarly research		e	┌ Oth	er					
c	Preservation for future generations									
4	Provide a description of the organization's co Part XIII	ollections and explain	n how	they furth	ner the	organızatıon	's exe	empt purpose	ın	
5	During the year, did the organization solicit	or receive donations	of art	, historica	ıl treas	ures or othe	sımı		_	_
	assets to be sold to raise funds rather than								☐ Yes	☐ No
Par	Part IV, line 9, or reported an ar					n answere	d "Y€	es" to Form S	990, ———	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other intermed	diary	for contrib	outions	or other ass	ets n		┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II and complete the f	ollow	ing table		_				
						-	_	An	nount	
С	Beginning balance					<u> </u>	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 F	orm 990, Part X, line	21,f	or escrow	orcust	odial accoui	nt Iıal	oility?	┌ Yes	☐ No
b	If "Yes," explain the arrangement in Part XI	II Check here if the	expla	nation has	s been	provided in F	art X	III		Γ
Pa	rt V Endowment Funds. Complete	ıf the organızatıon	ansı	wered "Y						
		(a)Current year	(b) P	rior year				hree years back	(e)Four	years back
1a	Beginning of year balance	56,586,372		44,303,79		34,904,073		31,274,383		23,928,198
b	Contributions	6,438,379		5,344,92	7	5,166,720		4,064,623		3,022,003
C	Net investment earnings, gains, and losses	4,913,420		8,752,32	1	5,734,012		822,964		5,454,552
d	Grants or scholarships	1,342,611		1,190,84	9	1,001,333		794,772		681,436
e	Other expenditures for facilities and programs	905,937		623,81	8	499,681		463,125		448,934
f	Administrative expenses									
g	End of year balance	65,689,623		56,586,37	2	44,303,791		34,904,073		31,274,383
2	Provide the estimated percentage of the cur	rent year end balance	e (line	e 1g, colu	mn (a))	held as				
а	Board designated or quasi-endowment 🕨	44 000 %								
b	Permanent endowment ► 56 000 %									
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 organiza	tıon t	hat are he	ld and	admınıstered	for t	he		
	organization by							<u> </u>	Yes	+
	(i) unrelated organizations						•	3a(•	No No
b	(ii) related organizations						• •	3		1 110
4	Describe in Part XIII the intended uses of the	•			• '		•	· · · <u> </u>	- 1	
Par	t VI Land, Buildings, and Equipme	ent. Complete if th			on ans	wered 'Yes	' to I	orm 990, Pa	art IV,	line
	11a. See Form 990, Part X, line Description of property	10.		(a) Cost of basis (inves		(b)Cost or other		(c) Accumulated depreciation	(d) B	ook value
1 2	Land					20,388,	638			20 388 629
	Buildings		ŀ			256,732,	-	107 848 00	9 1	20,388,638 48 884 730
	Leasehold improvements		·			3,296,		107,848,099 880,800	+	2,415,618
	Equipment		<u> </u>			36,166,	-	22,891,93	_	13,275,013
	O. t. b. a		<u> </u>		+	1,727,		22,091,93	-	1,727,830
	I. Add lines 1a through 1e (Column (d) must o	aual Form 990. Part X	. colur	mn (B) lin	e 10(c)				1	86,691,829
		, o. 111 550, 1 arc //	, 50,41	(2), 1111	0(0).	, • • •	•		-	990) 2014
								Julieuric L		,

Part VII Investments—Other Securities. Co	mplete if the organization	answered 'Yes' to Form 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests Other		
- Cities		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	F	
Part VIII Investments—Program Related. C	omplete if the organization	n answered 'Yes' to Form 990, Part IV, line 11c.
See Form 990, Part X, line 13. (a) Description of investment	(b) Book value	(c) Method of valuation
(a) Description of investment	(b) Book value	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	F	
), Part IV, line 11d See Form 990, Part X, line 15
(a) Desc	ription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line.	15.)	
Part X Other Liabilities. Complete if the org		
Form 990, Part X, line 25.		
1 (a) Description of liability	(b) Book value	
Federal income taxes	0	
POST-RETIREMENT BENEFIT LIABILTY	35,585,764	
U S GOVERNMENT GRANTS REFUNDABLE	10,486,368	
FIN 47 ASSET RETIREMENT OBLIGATION	13,104,333	
DEFERRED LIABILITIES	3,578,256	
MISCELLANEOUS OTHER	1,794,719	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	E 64 540 440	
2 Liability for incertain tay positions. In Part XIII provide	64,549,440	he every restront of financial attachments that we next the

Part		levenue per Audited Financial Stat wered 'Yes' to Form 990, Part IV, line 1		its With Revenue	per R	eturn Complete if		
1	<u> </u>	er support per audited financial statements			1			
2		ut not on Form 990, Part VIII, line 12						
а	Net unrealized gains (losses)	on investments	2a					
b	Donated services and use of	acılıtıes	2b		1			
c	Recoveries of prior year grant	S	2c		1			
d	Other (Describe in Part XIII)	2d		1			
e	Add lines 2a through 2d .				2e			
3	Subtract line 2e from line 1 .				3			
4	A mounts included on Form 99	0, Part VIII, line 12, but not on line 1						
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b .	4a					
b	Other (Describe in Part XIII)	4b					
C	Add lines 4a and 4b				4c			
5	Total revenue Add lines 3 an	d 4c. (This must equal Form 990, Part I, line	12)		5			
Part		xpenses per Audited Financial Sta			s per	Return. Complete		
		swered 'Yes' to Form 990, Part IV, line r audited financial statements			Т.	Т		
1					1	 		
2		it not on Form 990, Part IX, line 25	2a	1				
a b			2b		-			
c	•		2c		-			
d	Other (Describe in Part XIII		2d		1			
e					2e			
3	_				3			
4		0, Part IX, line 25, but not on line 1:						
а		Investment expenses not included on Form 990, Part VIII, line 7b 4a						
b	•		4b		1			
c					4c			
5		nd 4c. (This must equal Form 990, Part I, lin			5			
Part	Supplemental In	ormation						
Part		Part II, lines 3, 5, and 9, Part III, lines 1a , lines 2d and 4b, and Part XII, lines 2d and				de any additional		
	Return Reference	Explanation						
SCHE	DULE D, Part V, Line 4	The University's endowment fund provides retention and recruitment, and essential mithe University to expand need and merit be enhancement of programs such as technol mission of the University, Global Education instruction Faculty endowments include E	naintena ased av logy, re n and re	ince of our campuses livards Programmatic en search, library acquisit esearch benefiting stud	Endowe Idorser Ions, a ent lea	ed scholarships enable ments allow for overall nd closest to the irning and faculty		
SCHE	OULE D, Part X, Line 2	The University is exempt from federal inco Code The University's wholly owned subs to income tax. There are certain transaction would result in a tax liability. Management using a threshold of more likely than not. I liabilities that need to be recorded.	me tax idiary, l ons that review	es under Section 501(d Harbinger Corporation, t could be deemed unre s transactions to estim	c)(3) of curren alted b ate por	the Internal Revenue tly inactive, is subject ousiness income and tential tax liabilities		

Jenedale 2 (1 31111 33 3) 23 13		i age 💆
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	
l		
-		

Schedule D (Form 990) 2014

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As Filed Data -

DLN: 93493127002906

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

SCHEDULE E

(Form 990 or 990-EZ)

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.

▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

IRL	EIGH DICKINSON UNIVERSITY			
Pa	rt I	2-1494434	YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its other governing instrument, or in a resolution of its governing body?	s charter, bylaws,	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students brochures, catalogues, and other written communications with the public dealing with student adm programs, and scholarships?	l l	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcasthe period of solicitation for students, or during the registration period if it has no solicitation progethat makes the policy known to all parts of the general community it serves? If "Yes," please described explain If you need more space use Part II	ram, ın a way	Yes	
4	Does the organization maintain the following?			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	48	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially n basis?	ondiscriminatory 41	Yes	
C	Copies of all catalogues, brochures, announcements, and other written communications to the pub with student admissions, programs, and scholarships?	olic dealing	: Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	40	i Yes	<u> </u>
	If you answered "No" to any of the above, please explain If you need more space, use Part II			
5 a	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	5a		No
Ь	Admissions policies?	58	,	No
c	Employment of faculty or administrative staff?	50		No
d	Scholarships or other financial assistance?		1	No
e	Educational policies?	56	2	No
f	Use of facilities?	51	F	No
g	Athletic programs?	_ <u>5</u> ç	y	No
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II	51	1	No
	Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	66		
	If you answered "Yes" to either line 6a or line 6b, explain on Part II Does the organization certify that it has complied with the applicable requirements of sections 4 0 of Rev. Proc. 75-50.1975-2 C.B. 587. covering racial nondiscrimination? If "No." explain on Part		Yes	

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also provide any other additional information (see instructions)

Return Reference	Explanation
SCHEDULE E, Part I, Line 3	A statement is set forth to disclose our racially non-discriminatory policy in all recruitment efforts, applications, official publications for registration, including radio, internet, TV, and social media
SCHEDULE E, Part I, Line 6a	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) (2014)

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As Filed Data -

DLN: 93493127002906

Statement of

Statement of Activities Outside the United States

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

SCHEDULE F

(Form 990)

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Employer identification number

FAIRLEIGH DICKINSON UNIVERSIT	Υ			22-1494434						
Part I General Information "Yes" to Form 990, Part 10 (1997)			e United States. Co	omplete if the organiz	ation answered					
For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?										
2 For grantmakers. Describe in assistance outside the United		ganızatıon's pr	ocedures for monitorii	ng the use of its grant	s and other					
3 Activites per Region (The follow	ving Part I, line 3	table can be du	plicated if additional spa	ce is needed)						
(a) Region	(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					
(1) See Add'l Data		<u> </u>	, ,							
(2)										
(3)										
(4)										
(5)										
3a Sub-total	2	132			10,305,078					
b Total from continuation sheets to Part I					2,239,892					
c Totals (add lines 3a and 3b)	2	132			12,544,970					

Ľ				ived more than \$5,0					to Form 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
2				ed above that are re or counsel has pro					
3	Enter total nu	mber of other or	ganizations or ent	ities					

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014 Page 3 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. (a) Type of grant or (b) Region (c) Number of (d) A mount of (e) Manner of cash (f) A mount of (g) Description (h) Method of assistance cash grant disbursement of non-cash valuation recipients non-cash assistance (book EMV assistance

				assistance	assistance	(book, FMV, appraisal, other)
(1) University Funded Scholarships	North America	301	N/A	1,370,963	Tuition A/R Credit	N/A
(2) University Funded Scholarships	Europe (Including Iceland and Greenland)	78	N/A	805,075	Tuition A/R Credit	N/A
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
(18)						

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)	Г	Yes	굣	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, 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; do not file with Form 990)	Γ	Yes	্য	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	্য	Yes	Γ	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information 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	굣	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; do not file with Form 990)	্য	Yes	Г	Νo

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014 Page **5**

Part V Supplemental Information

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).

Return Reference	Explanation
	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 ENROLL MENT SERVICES OFFICE IS PROVIDED WITH A WEEKLY REPORT IDENTIFYING ANY STUDENT REFUNDS THE SE PROCEDURES ENSURE THAT ALL FUNDS ARE BEING APPLIED AND USED FOR THEIR INTENDED EDUCAITO NAL PURPOSE

Return Reference	Explanation
SCHEDULE F, Part I, Line 3(f)	THE ACCRUAL METHOD OF ACCOUNTING IS USED TO ACCOUNT FOR THE EXPENDITURES REPORTED ON THE UNIVERSITY'S FINANCIAL STATEMENTS

Return Reference	Explanation
SCHEDULE F, Part III	THE ACCRUAL METHOD OF ACCOUNTING IS USED TO ACCOUNT FOR THE NON-CASH ASSISTANCE REPORTED ON THE UNIVERSITY'S FINANCIAL STATEMENTS

Return Reference	Explanation
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 UND ER THE SOCIETY ACT ON JULY 19, 2006 AT VICTORIA, BC, CANADA AND ACCREDITED BY THE BRITISH COLUMBIA MINISTRY OF ADVANCED EDUCATION

Additional Data

Software ID: Software Version:

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	34	Program Services	Higher Education	2,405,512
North America	1	98	Program Services	Higher Education	6,580,876
Russia and the Newly Independent States			Program Services	Recruitment	6,669

Form 990 Schedule F	<u> Part I - Activi</u> t	<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
North America			Program Services	Recruitment	10,108
East Asia and the Pacific			Program Services	Recruitment	300,313
South Asia			Program Services	Recruitment	514,086

Form 990 Schedule F I	<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
Central America and the Caribbean			Program Services	Recruitment	24,000
Europe (Including Iceland and Greenland)			Program Services	Recruitment	18,031
Sub-Saharan Africa			Program Services	Recruitment	3,000

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		
Middle East and North Africa			Program Services	Recruitment	45,778		
South America			Program Services	Recruitment	84,700		
Europe (Including Iceland and Greenland)			Program Services	Business Meetings	27,871		

<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
North America			Program Services	Business Meetings	1,287
Europe (Including Iceland and Greenland)			Program Services	MBA Study Abroad	128,143
Europe (Including Iceland and Greenland)			Program Services	Study Abroad	100,818

(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			Program Services	Study Abroad	20,960
Central America and the Caribbean			Program Services	Study Abroad	32,926
South America			Program Services	Study Abroad	35,100

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 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	
South Asia			Program Services	Study Abroad	13,691	
North America			Program Services	Consultants	3,528	
South Asia			Program Services	Consultants	11,535	

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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)	. ,	(f) Total expenditures for region
Europe (Including Iceland and Greenland)			Program Services	Scholarships	805,075
North America			Program Services	Financial Aid	1,370,963

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DLN: 93493127002906

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 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 f 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) Dıd (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 1 TELECOMPINC DESIGN SOLICIT Nο 29,641 8,503 21,138 3375 BRIGHTON HENRIETTA TOWNLINE ROAD ROCHESTER, NY 14623 2 RUFFALOCODY SOLICIT 65,405 122,066 -56.661 Νo 65 KIRKWOOD NORTH **ROAD SW** P O BOX 3018 CEDAR RAPIDS, IA 52406 10 95,046 130,569 -35,523 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

		G (Form 990 or 990-EZ) 2014				Page 2
Pai	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts of	aising event contribut			
		<u> </u>	(a) Event #1 CHARTER DAY	(b) Event #2 ROBT SHIELDS	(c) Other events	(d) Total events (add col (a) through col (c))
			(event type)	(event type)	(total number)	
Ě	1	Gross receipts	552,674	89,052	146,065	787,791
Revenue	2	Less Contributions	512,674	61,332	86,090	660,096
<u>~</u>	3	Gross income (line 1 minus line 2)	40,000	27,720	59,975	127,695
	4	Cash prizes				
မှာ	5	Noncash prizes		6,074	1,735	7,809
Expenses	6	Rent/facility costs	93,367	25,125	53,789	172,281
ă	7	Food and beverages .	53,250	875	12,253	66,378
Direct	8	Entertainment	8,775	5	2,500	11,275
₫	9	Other direct expenses .	19,368	3,438	8,595	31,401
	10	Direct expense summary Add lir	nes 4 through 9 in column	(d)		(289,144)
	11	Net income summary Subtract li				-161,449
Par	t II	Gaming. Complete if the o	rganization answered	"Yes" to Form 990, Pa	irt IV, line 19, or repo	
	ı	\$15,000 on Form 990-EZ, li	ne 6a.			1
Revenue			(a) Bingo	(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				
xpenses	3	Non-cash prizes				
Direct B	4	Rent/facility costs				
붑	5	Other direct expenses				
	6	Volunteer labor	│ Yes % % No	☐ Yes	┌ Yes %	
	7	Direct expense summary Add line	s 2 through 5 in column (d)		
	8	Net gaming income summary Sub	tract line 7 from line 1, co	olumn (d)		
9 a b	Is	ter the state(s) in which the organiz the organization licensed to conduc 'No," explain	t gaming activities in eac	h of these states?		
10a b		re any of the organization's gaming 'Yes," explain	licenses revoked, susper	nded or terminated during		

Sche	edule G (Form 990 or 990-EZ) 2014				Page 3							
11	Does the organization conduct gamin	g activities with nonm	nembers?	Yes								
12	Is the organization a grantor, benefic	ary or trustee of a tru	st or a member of a partnership or other entity									
	formed to administer charitable gamii	ıg [?]		– Yes	┌ No							
13	Indicate the percentage of gaming ac	tivities conducted in										
а	The organization's facility		13a		%							
b	An outside facility		13b		%							
14	Enter the name and address of the pe	rson who prepares the	e organization's gaming/special events books and records									
	Name 🟲											
	Address►											
	Does the organization conduct gaming activities with nonmembers?											
D		•	- · · · · · · · · · · · · · · · · · · ·									
C	If "Yes," enter name and address of the third party											
	Name 🟲	Name 🟲										
16												
	Name 🕨											
	Gaming manager compensation ► \$											
	Description of services provided											
	Director/officer	Employee	☐ Independent contractor									
17			·									
а	Is the organization required under sta	ite law to make charit	able distributions from the gaming proceeds to									
	retain the state gaming license? $$.			- Yes	Γ _{No}							
b	Enter the amount of distributions requ	ııred under state law c	distributed to other exempt organizations or spent									
			•									
Par	Part III, lines 9, 9b, 10b, 1											
	Return Reference		Explanation									
	· · · · · · · · · · · · · · · · · · ·											
		FUNDRAISING SER PAYMENTS ON SO POSTAGE AT THE	RVICES FROM EXPENSE PAYMENTS BY BASING FUNDRA LICITATION CALL VOLUME AND BY CHARGING FOR EXI ACUTAL FIRST-CLASS POSTAGE RATE THE EXPENSES	ISING: PENSE:	SERVICES S SUCH AS							

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Schedule I (Form 990)

Department of the Treasury

FAIRLEIGH DICKINSON UNIVERSITY

Internal Revenue Service

Name of the organization

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. ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

22-1494434

DLN: 93493127002906

Open to Public **Inspection**

Part I General Inform	nation on Grants	and Assistance					
 Does the organization ma the selection criteria used Describe in Part IV the or 	d to award the grants o	rassistance?					▽ Y es ▽
			ations and Domes ed more than \$5,000				"Yes" to
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) BOROUGH OF FLORHAM PARK POLICE DEPT 111 RIDGEDALE AVENUE FLORHAM PARK,NJ 07932	22-6001806		8,000				GENERAL SUPPORT
(2) BOROUGH OF FLORHAM PARK FIRE DEPT 111 RIDGEDALE AVENUE FLORHAM PARK,NJ 07932	22-6001806		10,000				GENERAL SUPPORT
(3) BOROUGH OF FLORHAM PARK FIRST AID SQUAD 111 RIDGEDALE AVENUE FLORHAM PARK,NJ 07932	22-6001806		12,000				GENERAL SUPPORT
(4) TOWNSHIP OF TEANECK POLICE DEPT 818 TEANECK ROAD TEANECK,NJ 07666	22-6002336		8,000				GENERAL SUPPORT
(5) TOWNSHIP OF TEANECK FIRE DEPT 818 TEANECK ROAD TEANECK,NJ 07666	22-6002336		8,000				GENERAL SUPPORT
(6) TOWNSHIP OF TEANECK PUBLIC ASSISTANCE TRUST FUND 818 TEANECK ROAD TEANECK,NJ 07666	22-6002336		8,000				GENERAL SUPPORT
(7) TOWNSHIP OF TEANECK VOLUNTEER AMBULANCE CORP 855 WINDSOR ROAD TEANECK,NJ 07666	22-6002336		8,000				GENERAL SUPPORT

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.

Part III Grants and Other Assistance to Domestic Individuals. 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) 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	4969	77,002,545		N/A	
(2) Educational Opportunity Fund	310	1,116,034		N/A	
(3) Private & Endowed Scholarships	547	1,551,699		N/A	
(4) Misc State & Other Scholarships	13	12,000		N/A	
(5) Private & Endowed Fellowships	16	44,000		N/A	

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.										
Return Reference	Explanation									
•	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) 2014

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DLN: 93493127002906

Employer identification number

OMB No 1545-0047

Open to Public Inspection

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization FAIRLEIGH DICKINSON UNIVERSITY

22-1494434 **Questions Regarding Compensation** Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) 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 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes 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 $\overline{\mathbf{v}}$ Written employment contract ~ 굣 Compensation survey or study Independent compensation consultant Approval by the board or compensation committee Form 990 of other organizations 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 Receive a severance payment or change-of-control payment? 4a Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo Participate in, or receive payment from, an equity-based compensation arrangement? **4**c Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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 The organization? Νo 5b Νo Any related organization? If "Yes," to line 5a or 5b, describe in Part III 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 The organization? 6a Νo Any related organization? Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo 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 ın Part III 8 Nο If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

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) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable benefits	(E) Total of columns (B)(I)-(D)	(F) Compensation in
	(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation			column(B) reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2014

Part III Supplemental Information

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 pare for any additional information										
Return Reference	Explanation									
SCHEDULE J, Part I, Line 1a	SPOUSAL TRAVEL OCCURS IN VERY LIMITED CIRCUMSTANCES FOR THE UNIVERSITY PRESIDENT, UNIVERSITY PROVOST AND SR VICE PRESIDENT OF UNIVERSITY ADVANCEMENT WHEN ATTENDING UNIVERSITY RELATED EVENTS AND FUNCTIONS APPROVED IN ADVANCE BY THE PRESIDENT AND/OR THE CHAIRMAN OF THE BOARD OF TRUSTEES SPOUSAL TRAVEL IS TREATED AS TAXABLE COMPENSATION WHEN IT IS NOT FOR A BONAFIDE BUSINESS PURPOSE TO THE UNIVERSITY THE PRESIDENT RECEIVES AN ANNUAL HOUSING ALLOWANCE PAYMENT PURSUANT TO HIS CONTRACT, AND THAT AMOUNT IS INCLUDED AS COMPENSATION ON FORM W-2 THE PRESIDENT AND UNIVERSITY PROVOST HAVE AIRLINE CLUB MEMBERSHIPS WHICH ARE PROVIDED FOR USE ONLY DURING UNIVERSITY BUSINESS RELATED TRAVEL, AND THEREFORE NOT INCLUDED IN TAXABLE COMPENSATION									
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 REGLUATIONS 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									

Schedule J (Form 990) 2014

Software ID: Software Version:

EIN: 22-1494434

Name: FAIRLEIGH DICKINSON UNIVERSITY

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

Form 990, Schedule J, Pa	art 1.	•			-			(F) Componentian in
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base (ii) Bonus & (iii) Other Compensation incentive reportable		(iii) O ther reportable	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
SHELDON DRUCKER, PRESIDENT & TRUSTEE	(ı) (ıı)	277,494		compensation 173,605	0	0	451,099	0
CECIL A ABRAHAMS, CAMPUS PROVOST, FCU- VANCOUVER	(I) (II)	154,226	0	14,441	0	0	168,667	0
CHISTOPHER A CAPUANO, UNIV PROVOST & SR VP ACADEMIC	(I) (II)		0	55,874 0	0	0	296,092	0
JOHN M CODD ESQ, GENERAL COUNSEL & SECRETARY	(1) (11)	172,731 0	0	26,432 0	0	0	199,163	0
HANIA FERRARA, SR VP FINANCE, COO & TREASURER	(I) (II)	218,041 0	0	43,126 0	0	0	261,167 0	0
JOSEPH J KIERNAN, PROVOST METRO CAMPUS	(ı) (ıı)	183,593 0	0	33,097 0	0	0	216,690 0	0
RICHARD P REISS, SVP FOR UNIVERSITY ADVANCEMENT	(1) (11)		0	46,402 0	0	0	281,585 0	0
RICHARD A RICCIO, VP FOR ADMINISTRATION	(ı) (ıı)		0 0	62,665 0	0 0	0 0	210,157 0	0 0
NEAL M STurm, VP & CHIEF INFORMATION OFFICER	(1) (11)	151,986 0	0	26,561 0	0 0	0 0	178,547 0	0 0
JOHNATHAN D WEXLER, VP FOR ENROLLMENT MANAGEMENT	(I) (II)	186,140 0	0	30,426 0	0 0	0 0	216,566 0	0 0
PETER J WOOLLEY, PROVOST COLLEGE AT FLORHAM	(I) (II)		0	34,697 0	0 0	0 0	193,004 0	0 0
MICHAEL J AVALTRONI, ASSOC DEAN, SCHOOL OF PHARMACY	(I) (II)	194,966 0	0	18,625 0	0 0	0 0	213,591 0	0 0
PATTI A MILLS, DEAN, UNIVERSITY COLLEGE	(I) (II)		0	29,916 0	0	0 0	192,041	0 0
KENNETH T VEHRKENS, DEAN, PETROCELLI COLLEGE	(I) (II)		0 0	16,349 0	0 0	0	180,164 0	0
GEOFFREY S WEINMAN, DEAN, BECTON COLLEGE	(I) (II)		0	26,346 0	0 0	0		0
JAMES G Almeida, ASSOC DEAN SILBERMAN COLLEGE RONALD E CALISSI ESQ,	(I) (II)		0	46,957 0	0	0	, o	0
EXEC ASSOC DEAN PETRO COLLEGE BRIAN D DOMENICK,	(I) (II)		0	8,145 0	0	0	170,905	0
DIRECTOR SYSTEMS AND SECURITY	(I) (II)		0	15,440 0	0	0	166,969	0
MINERVA GUTTMAN, DIR, NURSING & ALLIED HEALTH DAVID A LANGFORD,	(I) (II)		0	35,201 0	0	0	O	0
DAVID A LANGFORD, DIRECTOR OF ATHLETICS	(I) (II)	133,230 0	0 0	22,359 0		0		0

DLN: 93493127002906

OMB No 1545-0047

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

▶Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ► Attach to Form 990.

Open to Public **Inspection**

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

	ne of the organization RLEIGH DICKINSON UNIVERSIT	ГҮ								ployerid -14944		tion nui	nber	
Р	art I Bond Issues													
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	(f) Descripti	on of purpose	(g) De	feased	beh	On alf of uer		Pool ncing
									Yes	No	Yes	No	Yes	No
A	NJ EDUCATIONAL FACILITIES AUTH - 2006 SERIES G & H	22-1829511		06-29-2006	16,6	52,544	REFOFNJEFA 2004	1997,1998 &		X		×		X
В	NJ EDU FAC AUTH SAFTEY TRUST FUND - SERIES 2003 A	22-1829511	64605NBU7	10-09-2003	5	91,658	FINANCING DO SAFETY IMPRO			Х		Х		Х
c ⁻	NJ EDUCATIONAL FACILITIES AUTH - 2014 SERIES B	22-1829511		01-16-2014	51,9	25,000	REFUNDING N. SERIES D & DE		х		Х		Х	
D	NJ EDUCATIONAL FACILITIES AUTHORITY (CIF) Series B	22-1829511	646066DG2	04-29-2014	5	85,253	FLORHAM CAM BLDG RENOVA	FLORHAM CAMPUS SCIENCE BLDG RENOVA		Х		×		Х
Pa	rt III Proceeds													
						١		В		С		D		
1	1 Amount of bonds retired					4,715,	198	291,658		2,77	5,000	314,253		
2	A mount of bonds legally defeased						0	0			0	0		
3	Total proceeds of issue					16,652,	544	591,658	51,925,000					585,253
4	Gross proceeds in reserve fund	s				1,128,6	635	0	3,873,813		3,813			
5	Capitalized interest from proce	eds					0 0		0			0		
6	Proceeds in refunding escrows						0 0		0			0		
7	Issuance costs from proceeds					277,4	407	9,101	396,162			3,423		
8	Credit enhancement from proce	eds					0	0			0			0
9	Working capital expenditures fr	om proceeds					0	0			0			0
10	Capital expenditures from proc	eeds					0	582,557			0			384,862
11	Other spent proceeds					15,246,	302	0		47,65	5,025			0
12	Other unspent proceeds						0	0			0			196,968
13	Year of substantial completion				20	06	20	004	2	003			2015	
					Yes	No	Yes	No	Yes	N	lo	Yes		No
14	Were the bonds issued as part	of a current refundır	ng issue?		Х			×	X					X
15	Were the bonds issued as part	of an advance refun	dıng ıssue?		Х			Х		>	<			Х
16	Has the final allocation of proce	eeds been made?			Х		Х		Х					Х
17	Does the organization maintain allocation of proceeds?		d records to suppo	ort the final	Х		Х		Х			Х		
Pa	rt IIII Private Business Us	se												
						\		В		C			D	

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

4a

C

d

Name of provider

Was the hedge superintegrated?

Was the hedge terminated?

Term of hedge

into a qualified hedge with respect to the bond issue?

Schedule K (Form 990) 2014 Page 2 Part Private Business Use (Continued) C D В Α Yes No Yes No Yes No Yes No Are there any management or service contracts that may result in private business use За Χ Χ 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 Х Χ Х property? Are there any research agreements that may result in private business use of bond-С Χ Χ Χ financed property? If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside 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 % 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 5 unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government Total of lines 4 and 5 6 Does the bond issue meet the private security or payment test? 7 Χ Has there been a sale or disposition of any of the bond-financed property to a 8a nongovernmental person other than a 501(c)(3) organization since the bonds were Χ Χ Χ issued? If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of b 0 % 0 % 0 % 0 % If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections c Х Χ Х 1 141-12 and 1 145-2? Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Х Χ Χ Regulations sections 1 141-12 and 1 145-2? Part IV Arbitrage Α В C Yes No Yes No Yes No Yes No Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield 1 Х Χ Χ Χ Reduction and Penalty in Lieu of Arbitrage Rebate? If "No" to line 1, did the following apply? 2 Rebate not due vet? а Χ Χ Χ Χ Exception to rebate? b Χ Χ Χ Χ No rebate due? Χ Х c Х If "Yes" to 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 Χ Has the organization or the governmental issuer entered

Χ

Χ

Χ

Χ

Part IV	Arbitrage	(Continued)
---------	-----------	-------------

		A		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		x		Х
b	Name of provider	0		0		0		0	
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?		X		X		x		X
7	Has the organization established written procedures to monitor the requirements of section 148?	х		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		В		С		D	
	Yes	No	Yes	No	Yes	No	Yes	No
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?	X		X		Х		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference Explanation

SCHEDULE K, PART 1, NJEFA SERIES 2003 A

THE TOTAL BOND ISSUE PRICE WAS \$5,523,846 OF WHICH \$591,658 WAS ALLOCATED TO THE UNIVERSITY

Return Reference	Explanation
SCHEDULE K, PART 1, NJEFA 2014 SERIES B	THE TOTAL BOND ISSUE PRICE WAS \$51,925,000 OF WHICH \$585,253 WAS ALLOCATED TO THE UNIVERSITY

Return Reference	Explanation
SCHEDULE K, PART II, LINE 3	THE TOTAL PROCEEDS OF ISSUE IN PART II INCLUDE INVESTMENT EARNINGS FOR EACH BOND ISSUE

Return Reference	Explanation
SCHEDULE K, PART III, LINE 3A	THE UNIVERSITY MAINTAINS JANITORIAL, VENDING, WAREHOUSING, AND COPYING EQUIPMENT SERVICE CONTRACTS WHICH ARE SOLELY INCIDENTAL TO THE PRIMARY FUNCTIONS OF THE BOND-FINANCED FACILITIES SUCH AGRANGEMENTS ARE NOT TREATED AS MANAGEMENT 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)

Return Reference	Explanation
SCHEDULE K, PART IV, LINE 2C	THE REBATE COMPUTATION FOR SERIES 2006 WAS PERFORMED IN 2011, AND THE REBATE COMPUTATION FOR SERIES 2003A WAS PERFORMED IN 2008

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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. ► Attach to Form 990.

OMB No 1545-0047

DLN: 93493127002906

Open to Public

Department of the Treasury

(Form 990)

▶Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

	nal Revenue Service	Finiormation	n about Schedule	K (FOIM 990) and it	s instruction:	5 15 at <u>ww</u>	vw.113	s.gov/rorn	<u>1990</u> .				Inspec	tion			
	e of the organization	TV								Emp	oloyer id	lentifica	ation nun	ıber			
FAI	RLEIGH DICKINSON UNIVERSI	I Y								22-	-14944	34					
Pa	rt I Bond Issues											_					
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	(f)	Descriptio	n of purpose	(g) De							
													ehalf of finan		ncing		
										Yes	No	Yes	No	Yes	No		
A	NJEDUCATIONAL	22-1829511		04-13-2015	19,67	75,000 R	REFUN	UNDING OF 2004 SERIES			Х		Х		Х		
	FACILITIES AUTH - 2015					C	2										
	SERIES B																
Pa	rt III Proceeds					•				•			<u>'</u>		•		
						A		E	3		С		D				
1	A mount of bonds retired					975,0	000										
2	A mount of bonds legally defeas	sed					0										
3	Total proceeds of issue					19,675,0	000										
4	Gross proceeds in reserve fund	ds				1,275,5	553										
5	Capitalized interest from proce	eeds					0										
6	Proceeds in refunding escrows						0										
7	Issuance costs from proceeds					186,1	L44										
8	Credit enhancement from proc	eeds					0										
9	Working capital expenditures f	rom proceeds					0										
10	Capital expenditures from proc	eeds					0										
11	Other spent proceeds					18,213,3	303										
12	Other unspent proceeds						0										
13	Year of substantial completion				2.0	15			•								
					Yes	No		Yes	No	Yes	1	lo ol	Yes		No		
14	Were the bonds issued as part	of a current refundin	ng issue?		х												
15	Were the bonds issued as part	of an advance refund	ding issue?			×											
16	Has the final allocation of proc	eeds been made?			Х												
17	Does the organization maintain allocation of proceeds?	n adequate books an	d records to supp	ort the final	Х												
Pai	TIIII Private Business U	se															
						A		B			C			D			
١.	Was the organization a partner	in a nartnership or	a member of an II	C which owned	Yes	No		Yes	No	Yes	<u> </u>	lo	Yes	+	No		
1 	property financed by tax-exem		a member of all El	-c, which owned		Х											

financed property?

Are there any lease arrangements that may result in private business use of bond-

Χ

Par	t III Private Business Use (Continued)									. age 2
I GI	111vate basiness ose (continued)			Α		В		С		D
			Yes	No	Yes	No	Yes	s No	Yes	No
За	Are there any management or service contracts that may result in private of bond-financed property?	business use	Х							
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or outside counsel to review any management or service contracts relating to property?		Х							
С	Are there any research agreements that may result in private business use financed property?	e of bond-		х						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?									
4	Enter the percentage of financed property used in a private business use bother than a section $501(c)(3)$ organization or a state or local government			0 300 %		•		•		
5	Enter the percentage of financed property used in a private business use a unrelated trade or business activity carried on by your organization, anothe 501(c)(3) organization, or a state or local government									
6	Total of lines 4 and 5			0 300 %						
7	Does the bond issue meet the private security or payment test?			Х						
8a				x						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or	disposed of		0 %						
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations 1 141-12 and 1 145-2?	sections		×						
9	Has the organization established written procedures to ensure that all none bonds of the issue are remediated in accordance with the requirements und Regulations sections 1 141-12 and 1 145-2?		х							
Pai	t IV Arbitrage									
		А	_		В		С		D	,
		Yes	No	Yes	No	<u> </u>	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		Х							
2	If "No" to line 1, did the following apply?		_							_
a	Rebate not due yet?	X								
b	Exception to rebate?		Х							
c	No rebate due?		X							
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed									
3	Is the bond issue a variable rate issue?		Х							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х							
b	Name of provider	0								
С	Term of hedge									
d	Was the hedge superintegrated?									
е	Was the hedge terminated?									

Pa	rt IV Arbitrage (Continued)								
	<u> </u>	Α	1	В	1	C	;	D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х						
b	Name of provider	0							
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						
7	Has the organization established written procedures to monitor the requirements of section 148?	х							
Pa	rt V Procedures To Undertake Corrective Action								
		Α	ı	В		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
	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?	х							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

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DLN: 93493127002906

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

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

► Attach to Form 990 or Form 990-EZ. ▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

diversion premiu	ame of the organization IRLEIGH DICKINSON UNIVERSITY									Employer identification number						
	SON UNIVERSITY						2	2-14	94434							
				501(c)(3), section												
				n Form 990, Part IV												
1 (a) Name	e of disqualified per	son (b) H		ıp between dısqualıf and organızatıon	ied	(c) Desc	ription	or tra	nsaction	-	(d) Cor					
			регооп	and organization	_					-+	Yes	No				
4958 Enter the a				nagers or disqualifi · · · · · nbursed by the orga		s during tl · · ·	ne year •	under	section \$ \$ \$							
omplete if the		ered "Yes" (on Form 9	90-EZ, Part V, line	38a, or Fo	rm 990, F	Part IV	, line 2	26, or if t	the org	anızatıoı	า				
Complete if the eported an am	e organization answ nount on Form 990, (b) Relationship	ered "Yes" (on Form 9 5, 6, or 2: (d) Loan	90-EZ, Part V, line 2 to (e)Or he princ	iginal (f)	rm 990, f Balance due	Part IV (g) defau	In	(h) Approving by boar	ved d or	(i)Wr	tten				
omplete if the eported an am a) Name of nterested	e organization answ nount on Form 990, (b) Relationship	ered "Yes" (Part X, line (c) Purpose of	on Form 9 5, 6, or 2 (d) Loan or from t	90-EZ, Part V, line 2 to (e)Or he princ	iginal (f)	Balance	(g)	In	(h) Approv	ved d or	(i)Wr	tten				
Complete if the reported an am (a) Name of interested person	e organization answer ount on Form 990, (b) Relationship with organization	ered "Yes" Part X, line (c) Purpose of loan	on Form 9 5, 6, or 2 (d) Loan or from t organizati To fiting In nswered	to (e)Or prince on?	iginal (f) ipal unt	Balance due	(g) defau Yes	In ult?	(h) A pprov by boar commit Yes		ved d or tee? No	(i)Wri agreen d or tee?				

Part IV Business Transactions Ir												
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.												
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sha of organiz revenu	: zation's ues?							
				Yes	No							
See Additional Data Table												

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
	Schedule I (Form 990 or 990-F7) 2014

Additional Data

Software ID: Software Version:

EIN: 22-1494434

Name: FAIRLEIGH DICKINSON UNIVERSITY

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) MARY K DOUGLAS	FAMILY OF CURRENT OFFICER	65,621	EMPLOYEE COMPENSATION		No
(2) KAREN A VEHRKENS	FAMILY OF KEY EMPLOYEE	19,200	EMPLOYEE COMPENSATION		Νo
(3) KENNETH J VEHRKENS	FAMILY OF KEY EMPLOYEE	23,483	EMPLOYEE COMPENSATION		Νo
(4) ASPIRE TECHNOLOGY PARTNERS	SUBSTANTIAL CONTRIBUTOR	1,528,905	TECHNOLOGY SERVICES		Νo
(5) COLLINS BUILDING SERVICES	SUBSTANTIAL CONTRIBUTOR	3,035,143	BUILDING CLEANING SERVICE		Νo
(6) COMPASS GROUP	SUBSTANTIAL CONTRIBUTOR	7,943,869	FOOD SERVICE		Νo
(7) ISS FACILITY SERVICES	SUBSTANTIAL CONTRIBUTOR	1,829,484	BUILDING MECHANICAL		Νo
(8) PRICEWATERHOUSECOOPERS LLP	SUBSTANTIAL CONTRIBUTOR	262,448	AUDITING SERVICES		No
(9) CHRISTOPHER A JOHNSON	SUBSTANTIAL CONTRIBUTOR	3,803,575	CONSTRUCTION SERVICES		Νo

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DLN: 93493127002906

2014

OMB No 1545-0047

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.

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

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

Pa	Types of Property							
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash contri		_	nts
	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional Interests							
4 5	Books and publications Clothing and household							
,	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	X	18	116,536	FMV			
10	Securities—Closely held stock . Securities—Partnership, LLC,							
11	or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation							
	contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17 18	Real estate—Other Collectibles							
19	Food inventory							
20	Drugs and medical supplies .	X	2	31,000	FMV			
21	Taxidermy			•				
22	Historical artifacts							
23	Scientific specimens							
	Archeological artifacts							
Eve	Other►(nt food, beverages, flowers)	X	3	2,974				
	Other►(nt wine)	X	1	40	COST			
	Other►(Х	4	3,588	COST			
28	nt flowers, candles, linens, chairs) Other ► (vey monkey 1 yr)	X	1	204	COST			
	Other►(BM SERVERS)	X	1	11,946	COST			
GIF	Other►(T CARD)	X	1	100	COST			
	Other►(HIRTS)	X	1	458	COST			
	Other►(EE SAVINGS BOND)	Х	1	5,347				
HYC	Other►(GIENE PRODUCTS)	. X	1	1,046				
UEF	Other▶(:VIVADO SYSTEM)	X	1	3,297	COST			
29	Number of Forms 8283 received by the for which the organization completed F				9		v	0
	During the year, did the organization it must hold for at least three years from the entire ho	om the date	e of the initial contribution			30a	Yes	No No
	If "Yes," describe the arrangement in			_				
31	Does the organization have a gift acc	eptance po	licy that requires the revie	w of any non-standard co	ntributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?					32a		No
t	If "Yes," describe in Part II							
33	If the organization did not report an a describe in Part II	mount in co	olumn (c) for a type of prop	erty for which column (a)	ıs checked,			

	nether the organization is reporting in Part I, column (b), the number of contributions, the served, or a combination of both. Also complete this part for any additional information.
Return Reference	Explanation
, ,	THE UNIVERSITY IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED IN PART I,

Schedule M (Form 990) (2014)

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DLN: 93493127002906

OMB No 1545-0047

2014

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

Return Reference	Explanation
FORM 990, PART I, LINE 1 AND PART III, LINE 1	ORGANIZATION'S MISSION Fairleigh Dickinson University is a center of academic excellence dedicated to the preparation of world citizens through global education. The University strives to provide students with a multi-disciplinary, intercultural, and ethical understandings necessary to participate, lead, and prosper in the global marketplace of ideas, commerce and culture.

Return Reference	Explanation
FORM 990, PART III, LINE 4A	Higher Education Instruction Fairleigh Dickinson University was founded in 1942, and is the largest independent nonsectarian institutions of higher education in New Jersey. The University educates more than 12,000 undergraduate and graduate students in New Jersey, and an additional 700 undergraduate students in Nanocouver, British Columbia, Canada With a wide range of academic programs and two main campuses in New Jersey, each with its own identity and separate mission, the University preserves the intimacy of a small college within a large suburban institution. The Florham Campus in Morris County, New Jersey is a picture perfect collegiate environment. Ny-covered buildings, a strong student life program, and traditional amenities and activities make Florham a picturesque learning environment. The Metropolitian Campus in Teaneck and Hackensack, New Jersey is by contrast a fast-paced, professionally oriented environment that feeds off the energy of nearby New York City. Many of the University's business, professionally oriented environment that feeds off the energy of nearby. New York City Many of the University's business, professionally science, and healthcare programs are based at the Metropolitan Campus. The AACSB-accredited Silberman College of Business provides career-focused preparation in entrepreneurial studies, accounting, marketing, finance, information systems, and management through BS, MS and MBA degrees, including Executive MBA Located in the heart of the US pharmaceutical industry, Fairleigh Dickinson University's School of Pharmacy in Morris County, New Jersey, has unveiled a dynamic curriculum incorporating technology, a global perspective, and multiple master's degree options. The University has taken a prominent leadership role in educating veterans and welcomed to campus a strong contingent under the new GIBill Fairleigh Dickinson University was one of just 20 US institutions to receive a Veterans Award Grant from the American Council on Education (ACE) and the Walmart Foundation The Univers

Return Reference	Explanation
FORM 990, PART III, LINE 4C	Higher Education Research Investigation and experimental activities for the purpose of discovery and revision of accepted conclusions undertaken for the benefit of the community at large. The Silberman College of Business sponsors a series of business research studies that involve faculty and students. The College publishes several working papers series and The Journal of Pharmaceutical Chemical Business. University College Arts, Science, Professional Studies Metropolitan Campus houses the clinical psychology and school of psychology doctoral programs where students and faculty do research in such areas as behavioral medicine, cognitive, psychological and psych-educational testing and women's issues. In the Maxwell Becton College of Arts and Sciences, research efforts are particularly prominent in the psychology, English, social sciences and communication disciplines. The psychology department at the Florham Campus in Morris County emphasizes experimental, industrial/organization psychology and clinical counseling.

Return Reference	Explanation
FORM 990, PART VI, LINE 11B	THE UNIVERSITY'S BOARD OF TRUSTEES ASSIGNED THE PRIMARY RESPONSIBILITY FOR THE DETAILED REVIEW OF FORM 990 TO THE FINANCE, AUDIT, AND BUDGET COMMITTEE (THE FABC) OF THE BOARD THE FABC HAS WORKED CLOSLEY 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 25, 2016 AFTER RECEIVING THE DRAFT DOCUMENT SEVERAL DAYS IN ADVANCE. THIS REVIEW ALSO INCLUDED THE UNIVERSITY'S OFFICERS. THE DRAFT FORM 990 IS SUBSEQUENTLY REVISED AS NECESSARY AND DISTRIBUTED BY MAIL TO ALL MEMBERS OF THE BOARD OF TRUSTEES ALLOWING SUFFICIENT TIME FOR THEIR REVIEW PRIOR TO FILING

FORM 990, PAIRLEIGH 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 ANY ONE 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. THE POLICY CALLS FOR ANY MEMBER OF THE UNIVERSITY TO MAKE DISCLOSURES REGARDING POLICY. VIOLATIONS 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.	Return Reference	Explanation
	PART VI,	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. THE POLICY CALLS FOR ANY MEMBER OF THE UNIVERSITY TO MAKE DISCLOSURES REGARDING POLICY VIOLATIONS TO THE GENERAL COUNSEL FOR INVESTIGATION IN ADDITION, THE UNIVERSITY'S FINANCE DEPARTMENT MONITORS PAY MENT REQUESTS AND FLAGS QUESTIONABLE ITEMS. SUCH ITEMS ARE REFERRED TO THE GENERAL COUNSEL FOR ANALYSIS, INVESTIGATION, AND

Return Reference	Explanation
FORM 990, PART VI, LINE 15A	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 EMPLOY MENT 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 REGLUATIONS 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 SRVEYS AND STUDIES TO THE BOARD OF TRUSTEES MEETINGS AND DECISIONS OF THE COMMITTEE ARE DOCUMENTED CONTEMPORANEOUSLY IN COMMITTEE MINUTES

Return Reference	Explanation
VI, LINE 18	The University's Form 990, Form 990-T and Form 1023 are made available to the general public by written request to the Associate Vice President of Finance, Fairleigh Dickinson University, 1000 River Road, Teaneck, NJ 07666-1914, or by visiting either one of the University campus libraries located in Teaneck and Madison New Jersey

Return Reference	Explanation		
19	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 POLICTY, FINANCIAL STATEMENTS, AND GOVERNING DOUCMENTS ARE ALSO AVAILABLE UPON WRITTEN REQUEST TO THE ASSOCIATE VP OF FINANCE, 1000 RIVER ROAD, TEANECK, NJ 07666-1914		

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2014

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Open to Public Inspection

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

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

22-1494434

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.							
(a) Name, address, and EIN (If applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity		
(1) FDU OF BRITISH COLUMBIA FOUNDATION 842 CAMBIE STREET VANCOUVER V6B 2P6 CA	EDUCATION	CA	10,591,075	9,350,189	FDU		

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section (13) cor	512(b)
		or foreight country)		(11 300(0)(3))	entity	entit	
						Yes	No

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 3
	because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(،	(i)	(j)		(k)
Name, address, and EIN of	Primary activity		Direct	Predominant	Share of	Share of	Disprop'	rtionate	Code V-UBI	Genera'	⊿ or ′	Percentage
related organization	1	domicile	controlling	income(related,	total income	end-of-year	allocat	.ions?	amount in box	, manag [,]	,ıng	ownership
	1	(state or	entity	unrelated,	1 '	assets	1	J	20 of	partner	r?	,
	1	foreign	1	excluded from	1 '	1 '	1	J	Schedule K-1			,
	1	country)	1 '	tax under	1 '	1 '	1	ı	(Form 1065)			!
	1	1 '	1 '	sections 512-	1 '	1 '	1	ı	1			
	,	1 '	1	514)	1 '	1	—	 '	4		\longrightarrow	
		<u>1 '</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	Yes	No	<u> </u>	Yes N	No	
			ſ						ĺ		_	
			*		•		$\overline{}$,		_	

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section (b)(i contro entil	n 512 13) olled
								Yes	No
(1) HARBINGER CORPORATION C/O FDU 1000 RIVER ROAD TEANECK, NJ 07666 22-2317172	INACTIVE	NJ	NA	C Corp	-1,750		100 000 %	Yes	
(2) CHARITABLE REMAINDER trust	TRUST	FL	NA	Trust	5,062				No

Part V Transactions With Related Organizations Complete if the organization answer	red "Yes" on Form	n 990, Part IV, lin	e 34, 35b, or 36.		
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more re-	ated organizations li	sted in Parts II-IV?			
a 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)			1b		No
c Gift, grant, or capital contribution from related organization(s)			1c		No
d Loans or loan guarantees to or for related organization(s)			1d		No
e Loans or loan guarantees by related organization(s)			1e		No
f Dividends from related organization(s)			1f		No
g Sale of assets to related organization(s)			1 g		No
h Purchase of assets from related organization(s)			1h		No
i Exchange of assets with related organization(s)			1i		No
j Lease of facilities, equipment, or other assets to related organization(s)			<u>1j</u>		No
k Lease of facilities, equipment, or other assets from related organization(s)			1k		No
I Performance of services or membership or fundraising solicitations for related organization(s)			11		No
m Performance of services or membership or fundraising solicitations by related organization(s)			1m	1	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1n	ı	No
• Sharing of paid employees with related organization(s)			10		No
P Reimbursement paid to related organization(s) for expenses			1p		No
q Reimbursement paid by related organization(s) for expenses			19		No
r Other transfer of cash or property to related organization(s)			1r	Yes	
s Other transfer of cash or property from related organization(s)			1s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including co	overed relationships	and transaction thresholds		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount	involve	d
	1	1			

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

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

1 <u> </u>													
(a) Name, address, and EIN of entity	(b) Primary activity	domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	so 50 organ	(e) all partners section 01(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionat allocations?	7	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
	<u> </u>	<u> </u>	514)	Yes	No	1	<u> </u>	Yes	No		Yes	No	
									\Box	1			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
,	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 R (Form 990) 2014