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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

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
FAIRLEIGH DICKINSON UNIVERSITY
% HANIA FERRARA-SR VP FIN & AD
Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1000 RIVER ROAD MAIL CODE H-DH1-01

City or town, state or province, country, and ZIP or foreign postal code
TEANECK, NJ 076661914

D Employer identification number
22-1494434

E Telephone number
(201) 692-2381

G Gross receipts $ 369,235,375

F Name and address of principal officer
CHRISTOPHER A CAPUANO
1000 RIVER ROAD
TEANECK, NJ 076661914

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW FDU EDU/

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1942

M State of legal domicile NJ

Part I Summary

1 Briefly describe the organization's mission or most significant activities
FAIRLEIGH DICKINSON UNIVERSITY IS A CENTER OF ACADEMIC EXCELLENCE DEDICATED TO THE PREPARATION OF WORLD CITIZENS THROUGH GLOBAL EDUCATION FOR MORE INFORMATION SEE SCHEDULE O

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	27
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	26
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	**5**	4,288
6	Total number of volunteers (estimate if necessary)	**6**	130
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	20,795
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	14,490,542	15,209,150
9	Program service revenue (Part VIII, line 2g)	322,381,140	319,275,955
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,851,570	4,386,094
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,218,290	853,801
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	342,941,542	339,725,000
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	107,508,918	112,915,583
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	131,988,522	130,020,273
16a	Professional fundraising fees (Part IX, column (A), line 11e)	114,929	116,333
b	Total fundraising expenses (Part IX, column (D), line 25) ▶2,414,342		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	83,117,168	82,413,541
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	322,729,537	325,465,730
19	Revenue less expenses Subtract line 18 from line 12	20,212,005	14,259,270

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	422,989,152	434,113,622
21	Total liabilities (Part X, line 26)	147,423,814	141,148,902
22	Net assets or fund balances Subtract line 21 from line 20	275,565,338	292,964,720

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

****** 2020-05-15
Signature of officer Date

HANIA FERRARA -SR VP FIN& ADMIN
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2020-05-14		P01247783

Firm's name ▶ KPMG LLP — Firm's EIN ▶

Firm's address ▶ 345 Park Avenue
New York, NY 101540102 — Phone no (212) 758-9700

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

FAIRLEIGH DICKINSON UNIVERSITY IS A CENTER OF ACADEMIC EXCELLENCE DEDICATED TO THE PREPARATION OF WORLD CITIZENS THROUGH GLOBAL EDUCATION FOR MORE INFORMATION SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code See Additional Data)	(Expenses $	275,610,976	including grants of $	111,877,737) (Revenue $	284,033,682)
4b	(Code See Additional Data)	(Expenses $	22,320,302	including grants of $	1,037,846) (Revenue $	34,467,924)
4c	(Code See Additional Data)	(Expenses $	612,495	including grants of $	) (Revenue $	774,349)
4d	Other program services (Describe in Schedule O)	(Expenses $		including grants of $	) (Revenue $	)
4e	**Total program service expenses ▶**		298,543,773			

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *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, VII, VIII, IX, or X as applicable			
a	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	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
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? *If "Yes," complete Schedule G, Part I* (see instructions)	17	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 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? *If "Yes," complete Schedule L, Part III*	**27**	Yes	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	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	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☑

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	12,877		
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 by this return	**2a**	4,288		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	Yes
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	Yes
b	If "Yes," enter the name of the foreign country ▶CA , IS , 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?			**5c**		
6a	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).**					
a	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	
b	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	**7d**				
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 during the year?			**8**		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .			**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
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	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	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	**13b**				
c	Enter the amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N			**15**		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O			**16**		No

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section 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	**1a**	27		
	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	**1b**	26		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	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

Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
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?			
a	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▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☑ 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 FIN AD 1000 RIVER ROAD MAIL CODE H-DH1-01 TEANECK, NJ 07666 (201) 692-2381

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☑

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, **Section A** ▶										
d Total (add lines 1b and 1c) ▶								5,925,522	0	1,397,061

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 210

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule 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
GOURMET DINING LLC, 595 COUNTY AVENUE SECAUCUS, NJ 07094	FOOD SERVICE MGMT	7,852,941
HOLLISTER CONSTRUCTION SERVICES, 777 TERRACE AVENUE HASBROUCK HEIGHTS, NJ 07604	CONSTRUCTION SVCS	5,814,079
COLLINS BUILDING SERVICES, 24-01 44TH ROAD LONG ISLAND CITY, NY 11101	BUILDING CLEANING	2,675,811
ADVANCE AT PARK PLACE LLC, 225 PARK AVENUE FLORHAM PARK, NJ 07932	REAL ESTATE MGMT	2,376,860
ISS FACILITY SERVICES, 520 KING STREET WEST TORONTO, 0 CA	FACILITY MAINTENANCE	2,049,836

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 85

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line 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
Contributions, Gifts, Grants and Other Similar Amounts					
1a Federated campaigns	1a 48,000				
b Membership dues	1b				
c Fundraising events	1c 773,837				
d Related organizations	1d				
e Government grants (contributions)	1e 3,854,900				
f All other contributions, gifts, grants, and similar amounts not included above	1f 10,532,413				
g Noncash contributions included in lines 1a - 1f $ 1,874,056					
h **Total.** Add lines 1a-1f		15,209,150			
Program Service Revenue	Business Code				
2a TUITION	611710	269,137,347	269,137,347		
b STUDENT RESIDENCE	611710	23,994,164	23,994,164		
c STUDENT FEES	900099	12,542,641	12,542,641		
d STUDENT FOOD SERVICE	611710	10,473,760	10,473,760		
e ALL OTHER PROGRAM SERVICE REVENUE	900099	3,128,043	3,117,116	10,927	
f All other program service revenue					
g **Total.** Add lines 2a–2f		319,275,955			
Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts)		4,263,796			4,263,796
4 Income from investment of tax-exempt bond proceeds		0			
5 Royalties		35,196			35,196
	(i) Real	(ii) Personal			
6a Gross rents	1,217,459				
b Less rental expenses					
c Rental income or (loss)	1,217,459	0			
d Net rental income or (loss)		1,217,459		9,868	1,207,591
	(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory	29,040,657	28,500			
b Less cost or other basis and sales expenses	28,928,235	18,624			
c Gain or (loss)	112,422	9,876			
d Net gain or (loss)		122,298			122,298
8a Gross income from fundraising events (not including $ 773,837 of contributions reported on line 1c) See Part IV, line 18	a 164,662				
b Less direct expenses	b 563,516				
c Net income or (loss) from fundraising events		-398,854			-398,854
9a Gross income from gaming activities See Part IV, line 19	a 0				
b Less direct expenses	b 0				
c Net income or (loss) from gaming activities		0			
10a Gross sales of inventory, less returns and allowances	a 0				
b Less cost of goods sold	b 0				
c Net income or (loss) from sales of inventory		0			
Miscellaneous Revenue	Business Code				
11a					
b					
c					
d All other revenue					
e **Total.** Add lines 11a–11d		0			
12 **Total revenue.** See Instructions		339,725,000	319,265,028	20,795	5,230,027

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	77,000	77,000		
2 Grants and other assistance to domestic individuals See Part IV, line 22	109,777,327	109,777,327		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	3,061,256	3,061,256		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	4,962,436	1,964,634	2,635,692	362,110
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	747,930	422,177	325,753	
7 Other salaries and wages	95,214,443	85,716,164	8,361,991	1,136,288
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	5,986,310	5,245,205	652,508	88,597
9 Other employee benefits	15,724,769	13,348,185	2,092,469	284,115
10 Payroll taxes	7,384,385	6,470,198	804,898	109,289
11 Fees for services (non-employees)				
a Management	0			
b Legal	1,776,555	22,444	1,754,111	
c Accounting	290,448		290,448	
d Lobbying	13,332	13,332		
e Professional fundraising services See Part IV, line 17	116,333			116,333
f Investment management fees	219,785		219,785	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	7,625,783	6,993,453	625,196	7,134
12 Advertising and promotion	2,002,124	1,686,959	286,015	29,150
13 Office expenses	8,778,552	7,625,994	993,158	159,400
14 Information technology	7,202,081	6,070,199	1,115,558	16,324
15 Royalties	31,471	18,779	12,692	
16 Occupancy	21,477,575	20,677,473	800,023	79
17 Travel	3,202,875	2,943,970	246,018	12,887
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	4,848,898	4,382,858	384,768	81,272
20 Interest	2,325,566	2,298,727	26,839	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	13,184,167	12,315,383	868,279	505
23 Insurance	3,491,088	2,528,573	962,515	
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)				
a BAD DEBT EXPENSE	1,301,947	1,301,947		
b CO-HORT COMMISSION EXPENSE	760,237	760,237		
c PROFESSIONAL DUES & FEES	565,340	288,578	275,524	1,238
d STUDENT ACTIVITY FEES	484,655	484,655		
e All other expenses	2,831,062	2,048,066	773,375	9,621
25 **Total functional expenses.** Add lines 1 through 24e	325,465,730	298,543,773	24,507,615	2,414,342
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	0	1	0
	2	Savings and temporary cash investments	122,040,358	2	122,909,820
	3	Pledges and grants receivable, net	2,520,500	3	5,831,267
	4	Accounts receivable, net	15,133,069	4	13,962,170
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	2,038,284	9	2,251,997
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 359,800,094			
	b	Less accumulated depreciation — 10b: 171,851,174	187,495,568	10c	187,948,920
	11	Investments—publicly traded securities	59,154,808	11	67,842,298
	12	Investments—other securities See Part IV, line 11	34,606,565	12	33,367,150
	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	0	15	0
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	422,989,152	16	434,113,622
Liabilities	17	Accounts payable and accrued expenses	21,824,752	17	22,633,390
	18	Grants payable	0	18	0
	19	Deferred revenue	3,621,091	19	4,257,491
	20	Tax-exempt bond liabilities	66,742,318	20	61,092,678
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	55,235,653	25	53,165,343
	26	**Total liabilities.** Add lines 17 through 25	147,423,814	26	141,148,902
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	218,801,357	27	227,892,679
	28	Temporarily restricted net assets	33,218,180	28	37,055,040
	29	Permanently restricted net assets	23,545,801	29	28,017,001
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	275,565,338	33	292,964,720
	34	Total liabilities and net assets/fund balances	422,989,152	34	434,113,622

Part XI 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	339,725,000
2	Total expenses (must equal Part IX, column (A), line 25)	2	325,465,730
3	Revenue less expenses Subtract line 2 from line 1	3	14,259,270
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	275,565,338
5	Net unrealized gains (losses) on investments	5	1,283,337
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	1,856,775
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	292,964,720

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ 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 separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 22-1494434

Name: FAIRLEIGH DICKINSON UNIVERSITY

Form 990 (2018)

Form 990, Part III, Line 4a:

HIGHER EDUCATION INSTRUCTION - FAIRLEIGH DICKINSON UNIVERSITY, NEW JERSEY'S LARGEST PRIVATE UNIVERSITY, IS A NONSECTARIAN, COEDUCATIONAL INSTITUTION OFFERING PROGRAMS ON THE UNDERGRADUATE, GRADUATE AND PROFESSIONAL LEVELS THE UNIVERSITY EDUCATES APPROXIMATELY 13,000 STUDENTS PER YEAR, INCLUDING A STRONG INTERNATIONAL STUDENT POPULATION FOR MORE INFORMATION SEE SCHEDULE O

Form 990, Part III, Line 4b:

HIGHER EDUCATION AUXILIARY - TO PROVIDE FOOD SERVICE AND RESIDENT HALLS FOR UNIVERSITY STUDENTS APPROXIMATELY 2,400 STUDENTS CURRENTLY UTILIZE UNIVERSITY RESIDENCE HALLS

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 FOR MORE INFORMATION SEE SCHEDULE O

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHRISTOPHER A CAPUANO PRESIDENT & TRUSTEE	75 0 0 0	X		X				635,593	0	259,533
ANTHONY P AMBROSIO TRUSTEE	3 0 0 0	X						0	0	0
CHERYL K BEEBE TRUSTEE	3 0 0 0	X						0	0	0
BRENDA BLACKMON TRUSTEE	3 0 0 0	X						0	0	0
LINDA M BOWDEN TRUSTEE	3 0 0 0	X						0	0	0
EVELYN DOUGLAS TRUSTEE	3 0 0 0	X						0	0	0
ROSEMARY ESPANOL TRUSTEE	3 0 0 0	X						0	0	0
ANGELIKI FRANGOU TRUSTEE	3 0 0 0	X						0	0	0
FRANKLYN G JENIFER TRUSTEE (END 06/2019)	3 0 0 0	X						0	0	0
DAVID E KNEE TRUSTEE (BEG 06/2019)	3 0 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEWART KRENTZMAN TRUSTEE	30 00	X						0	0	0
DANIEL C LEWIS TRUSTEE	30 00	X						0	0	0
WINSTON I LOWE ESQ TRUSTEE	30 00	X						0	0	0
DONNA D DELPRETE MARKI TRUSTEE	30 00	X						0	0	0
MICHAEL D MOSS TRUSTEE	30 00	X						0	0	0
GREGORY H OLSEN TRUSTEE	30 00	X						0	0	0
ROBERT J PURES TRUSTEE	50 00	X						0	0	0
HOWARD W ROBIN TRUSTEE	30 00	X						0	0	0
ROBERT T SALTARELLI TRUSTEE	30 00	X						0	0	0
PAUL C SANTUCCI TRUSTEE	30 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PAUL B SCHMIDT TRUSTEE	3 0 0 0	X						0	0	0
ROBERT A STEWART TRUSTEE	3 0 0 0	X						0	0	0
ARTHUR SUKEL TRUSTEE	3 0 0 0	X						0	0	0
MARTA L TELLADO TRUSTEE	3 0 0 0	X						0	0	0
ANTHONY J VESPA TRUSTEE - VICE CHAIR	5 0 0 0	X						0	0	0
STEPHEN S WEINSTEIN TRUSTEE	3 0 0 0	X						0	0	0
PATRICK J ZENNER TRUSTEE - CHAIR	10 0 0 0	X						0	0	0
ROBERT J ZATTA TRUSTEE (BEG 06/2019)	3 0 0 0	X						0	0	0
JOHN M CODD ESQ GENERAL COUNSEL & SECRETARY	55 0 0 0			X				208,590	0	27,217
HANIA FERRARA SVP FINANCE & ADMINISTRATION	66 0 0 0			X				309,360	0	112,414

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RICHARD C FRICK VP FACILITIES & AUXILIARY SVCS	65 0 0 0			X				211,951	0	52,211
RICHARD P REISS SVP UNIVERSITY ADVANCEMENT	55 0 0 0			X				288,894	0	62,942
LUKE D SCHULTHEIS VP ENROLLMENT, PLANNING	65 0 0 0			X				290,929	0	60,663
GILLIAN M SMALL UNIVERSITY PROVOST & SVP	60 0 0 0			X				326,153	0	25,378
NEAL M STURM VP & CHIEF INFORMATION OFFICER	60 0 0 0			X				216,367	0	66,466
MARTHA C YOUNG ASST SECRETARY OF THE CORP	40 0 0 0			X				60,558	0	39,360
MICHAEL J AVALTRONI DEAN, SCHOOL OF PHARMACY	50 0 0 0				X			246,496	0	62,568
LISA R BRAVERMAN DEAN, PETROCELLI COLLEGE	50 0 0 0				X			202,402	0	46,230
VICKI L COHEN INTERIM DEAN, UNIV COLLEGE	50 0 0 0				X			178,063	0	49,496
BRIAN MAURO CAMPUS EXECUTIVE FLORHAM	50 0 0 0				X			169,761	0	51,244

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANDREW J ROSMAN DEAN, SILBERMAN COLLEGE	60 0 0 0				X			264,765	0	21,222
GEOFFREY S WEINMAN DEAN, BECTON COLLEGE	65 0 0 0				X			201,331	0	51,694
JAMES G ALMEIDA INTERIM DEAN SILBERMAN COLL	57 0 0 0					X		169,929	0	48,856
GREG HERENDA HEAD COACH, MEN'S BASKETBALL	50 0 0 0					X		221,705	0	44,918
SAUL M KLEINMAN ASSOCIATE VP, MIS	55 0 0 0					X		183,748	0	34,558
DAVID A LANGFORD DIRECTOR OF ATHLETICS	50 0 0 0					X		251,748	0	32,793
ALFREDO C TAN PROFESSOR COMPUTER SCI ENG	50 0 0 0					X		175,741	0	44,486
SHELDON DRUCKERend 122018 FMR PRESIDENT	0 0 0 0						X	458,296	0	78,864
JOSEPH J KIERNANend 052018 FMR PROVOST	0 0 0 0						X	256,292	0	21,254
ROBERT F VODDEend 062018 FMR CAMPUS EXECUTIVE	0 0 0 0						X	113,322	0	32,985

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PETER J WOOLLEY FMR PROVOST FLORHAM CAMPUS	0 0 0 0						X	181,831	0	56,495
CECIL A ABRAHAMSend 062018 FMR PROVOST VANCOUVER	0 0 0 0						X	101,697	0	13,214

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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.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
FAIRLEIGH DICKINSON UNIVERSITY

Employer identification number
22-1494434

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☑ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170 (b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____

10 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	12,500,888	10,951,162	9,928,589	14,490,542	15,209,150	63,080,331
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	12,500,888	10,951,162	9,928,589	14,490,542	15,209,150	63,080,331
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)						2,748,731
6 **Public support.** Subtract line 5 from line 4						60,331,600

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7 Amounts from line 4	12,500,888	10,951,162	9,928,589	14,490,542	15,209,150	63,080,331
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,387,921	2,424,237	2,526,437	4,574,857	5,516,451	17,429,903
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	135,332	128,820	112,018	130,022	164,662	670,854
11 **Total support.** Add lines 7 through 10						81,181,088

12 Gross receipts from related activities, etc (see instructions) **12** 1,563,587,826

13 **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

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	**14**	74 317 %
15 Public support percentage for 2017 Schedule A, Part II, line 14	**15**	76 070 %

16a **33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 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 in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2018** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2017** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2018.** 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% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **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 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section 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		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
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*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b 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)? *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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	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 I of Schedule L (Form 990 or 990-EZ)*	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 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) 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		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b 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		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	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		

Section 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		

Section 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		

Section 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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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		

Section 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 instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
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	Parent of Supported Organizations **Answer (a) and (b) below.**			
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.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each 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 (explain in Part VI) **See instructions.** All other Type III 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		
a	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			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9 Distributable amount for 2018 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-2018**	**(iii) Distributable Amount for 2018**
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2019.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10	OTHER INCOME LINE 10 INCLUDES OTHER PROGRAM REVENUE EXCLUDED FROM UNRELATED BUSINESS TAXABLE INCOME

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493136015370

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.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

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

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

If the organization answered "Yes" on 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" on 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

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

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-POL** for this year? ☐ Yes ☐ No

5 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)** Amount 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-
1					
2					
3					
4					
5					
6					

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

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

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)	13,332	
c Total lobbying expenditures (add lines 1a and 1b)	13,332	
d Other exempt purpose expenditures	298,530,441	
e Total exempt purpose expenditures (add lines 1c and 1d)	298,543,773	
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **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 beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	52,438	51,794	56,639	13,332	174,203
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures					

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

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

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

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

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation	

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
FAIRLEIGH DICKINSON UNIVERSITY

Employer identification number
22-1494434

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	87,712,756	83,299,964	72,098,931	65,689,623	56,586,372
b Contributions . . .	4,768,841	1,498,931	4,481,651	8,666,907	6,438,379
c Net investment earnings, gains, and losses	3,179,702	6,578,413	9,930,430	481,385	4,913,420
d Grants or scholarships . . .	2,140,356	1,924,012	1,654,279	1,468,751	1,342,611
e Other expenditures for facilities and programs . . .	1,895,985	1,740,540	1,556,769	1,270,233	905,937
f Administrative expenses					
g End of year balance	91,624,958	87,712,756	83,299,964	72,098,931	65,689,623

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ 47 800 %
- b Permanent endowment ▶ 52 200 %
- c Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		26,277,066		26,277,066
b Buildings		276,459,098	137,518,501	138,940,597
c Leasehold improvements		4,354,843	1,954,699	2,400,144
d Equipment		47,868,693	32,377,974	15,490,719
e Other		4,840,394		4,840,394
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* . . ▶				187,948,920

Part VII **Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests	30,000	F
(3) Other		
(A) WELLINGTON SMALL CAP VALUE	4,082,830	F
(B) AETOS PRIME PORTFOLIO	6,636,598	F
(C) MULTI-STRATEGY EQUITY FUND	18,578,052	F
(D) WELLINGTON OPPORTUNISTIC	4,039,670	
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	33,367,150	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

Part X **Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
POST-RETIREMENT BENEFIT LIABILITIES	21,619,127
FIN 47 ASSET RETIREMENT OBLIGATION	15,008,649
U S GOVT GRANTS REFUNDABLE	9,758,630
DEFERRED LIABILITIES	4,921,340
MISCELLANEOUS OTHER	1,857,597
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	53,165,343

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included 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** and **4c.** (This must equal Form 990, Part I, line 12)			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information *(continued)***

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 22-1494434
Name: FAIRLEIGH DICKINSON UNIVERSITY

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	THE UNIVERSITY'S ENDOWMENT FUND PROVIDES CONTINUOUS SUPPORT FOR STUDENT ASSISTANCE, FACULT Y RETENTION AND RECRUITMENT, AND ESSENTIAL MAINTENANCE OF OUR CAMPUSES ENDOWED SCHOLARSHI PS ENABLE THE UNIVERSITY TO EXPAND NEED AND MERIT BASED AWARDS PROGRAMMATIC ENDORSEMENTS ALLOW FOR OVERALL ENHANCEMENT OF PROGRAMS SUCH AS TECHNOLOGY, RESEARCH, LIBRARY ACQUISITIO NS, AND CLOSEST TO THE MISSION OF THE UNIVERSITY, GLOBAL EDUCATION AND RESEARCH BENEFITING STUDENT LEARNING AND FACULTY INSTRUCTION FACULTY ENDOWMENTS INCLUDE ENDOWED CHAIRS AND E NDOWED PROFESSORSHIPS

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	THE UNIVERSITY IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE THE UNIVERSITY'S WHOLLY OWNED SUBSIDIARY, HARBINGER CORPORATION, CURRENTLY INACTIVE, IS SUBJECT TO INCOME TAX THERE ARE CERTAIN TRANSACTIONS THAT COULD BE DEEMED UN RELATED BUSINESS INCOME AND WOULD RESULT IN A TAX LIABILITY MANAGEMENT REVIEWS TRANSACTIO NS TO ESTIMATE POTENTIAL TAX LIABILITIES USING A THRESHOLD OF MORE LIKELY THAN NOT IT IS MANAGEMENT'S ESTIMATION THAT THERE ARE NO MATERIAL TAX LIABILITIES THAT NEED TO BE RECORDE D

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SCHEDULE E (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to *www.irs.gov/Form990EZ* for the latest instructions.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
FAIRLEIGH DICKINSON UNIVERSITY

Employer identification number
22-1494434

Part I

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II	3	Yes	
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II			
5	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
e	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities?	5h		No
	If you answered "Yes" to any of the above, please explain If you need more space, use Part II			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
b	Has the organization's right to such aid ever been revoked or suspended?	6b	Yes	
	If you answered "Yes" to either line 6a or line 6b, explain on Part II			
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	Yes	

Part II **Supplemental Information.** 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	FAIRLEIGH DICKINSON UNIVERSITY RECEIVES AID FROM THE STATE OF NEW JERSEY AND FUNDING FROM VARIOUS GOVERNMENTAL SOURCES INCLUDING THE FEDERAL PELL GRANT PROGRAM, FEDERAL PERKINS LOAN PROGRAM, FEDERAL DIRECT LOAN PROGRAMS AND FEDERAL SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANTS (FSEOG)
SCHEDULE E, PART I, LINE 6B	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

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

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.
► Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
FAIRLEIGH DICKINSON UNIVERSITY

Employer identification number
22-1494434

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **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? ☑ **Yes** ☐ **No**

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space 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
See Add'l Data					
3a Sub-total	2	168			13,524,774
b Total from continuation sheets to Part I					6,659,385
c Totals (add lines 3a and 3b)	2	168			20,184,159

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

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 assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
UNIVERSITY FUNDED SCHOLARSHIPS	North America	337	1,904,853	N/A		TUITION A/R	N/A
UNIVERSITY FUNDED SCHOLARSHIPS	Europe (Including Iceland and Greenland)	87	1,156,403	N/A		TUITION A/R	N/A

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately 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, don't file with Form 990)*	☑ Yes	☐ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*	☑ Yes	☐ 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)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☐ Yes	☑ No
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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)*	☑ Yes	☐ No

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).

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART I, LINE 2	ALL GRANT FUNDS AWARDED TO STUDENTS OUTSIDE OF THE UNITED STATES ARE POSTED ELECTRONICALLY BY THE BURSAR TO THE TUITION RECEIVABLE ACCOUNT FOR EACH STUDENT THE UNIVERSITY'S ENROLLMENT SERVICES OFFICE IS PROVIDED WITH A WEEKLY REPORT IDENTIFYING ANY STUDENT REFUNDS THESE PROCEDURES ENSURE THAT ALL FUNDS ARE BEING APPLIED AND USED FOR THEIR INTENDED EDUCATIONAL PURPOSE

990 Schedule F, Supplemental Information

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

990 Schedule F, Supplemental Information

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

990 Schedule F, Supplemental Information

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 WAS FORMED ON JULY 19, 2006, INCORPORATED UNDER THE SOCIETY ACT IN 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	31	Program Services	HIGHER EDUCATION	2,242,599
North America	1	137	Program Services	HIGHER EDUCATION	6,840,642

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America			Program Services	FINANCIAL AID	1,904,853
Europe (Including Iceland and Greenland)			Program Services	SCHOLARSHIPS	1,156,403

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America			Program Services	RECRUITMENT	4,860
East Asia and the Pacific			Program Services	RECRUITMENT	301,613

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
South Asia			Program Services	RECRUITMENT	418,601
Central America and the Caribbean			Program Services	RECRUITMENT	497

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)			Program Services	RECRUITMENT	9,164
Middle East and North Africa			Program Services	RECRUITMENT	24,262

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
South America			Program Services	RECRUITMENT	31,095
Middle East and North Africa			Program Services	BUSINESS MEETINGS	4,970

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
East Asia and the Pacific			Program Services	BUSINESS MEETINGS	2,699
South Asia			Program Services	MBA STUDY ABROAD	72,788

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)			Program Services	STUDY ABROAD	190,875
East Asia and the Pacific			Program Services	STUDY ABROAD	274,456

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
South Asia			Program Services	STUDY ABROAD	44,397
North America			Program Services	CONSULTANTS	14,826

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
Central America and the Caribbean			Investments	INVESTMENTS	6,636,598
Europe (Including Iceland and Greenland)			Program Services	BUSINESS MEETINGS	1,347

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
Russia and the Newly Independent States			Program Services	BUSINESS MEETINGS	2,748
South Asia			Program Services	BUSINESS MEETINGS	3,866

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on 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.

▶ Go to *www irs gov/Form990* for instructions and the latest information

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
FAIRLEIGH DICKINSON UNIVERSITY

Employer identification number
22-1494434

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☑ Mail solicitations
- **b** ☑ Internet and email solicitations
- **c** ☑ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☑ Solicitation of government grants
- **g** ☑ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
THE PHONATHON LLC 455 NW 35TH STREET SUITE 104 BOCA RATON, FL 33431	SOLICIT DESIGN		No	128,264	116,333	11,931
Total			▶	128,264	116,333	11,931

3 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

NJ, NY

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 CHARTER DAY (event type)	(b) Event #2 SILBERMAN GALA (event type)	(c) Other events 4 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	431,858	352,433	154,208	938,499
	2 Less Contributions	384,983	288,063	100,791	773,837
	3 Gross income (line 1 minus line 2)	46,875	64,370	53,417	164,662
Direct Expenses	4 Cash prizes				
	5 Noncash prizes			1,848	1,848
	6 Rent/facility costs	60,593	25,816	15,360	101,769
	7 Food and beverages	50,616	72,571	47,081	170,268
	8 Entertainment	8,775		1,775	10,550
	9 Other direct expenses	125,610	145,558	7,913	279,081
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				563,516
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-398,854

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in

a The organization's facility	**13a**	%
b An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
SCHEDULE G, PART I, LINE 2B (III)	THE AGREEMENT WITH THE PHONATHON, LLC DISTINGUISHES PAYMENTS FOR PROFESSIONAL FUNDRAISING SERVICES FROM EXPENSE PAYMENTS BY BASING FUNDRAISING SERVICES PAYMENTS ON SOLICITATION CALL VOLUME AND BY CHARGING FOR EXPENSES SUCH AS POSTAGE AT THE ACTUAL FIRST-CLASS POSTAGE RATE THE EXPENSES FOR TELEPHONE NUMBER RESEARCH IS BILLED AT A SET FEE AMOUNT

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
FAIRLEIGH DICKINSON UNIVERSITY

Employer identification number
22-1494434

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 6

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 1

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) UNIVERSITY FUNDED SCHOLARSHIPS	4458	106,581,954		N/A	GENERAL SUPPORT
(2) EDUCATIONAL OPPORTUNITY FUND	351	1,044,175		N/A	GENERAL SUPPORT
(3) PRIVATE & ENDOWED SCHOLARSHIPS	830	2,141,198		N/A	GENERAL SUPPORT
(4) MISC STATE & OTHER SCHOLARSHIPS	10	10,000		N/A	GENERAL SUPPORT
(4)					
(5)					
(6)					
(7)					

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
SCHEDULE I, PART I, LINE 2	THE UNIVERSITY MONITORS ITS GRANTS TO ENSURE THAT SUCH GRANTS ARE USED FOR PROPER PURPOSES AND ARE NOT OTHERWISE DIVERTED FROM THEIR 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

Additional Data

Software ID:
Software Version:
EIN: 22-1494434
Name: FAIRLEIGH DICKINSON UNIVERSITY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TOWNSHIP OF TEANECK POLICE DEPT 900 TEANECK ROAD TEANECK, NJ 07666	22-6002336	Gov't	8,000		N/A		GENERAL SUPPORT
TOWNSHIP OF TEANECK FIRE DEPT 1231 TEANECK ROAD TEANECK, NJ 07666	22-6002336	Gov't	8,000		N/A		GENERAL SUPPORT GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TOWNSHIP OF TEANECK PUBLIC TRUST FUND 818 TEANECK ROAD TEANECK, NJ 07666	22-6002336	Gov't	8,000		N/A		GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT
TOWNSHIP OF TEANECK VOL AMBULANCE 855 WINDSOR ROAD TEANECK, NJ 07666	23-7124300	Gov't	8,000		N/A		GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BOROUGH OF FLORHAM PARK FIRST AID 60 FELCH ROAD FLORHAM PARK, NJ 07932	22-6001806	Gov't	12,000		N/A		GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT
BOROUGH OF FLORHAM PARK POLICE 111 RIDGEDALE AVENUE FLORHAM PARK, NJ 07932	22-6001806	Gov't	10,000		N/A		GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOROUGH OF FLORHAM PARK FIRE DEPT 315 BROOKLAKE ROAD FLORHAM PARK, NJ 07932	22-2483165	501(C)(4)	6,000		N/A		GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT

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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" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
FAIRLEIGH DICKINSON UNIVERSITY

Employer identification number
22-1494434

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on 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)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A	SPOUSAL TRAVEL OCCURS IN VERY LIMITED CIRMCUMSTANCES FOR THE UNIVERSITY PRESIDENT AND SR VICE PRESIDENT OF UNIVERSITY ADVANCEMENT WHEN ATTENDING UNIVERSITY RELATED EVENTS AND FUNCTIONS UNIVERSITY POLICY REQUIRES PRE-APPROVAL BY THE BOARD CHAIR AND WRITTEN SUBSTANTIATION OF THE BONA FIDE BUSINESS PURPOSE WHEN ACCOMPANIED BY A SPOUSE SPOUSAL TRAVEL IS TREATED AS TAXABLE COMPENSATION TO THE EMPLOYEE AS REQUIRED BY THE IRS WHEN IT IS NOT FOR A BONA FIDE UNIVERSITY BUSINESS PURPOSE THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES REVIEWS TRAVEL DOCUMENTATION THE UNIVERSITY PRESIDENT RECEIVES AN ANNUAL HOUSING ALLOWANCE AND THE FORMER UNIVERSITY PRESIDENT ON ADMINISTRATIVE LEAVE RECEIVES A HOUSING ALLOWANCE PURSUANT TO HIS EXECUTIVE CONTRACT ALL HOUSING ALLOWANCE AMOUNTS ARE INCLUDED AS TAXABLE COMPENSATION ON FORM W-2 AND REPORTED IN PART II,COLUMN(B)(iii) THE PRESIDENT IS REIMBURSED FOR AN ANNUAL CREDIT CARD MEMBERSHIP FEE WHICH IS PROVIDED SOLELY FOR UNIVERSITY BUSINESS RELATED TRAVEL THE UNIVERSITY DOES NOT PROVIDE PAYMENT FOR PERSONAL SERVICES, TAX INDEMNIFICATIONS OR GROSS-UP PAYMENTS FOR ANY PERSON LISTED IN PART VII, SECTION A

Return Reference	Explanation
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 THE PROCESS FOR DETERMINING COMPENSATION INCLUDES RETAINING AN INDEPENDENT FIRM TRIENIALLY TO STUDY EXECUTIVE COMPENSATION TO ASSURE THAT THE COMPENSATION OF EACH OFFICER IS COMPARABLE TO POSITIONS OF SIMILARLY SITUATED ORGANIZATIONS THE COMPENSATION COMMITTEE IS ALSO RESPONSIBLE FOR CONDUCTING OR COMMISSIONING ANY OTHER NECESSARY SURVEY OR STUDIES AND REPORT THE RESULTS TO THE BOARD OF TRUSTEES MEETINGS AND DECISIONS OF THIS COMMITTEE ARE DOCUMENTED CONTEMPORANEOUSLY IN COMMITTEE MINUTES

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4a	JOSEPH KIERNAN RETIRED ON 5/29/18 AND RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF $169,732 DAVID LANGFORD TERMINATED ON 6/29/18 AND RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF $151,458 SEVERANCE PAYMENTS ARE INCLUDED ON IRS FORM W-2 AND REPORTED IN PART II,COLUMN (B)(iii)

Return Reference	Explanation
SCHEDULE J, PART II	GREG HERENDA, HEAD COACH MEN'S BASKETBALL RECEIVED A $43,000 PERFORMANCE BONUS PURSUANT TO HIS CONTRACT

Additional Data

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
CHRISTOPHER A CAPUANO PRESIDENT & TRUSTEE	(I)	525,754	0	109,839	169,717	89,816	895,126	0
	(II)	0	0	0	0	0	0	0
JOHN M CODD ESQ GENERAL COUNSEL & SECRETARY	(I)	199,803	0	8,787	13,999	13,218	235,807	0
	(II)	0	0	0	0	0	0	0
HANIA FERRARA SVP FINANCE & ADMINISTRATION	(I)	294,352	0	15,008	80,750	31,664	421,774	0
	(II)	0	0	0	0	0	0	0
RICHARD C FRICK VP FACILITIES & AUXILIARY SVCS	(I)	199,198	0	12,753	22,710	29,501	264,162	0
	(II)	0	0	0	0	0	0	0
RICHARD P REISS SVP UNIVERSITY ADVANCEMENT	(I)	274,180	0	14,714	30,250	32,692	351,836	0
	(II)	0	0	0	0	0	0	0
LUKE D SCHULTHEIS VP ENROLLMENT, PLANNING	(I)	272,539	0	18,390	30,250	30,413	351,592	0
	(II)	0	0	0	0	0	0	0
GILLIAN M SMALL UNIVERSITY PROVOST & SVP	(I)	306,016	0	20,137	22,080	3,298	351,531	0
	(II)	0	0	0	0	0	0	0
NEAL M STURM VP & CHIEF INFORMATION OFFICER	(I)	206,453	0	9,914	22,710	43,756	282,833	0
	(II)	0	0	0	0	0	0	0
MICHAEL J AVALTRONI DEAN, SCHOOL OF PHARMACY	(I)	237,274	0	9,222	27,274	35,294	309,064	0
	(II)	0	0	0	0	0	0	0
LISA R BRAVERMAN DEAN, PETROCELLI COLLEGE	(I)	193,289	0	9,113	16,192	30,038	248,632	0
	(II)	0	0	0	0	0	0	0
VICKI L COHEN INTERIM DEAN, UNIV COLLEGE	(I)	174,910	0	3,153	20,038	29,458	227,559	0
	(II)	0	0	0	0	0	0	0
BRIAN MAURO CAMPUS EXECUTIVE FLORHAM	(I)	162,339	0	7,422	18,740	32,504	221,005	0
	(II)	0	0	0	0	0	0	0
ANDREW J ROSMAN DEAN, SILBERMAN COLLEGE	(I)	258,065	0	6,700	20,645	577	285,987	0
	(II)	0	0	0	0	0	0	0
GEOFFREY S WEINMAN DEAN, BECTON COLLEGE	(I)	194,578	0	6,753	22,201	29,493	253,025	0
	(II)	0	0	0	0	0	0	0
JAMES G ALMEIDA INTERIM DEAN SILBERMAN COLL	(I)	155,457	0	14,472	14,941	33,915	218,785	0
	(II)	0	0	0	0	0	0	0
GREG HERENDA HEAD COACH, MEN'S BASKETBALL	(I)	169,083	43,000	9,622	12,324	32,594	266,623	0
	(II)	0	0	0	0	0	0	0
SAUL M KLEINMAN ASSOCIATE VP, MIS	(I)	175,961	0	7,787	19,871	14,687	218,306	0
	(II)	0	0	0	0	0	0	0
DAVID A LANGFORD DIRECTOR OF ATHLETICS	(I)	72,558	0	179,190	6,841	25,952	284,541	0
	(II)	0	0	0	0	0	0	0
ALFREDO C TAN PROFESSOR COMPUTER SCI ENG	(I)	165,785	0	9,956	12,324	32,162	220,227	0
	(II)	0	0	0	0	0	0	0
CECIL A ABRAHAMSend 062018 FMR PROVOST VANCOUVER	(I)	101,697	0	0	7,665	5,549	114,911	0
	(II)	0	0	0	0	0	0	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
SHELDON DRUCKERend 122018 FMR PRESIDENT	(I)	297,693	0	160,603	46,550	32,314	537,160	0
	(II)	0	0	0	0	0	0	0
JOSEPH J KIERNANend 052018 FMR PROVOST	(I)	86,073	0	170,219	7,974	13,280	277,546	0
	(II)	0	0	0	0	0	0	0
ROBERT F VODDEend 062018 FMR CAMPUS EXECUTIVE	(I)	101,000	0	12,322	11,110	21,875	146,307	0
	(II)	0	0	0	0	0	0	0
PETER J WOOLLEY FMR PROVOST FLORHAM CAMPUS	(I)	175,838	0	5,993	21,188	35,307	238,326	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
FAIRLEIGH DICKINSON UNIVERSITY

Employer identification number
22-1494434

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	NJ EDUCATIONAL FACILITIES AUTH - 2006 SERIES G & H	22-1829511		06-29-2006	16,652,544	REF OF NJEFA 1997, 1998 & 2004		X		X		X
B	NJ EDUCATIONAL FACILITIES AUTH - 2015 SERIES B	22-1829511		04-13-2015	19,675,000	REFUNDING OF 2004 SERIES C		X		X		X
C	NJ EDUCATIONAL FACILITIES AUTH - 2014 SERIES B	22-1829511		01-16-2014	51,925,000	REFUNDING NJEFA 2002 SERIES D		X		X		X
D	NJ EDUCATIONAL FAC AUTH - (CIF) 2014 SERIES B	22-1829511	646066DG2	04-29-2014	582,000	FLORHAM CAMPUS SCIENCE BLDG RENOV		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	7,377,544	9,770,000	11,710,000	350,030
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	16,652,544	19,675,000	51,925,000	585,253
4	Gross proceeds in reserve funds	1,128,635	1,275,553	3,873,813	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrows	0	0	0	0
7	Issuance costs from proceeds	277,407	186,144	396,162	3,423
8	Credit enhancement from proceeds	0	0	0	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	0	0	0	384,862
11	Other spent proceeds	15,246,502	18,213,303	47,655,025	196,968
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2006	2004	2003	2015

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X		X			X
15	Were the bonds issued as part of an advance refunding issue?	X			X		X		X
16	Has the final allocation of proceeds been made?	X		X		X			X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X				X	
b	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 property?	X		X				X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X			X	
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?								X
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %		0 %		0 %		0 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶				0 200 %				
6	Total of lines 4 and 5				0 200 %				
7	Does the bond issue meet the private security or payment test?		X		X				X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X				X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X	X		X		X	
b	Exception to rebate?		X		X		X		X
c	No rebate due?	X			X		X		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?		X		X		X		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider	0		0		0		0	
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider	0		0		0		0	
c	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?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		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?	X		X		X		X	

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

Return Reference	Explanation
SCHEDULE K, PART I, NJEFA (CIF) 2014 SERIES B	THE TOTAL BOND ISSUE PRICE WAS $14,345,000 OF WHICH $582,000 WAS ALLOCATED TO THE UNIVERSITY SCHEDULE K, PART II, LINE 3 THE TOTAL PROCEEDS OF ISSUE IN PART II INCLUDE INVESTMENT EARNINGS FOR NJEFA (CIF) 2014 SERIES B OF $3,253 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 ARRANGEMENTS ARE NOT TREATED AS MANAGEMENT CONTRACTS THAT MAY GIVE RISE TO PRIVATE BUSINESS USE PURSUANT TO THE SAFE HARBOR REV PROC 97-13 and/or 2017-13 as applicable UNDER SEC 141(B) OF THE INTERNAL REVENUE CODE SCHEDULE K, PART IV, LINE 2C THE REBATE COMPUTATION FOR SERIES 2006 WAS PERFORMED IN 2017

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
FAIRLEIGH DICKINSON UNIVERSITY

Employer identification number
22-1494434

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	NJ EDUCATIONAL FAC AUTH - (CIF) 2016 SERIES B	22-1829511	646066F54	12-20-2016	2,877,219	RENOVATE FLORHAM SCHOOL OF PHARM		X		X	X	

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	1,446,236			
2	Amount of bonds legally defeased	0			
3	Total proceeds of issue	2,877,219			
4	Gross proceeds in reserve funds	0			
5	Capitalized interest from proceeds	0			
6	Proceeds in refunding escrows	0			
7	Issuance costs from proceeds	23,124			
8	Credit enhancement from proceeds	0			
9	Working capital expenditures from proceeds	0			
10	Capital expenditures from proceeds	2,399,958			
11	Other spent proceeds	10,644			
12	Other unspent proceeds	443,494			
13	Year of substantial completion	2016			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?		X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b	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 property?		X						
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
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 by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X						
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X							

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X							
b	Exception to rebate?		X						
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?		X						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider	0							
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

	A		B		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?	X							

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

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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.**
▶**Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
FAIRLEIGH DICKINSON UNIVERSITY

Employer identification number
22-1494434

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	(d) Corrected? No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	(d) Loan to or from the organization? From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) In default? No	(h) Approved by board or committee? Yes	(h) Approved by board or committee? No	(i) Written agreement? Yes	(i) Written agreement? No
Total				▶ $								

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1) NOT REQUIRED	SEE PART V	31,224	TUITION GRANTS	EDUCATION

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) MARY K DOUGLAS	FAMILY OF FORMER OFFICER	76,159	EMPLOYEE COMPENSATION		No

Part V Supplemental Information

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

Return Reference	Explanation
Schedule L, pART III	THE UNIVERSITY OFFERS EMPLOYEE TUITION GRANTS PURSUANT TO I R C SEC 117(D) TO ALL FULL-TIME EMPLOYEES, PART-TIME EMPLOYEES AND FACULTY SOME LISTED PERSONS IN PART VII SECTION A HAVE DEPENDENTS THAT RECEIVE TUITION GRANTS UNDER THIS PLAN THE AMOUNT IN PART III, COLUMN (d) REPRESENTS THE PORTION ATTRIBUTABLE TO SIX MONTHS FOLLOWING CALENDAR YEAR 2018, WHICH IS NOT REPORTED AS COMPENSATION IN PART VII, SEC A AS TAXABLE AND NONTAXABLE FRINGE BENEFITS

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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.
▶Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
FAIRLEIGH DICKINSON UNIVERSITY

Employer identification number
22-1494434

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles	X	1	66,131	DEALER COST
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	11	1,749,225	FMV
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, 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	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts	X	1	24,000	APPRAISAL
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ See Additional Data				
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — 29: 1

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	Yes	
b	If "Yes," describe in Part II			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.**

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

Return Reference	Explanation
SCHEDULE M, PART I, COLUMN (B)	THE UNIVERSITY IS REPORTING THE NUMBER OF CONTRIBUTION RECEIVED IN PART I, COLUMN (B)
SCHEDULE M, Part I, Line 32b	THE UNIVERSITY HIRED A THIRD PARTY TO SELL, PROCESS AND SHIP CERTAIN NONCASH CONTRIBUTIONS AT A FUNDRAISING EVENT

Additional Data

Software ID:
Software Version:
EIN: 22-1494434
Name: FAIRLEIGH DICKINSON UNIVERSITY

Part I, Lines 25-28

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
Other ▶ (FURNITURE)	X	1	8,875	FMV
Other ▶ (T-SHIRTS)	X	1	715	COST
Other ▶ (GIFT CARD)	X	1	1,000	COST
Other ▶ (WINE)	X	2	800	COST
Other ▶ (ATHLETIC TICKETS)	X	7	8,250	COST
Other ▶ (HOTEL ACCOMODATIONS)	X	6	11,530	COST
Other ▶ (ORCHESTRA TICKETS)	X	4	290	COST
Other ▶ (DINNER)	X	3	1,700	COST
Other ▶ (GOLF)	X	1	1,320	COST
Other ▶ (THEATRE TICKETS)	X	1	220	COST

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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.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
FAIRLEIGH DICKINSON UNIVERSITY

Employer identification number
22-1494434

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, 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 THE MULTI-DISCIPLINARY, INTERCULTURAL, AND ETHICAL UNDERSTANDINGS NECESSARY TO PARTICIPATE, LEAD, AND PROSPER IN THE GLOBAL MARKETPLACE OF IDEAS, COMMERCE AND CULTURE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	FAIRLEIGH DICKINSON UNIVERSITY, NEW JERSEYS LARGEST PRIVATE UNIVERSITY, IS A NONSECTARIAN, COEDUCATIONAL INSTITUTION OFFERING PROGRAMS ON THE UNDERGRADUATE, GRADUATE AND PROFESSION AL LEVELS THE UNIVERSITY EDUCATES APPROXIMATELY 13,000 STUDENTS PER YEAR, INCLUDING A STR ONG INTERNATIONAL STUDENT POPULATION FOUNDED AS A SMALL JUNIOR COLLEGE IN 1942, THE UNIVE RSITY NOW MAINTAINS TWO MAJOR CAMPUSES IN NORTHERN NEW JERSEY SUBURBS - THE METROPOLITAN C AMPUS, SPANNING BOTH TEANECK AND HACKENSACK IN BERGEN COUNTY, AND THE FLORHAM CAMPUS, LOCA TED IN FLORHAM PARK AND MADISON IN MORRIS COUNTY - AND CAMPUSES IN WROXTON, ENGLAND AND VA NCOUVER, BRITISH COLUMBIA, CANADA THE UNIVERSITY PROVIDES INSTRUCTION AT ADDITIONAL LOCAT IONS THROUGHOUT NEW JERSEY, AND LEARNING OPPORTUNITIES AT SELECT LOCATIONS THROUGHOUT THE UNITED STATES AND STUDY-ABROAD IN A VARIETY OF LOCATIONS OVERSEAS THE METROPOLITAN CAMPUS FEATURES A UNIVERSITY ATMOSPHERE WITH A DIVERSE DOCTORAL, GRADUATE, UNDERGRADUATE AND NON -DEGREE STUDENT POPULATION FROM THE UNITED STATES AND ABROAD IT OFFERS A WIDE RANGE OF PR OGRAMS, DELIVERED IN-PERSON AND ONLINE, INCLUDING DEGREE, CERTIFICATE AND CONTINUING-EDUCA TION PROGRAMS, UNDERGRADUATE, GRADUATE AND DOCTORAL DEGREE PROGRAMS, AND PROFESSIONAL-LEVE L PROGRAMS, AS WELL AS NON-DIPLOMA, NON-DEGREE AND CERTIFICATE PROGRAMS DEGREES AWARDED R ANGE FROM THE ASSOCIATE TO THE PH D ITS UNIVERSITY COLLEGE ARTS, SCIENCES, PROFESSIONAL STUDIES INCLUDES THE DEPTH AND BREADTH OF THE LIBERAL ARTS FACULTY, THE FOCUS AND STRENGTH OF THE COMPUTER SCIENCE AND ENGINEERING PROGRAMS, THE VARIETY AND IMPORTANCE OF THE HEALT H PROFESSION MAJORS, THE QUALITY OF THE CLINICAL PSYCHOLOGY AND SCHOOL PSYCHOLOGY PROGRAMS AND THE PRESENCE OF THE LARGEST NUMBER OF PROFESSIONAL ACCREDITED PROGRAMS AT THE UNIVERS ITY THE METROPOLITAN CAMPUS ALSO SERVES AS THE HOME OF THE ELS LANGUAGE CENTER PROGRAM R ECOGNIZING THAT THE STUDENT PROFILE ON MOST U S CAMPUSES IS CHANGING DRAMATICALLY, THE UN IVERSITYS ANTHONY J PETROCELLI COLLEGE OF CONTINUING STUDIES PROVIDES A UNIFIED APPROACH AND ENHANCED FOCUS ON THE ADULT LEARNER, ADDRESSES THE SPECIAL EDUCATIONAL NEEDS OF NONTRA DITIONAL STUDENTS, INCLUDING THOSE FOR WHOM ENGLISH IS NOT THEIR FIRST LANGUAGE, AND CONTI NUES TO POSITION THE UNIVERSITY AS A LEADER IN PROVIDING LEARNING OPPORTUNITIES IN A STRON G ACADEMIC FOUNDATION FOR STUDENTS OF ALL AGES, INCLUDING STUDENTS STILL ATTENDING HIGH SC HOOL THE COLLEGE ALSO PROVIDES A POINT OF ENTRY AND A SUPPORTIVE EDUCATIONAL ENVIRONMENT FOR THOSE FULL-TIME STUDENTS WHO DO NOT MEET REGULAR ADMISSION REQUIREMENTS THE SILBERMAN COLLEGE OF BUSINESS IS ACCREDITED BY AACSB INTERNATIONAL - THE ASSOCIATION TO ADVANCE COL LEGIATE SCHOOLS OF BUSINESS THE COLLEGE OFFERS UNDERGRADUATE AND GRADUATE PROGRAMS IN BUS INESS EDUCATION AT BOTH THE UNIVERSITYS FLORHAM CAMPUS AND METROPOLITAN CAMPUS IN NEW JERS EY AND AT THE VANCOUVER CAMPUS IN BRITISH COLUMBIA, CANADA FAIRLEIGH DICKINSONS FLORHAM C AMPUS OFFERS A CLASSIC COLLEGE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	EXPERIENCE WHERE UNDERGRADUATES ARE AT THE HEART OF THE LEARNING EXPERIENCE WITH ITS SMA LL COLLEGE SETTING, THE FLORHAM CAMPUS EMPHASIZES RESIDENTIAL LIVING, HANDS-ON LEARNING, G RADUATE AND PROFESSIONAL SCHOOL PREPARATION AND CUSTOMIZED EDUCATIONAL OFFERINGS, ALL FRAM ED WITH A GLOBAL PERSPECTIVE THE FLORHAM CAMPUS OFFERS A BROAD RANGE OF STRONG PROGRAMS A T THE UNDERGRADUATE, GRADUATE DOCTORAL, AND PROFESSIONAL LEVELS, AS WELL AS NON-DIPLOMA, N ON-DEGREE, CERTIFICATE AND CONTINUING-EDUCATION PROGRAMS IN THE MAXWELL BECTON COLLEGE OF ARTS AND SCIENCES AND CREATES AN ACADEMICALLY CHALLENGING LEARNING ENVIRONMENT WITH AN ENH ANCED RESIDENTIAL EXPERIENCE STUDENTS AT THE MAXWELL BECTON COLLEGE OF ARTS AND SCIENCES MAY CHOOSE FROM MORE THAN 60 UNDERGRADUATE MAJORS, MINORS AND CONCENTRATIONS TAUGHT IN EIG HT DISTINCT ACADEMIC DEPARTMENTS THE COLLEGE ALSO OFFERS GRADUATE PROGRAMS IN A NUMBER OF DISCIPLINES THE SILBERMAN COLLEGE OF BUSINESS AND THE ANTHONY J PETROCELLI COLLEGE OF C ONTINUING STUDIES ALSO OPERATE ON THE CAMPUS AND, THE UNIVERSITYS SCHOOL OF PHARMACY AND H EALTH SCIENCES ON THE CAMPUS FEATURES A DYNAMIC CURRICULUM INCORPORATING TECHNOLOGY, A GLO BAL PERSPECTIVE AND MULTIPLE GRADUATE DEGREE OPTIONS IN ADDITION, UNIVERSITY COLLEGE ART S, SCIENCES, PROFESSIONAL STUDIES OFFERS BOTH GRADUATE AND UNDERGRADUATE PROGRAMS IN THE Q UEST TEACHING AND M A T PROGRAMS, AS WELL AS ITS NURSING PROGRAMS AT THE FLORHAM CAMPUS WROXTON COLLEGE IS HOUSED IN AN 18TH-CENTURY JACOBEAN MANSION IN THE COTSWOLD AREA OF BRIT AIN YET, LONDON, OXFORD AND THE ROYAL SHAKESPEARE COMPANY ARE ALL WITHIN A SHORT DRIVE W ROXTON COLLEGE'S EDUCATIONAL METHODS AND ACADEMIC PERSONNEL ARE CHOSEN TO GIVE STUDENTS TH E BEST EXPERIENCE THAT BRITAIN CAN OFFER COURSES ARE TAUGHT BY THE LECTURE, SEMINAR AND T UTORIAL METHODS EMPLOYED IN BRITISH UNIVERSITIES THE COLLEGE OFFERS A LARGE NUMBER OF COU RSES IN LITERATURE, HISTORY, POLITICAL SCIENCE, FINE ARTS, UNIVERSITY CORE AND SOCIOLOGY THE COLLEGE'S OWN BRITISH TEACHING STAFF IS SUPPLEMENTED BY VISITING LECTURERS FROM BRITIS H UNIVERSITIES THE VANCOUVER CAMPUS OFFERS STUDENTS ONE OF THE FEW OPPORTUNITIES TO EARN AN AMERICAN COLLEGE DEGREE WHILE STUDYING IN CANADA THE CAMPUS BRINGS TOGETHER STUDENTS F ROM MORE THAN 60 COUNTRIES INTO A STUDENT-CENTERED LEARNING ENVIRONMENT ALL DEGREE PROGRA MS OFFERED AT THE VANCOUVER CAMPUS HAVE BEEN AUTHORIZED BY THE BRITISH-COLUMBIA MINISTRY O F ADVANCED EDUCATION THE VANCOUVER CAMPUS OFFERS ACCREDITED PROFESSIONAL DEGREE PROGRAMS TO INTERNATIONAL STUDENTS WITH MAJORS IN BUSINESS ADMINISTRATION AND INFORMATION TECHNOLOG Y THE UNIVERSITY ALSO OFFERS A BACHELOR OF ARTS IN INDIVIDUALIZED STUDIES, A MASTER IN AD MINISTRATIVE SCIENCE DEGREE AND A MASTER OF SCIENCE IN HOSPITALITY MANAGEMENT STUDIES AT T HE VANCOUVER CAMPUS IN ADDITION, THE VANCOUVER CAMPUS OFFERS A PRE-UNIVERSITY PROGRAM WHI CH PROVIDES ADVANCED ENGLISH-LANGUAGE TRAINING FOR STUDENTS WHO MEET THE REQUIREMENTS FOR ADMISSION BUT REQUIRE ADDITION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	AL TRAINING IN ENGLISH (IN SPEAKING AND/OR WRITING) PRIOR TO MATRICULATING IN A DEGREE PRO GRAM FAIRLEIGH DICKINSON UNIVERSITY HAS ALSO LONG BEEN A NATIONAL LEADER IN PROVIDING ACA DEMIC PROGRAMS AND SUPPORT SERVICES FOR VETERANS THE UNIVERSITY PARTICIPATES IN THE GI BI LL YELLOW RIBBON PROGRAM AND HAS BEEN RANKED AMONG AMERICAS BEST COLLEGES FOR VETERANS BY U S NEWS & WORLD REPORT IT RECENTLY WAS PROCLAIMED A PURPLE HEART UNIVERSITY BY THE STAT E OF NEW JERSEY MILITARY ORDER OF THE PURPLE HEART FOR EXEMPLIFYING OUTSTANDING VETERAN SU PPORT, COMMITMENT AND A GENUINE CONCERN FOR THE WELL-BEING OF UNITED STATES VETERANS THE UNIVERSITY ALSO PROVIDES FOR THE HOLDING OF MEETINGS AND EVENTS, INCLUDING CLASSES, CONFER ENCES, LECTURES, FORUMS, EXHIBITIONS, CONVENTIONS, PLAYS, MOTION PICTURES, CONCERTS AND AT HLETIC INSTRUCTION AND CONTESTS, ALL CALCULATED, DIRECTLY OR INDIRECTLY, TO ADVANCE THE CA USE OF EDUCATION THROUGH PERSONAL AND PROFESSIONAL DEVELOPMENT, CULTURAL EXPERIENCES AND R ECREATION

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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 CLOSELY WITH MANAGEMENT TO BECOME FAMILIAR WITH THE REQUIREMENTS AND TO ENSURE THAT UNIVERSITY 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 AT ITS MEETING ON APRIL 20, 2020 AFTER RECEIVING A DRAFT DOCUMENT SEVERAL DAYS IN ADVANCE THIS REVIEW ALSO INCLUDED THE UNIVERSITY'S OFFICERS THE DRAFT FORM 990 IS SUBSEQUENTLY REVISED AND DISTRIBUTED BY MAIL TO ALL MEMBERS OF THE BOARD OF TRUSTEES ALLOWING SUFFICIENT TIME FOR THEIR REVIEW PRIOR TO FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART VI LINE 12C	FAIRLEIGH DICKINSON UNIVERSITY IS COMMITTED TO THE HIGHEST STANDARDS OF ETHICS IN ALL ASPECTS OF THE OPERATION OF THE UNIVERSITY AND HAS A WRITTEN CONFLICT OF INTERST POLICY FOR ALL MEMBERS OF THE UNIVERSITY COMMUNITY THAT INCLUDES TRUSTEES, OFFICERS, FACULTY MEMBERS, STAFF MEMBERS, STUDENT EMPLOYEES, CONSULTANTS AND ANYONE ELSE WHO HAS AN OFFICIAL AFFILIATION WITH THE UNIVERSITY THE 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 WERE 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 DISCLOSURE 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 FORM 990, PART VI, LINE 15A / 15B 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 TO STUDY EXECUTIVE COMPENSATION TO ASSURE THAT THE COMPENSATION OF EACH OFFICER IS CONSISTENT WITH MARKET TRENDS AND IN COMPLIANCE WITH REGULATIONS THE MOST RECENT EXECUTIVE COMPENSATION STUDY REPORT WAS ISSUED IN JANUARY 2018 THE COMPENSATION COMMITTEE IS ALSO RESPONSIBLE FOR CONDUCTING OR COMMISSIONING ANY NECESSARY SURVEY OR STUDIES, AND TO REPORT THE RESULTS TO THE BOARD OF TRUSTEES MEETINGS AND DECISIONS OF THE COMMITTEE ARE DOCUMENTED CONTEMPORANEOUSLY IN COMMITTEE MINUTES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 19	THE UNIVERSITY MAKES ITS FORM 1023 AND GOVERNING DOCUMENTS AVAILABLE BY WRITTEN REQUEST TO THE UNIVERSITY ASSOCIATE VICE PRESIDENT OF FINANCE OR UNIVERSITY GENERAL COUNSEL THE CONFLICT OF INTEREST POLICY IS AVAILABLE ON THE UNIVERSITY WEBPAGE UNDER UNIVERSITY POLICIES, OFFICE OF THE GENERAL COUNSEL, AND ALSO BY WRITTEN REQUEST THE UNIVERSITY MAKES THEIR AUDITED FINANCIAL STATEMENTS AVAILABLE ON THE UNIVERSITY WEBSITE FORMS 990 AND 990-T ARE AVAILABLE WITHOUT CHARGE FOR IN-PERSON PUBLIC INSPECTION AT THE UNIVERSITY LIBRARIES LOCATED IN TEANECK AND MADISON, NJ DURING REGULAR BUSINESS HOURS BY ANYONE MAKING A REQUEST ADDITIONALLY, REQUESTS FOR FORM 990 AND 990-T MAY BE MADE BY MAIL, ELECTRONIC MAIL, FACSIMILE OR PRIVATE DELIVERY SERVICE TO THE ASSOCIATE VICE PRESIDENT OF FINANCE, 1000 RIVER ROAD, TEANECK, NJ 07666-1914 COPIES OF FORMS ARE AVAILABLE WITHOUT CHARGE, OTHER THAN A REASONABLE FEE FOR REPRODUCTION AND POSTAGE COSTS FORM 990 AND 990-T ARE AVAILABLE FOR A PERIOD OF 3 YEARS FROM THE DATE THE RETURN WAS REQUIRED TO BE FILED, OR IS ACTUALLY FILED, WHICHEVER IS LATER

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN FMV OF TRUSTS (11,275) MULTI EMPLOYER PENSION PLAN CHANGE (1,666,950) POST-RETIREMENT BENEFIT 3,535,000 ---------- 1,856,775

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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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

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	16,863,910	39,839,458	FDU - USA

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	(g) Section 512(b)(13) controlled entity? Yes	(g) No

Part III **Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership 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) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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 512(b)(13) controlled entity? Yes	(i) No
(1)CHARITABLE REMAINDER TRUST	TRUST	FL	NA	Trust	5,933				No
(2)THE WROXTON ABBEY CHARITABLE TRUST WROXTON ABBEY WROXTON OXFORDSHIRE OX156PX UK	TRUST	UK	FDU	TRUST	7		100 000 %	Yes	

Part V **Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 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 orgranization engage in any of the following transactions with one or more related organizations listed 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)	1g		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)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r	Yes	
s 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 covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation
SCHEDULE R, PART I	FARLEIGH DICKINSON UNIVERSITY OF BRITISH COLUMBIA, FOUNDATION (FDU-VANCOUVER) IS A CAMPUS OF FAIRLEIGH DICKINSON UNIVERSITY IN THE UNITED STATES FDU-Vancouver was formed on July 19, 2006, incorporated under the Society Act in VICTORIA, BC, CANADA AND ACCREDITED BY THE BRITISH COLUMBIA MINISTRY OF ADVANCED EDUCATION