For Paperwork Reduction Act Notice, see the separate instructions.

### DLN: 93493134055001

OMB No. 1545-0047

2019

Department of the 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.

 $\blacktriangleright$  Go to  $\underline{\textit{www.irs.gov/Form990}}$  for instructions and the latest information.

Open to Public Inspection

<u>Δ</u> F	or the	2019 cale	ndar year, or tax year begins	ning 07-01-2019 , and ending 06-	30-2020				
		anlicable: CI	Name of organization	g • , • = • • , •			D Employ	er identi	ification number
		change	FAIRLEIGH DICKINSON UNIVERSITY				22-1494		
	me cha	22-145-	+434						
_	tial ret	urn h/terminated	Doing business as						
			Number and street (or P.O. box if ma	il is not delivered to street address) Room/	suite		E Telephon	ie numbe	er
		on pending	1000 RIVER ROAD MAIL CODE H-DH:	1-01			(201) 6	92-238:	1
			City or town, state or province, count	try, and ZIP or foreign postal code					
			TEANECK, NJ 076661914				<b>G</b> Gross re	ceipts \$ :	377,415,325
			Name and address of principal	officer:	H(a)	Is this a	group re	turn for	•
			CHRISTOPHER A CAPUANO 000 RIVER ROAD			subordin			□Yes <b>☑</b> No
			EANECK, NJ 076661914			Are all s included	ubordinat	es	☐ Yes ☐No
<b>I</b> Ta	x-exen	npt status: 🔽	<b>Z</b> 501(c)(3)  □ 501(c)( ) <b>∢</b> (i	nsert no.) 4947(a)(1) or 527				ist. (see	e instructions)
J W	ebsit	e:▶ WWW.		, , , , ,	1		xemption	•	•
<b>K</b> Forr	n of or	ganization: 🔽	<b>Z</b> Corporation ☐ Trust ☐ Assoc	siation D Other ►	<b>L</b> Year o	of formatio	n: <b>1</b> 942	M State	e of legal domicile: NJ
		_							
Pa	art I	Summa							
			be the organization's mission or NCKINSON UNIVERSITY IS A CE	most significant activities: NTER OF ACADEMIC EXCELLENCE DED	ICATED T	O THE PI	REPARATI	ON OF	WORLD CITIZENS
e Ce	<u>I</u>	HROUGH GL	OBAL EDUCATION. FOR MORE I	INFORMATION SEE SCHEDULE O					
Ē	-								
E E	-								
Governance	2	Check this b	$\max lackbox \prod$ if the organization disc	continued its operations or disposed of	more than	n 25% of	f its net a	ssets.	
	3	Number of v	oting members of the governing	g body (Part VI, line 1a)				3	24
e S	4	Number of ir	ndependent voting members of	the governing body (Part VI, line 1b)				4	23
<u> </u>	5	Total numbe	er of individuals employed in cale	endar year 2019 (Part V, line 2a) .				5	4,051
Activities &	6	Total numbe	6	140					
•	7a	Total unrelat	7a	3,610					
	b	Net unrelate	ed business taxable income from	Form 990-T, line 39	<u></u>			7b	• C
						Prior	Year		Current Year
<u>q</u>	l		ns and grants (Part VIII, line 1h)				15,209,1	150	21,454,47!
Ravenue	1	-	rvice revenue (Part VIII, line 2g)	319,275,9		305,503,009			
æ	l	Investment i	094	2,314,820					
	1		ue (Part VIII, column (A), lines 5				853,8		551,654
	-			st equal Part VIII, column (A), line 12)			339,725,0		329,823,958
	l		similar amounts paid (Part IX, co	,			112,915,5		119,694,68
	l	·	d to or for members (Part IX, col		0			122 752 474	
83	1	•		nefits (Part IX, column (A), lines 5–10)			130,020,2		130,768,658
Ě	l .		• • •	nn (A), line 11e)			116,3	333	121,346
Expenses	ı		ing expenses (Part IX, column (D), li				02 442 5	-44	77 244 22
10001	ı			1a-11d, 11f-24e)			82,413,5		77,214,332
	l	•	ses. Add lines 13–17 (must equa	, , , , , ,	-		325,465,7		327,799,02:
, vo	19	Kevenue les	s expenses. Subtract line 18 fro	m line 12	Posi	i	14,259,2		2,024,937
Net Assets or Fund Balances					begi	iy of	Current Y	Sai	End of Year
ege gage	20	Total assets	(Part X, line 16)			-	434,113,6	522	428,238,780
Ž₽ Z	ı		ies (Part X, line 26)			:	141,148,9	902	139,472,530
ŝĒ	22	Net assets o	or fund balances. Subtract line 2	1 from line 20			292,964,7	720	288,766,250
Pa	rt II	Signatu	ure Block						
				ned this return, including accompanying					
	ieage nowle		t is true, correct, and complete.	Declaration of preparer (other than of	ricer) is ba	ased on a	iii informa	ation or	wnich preparer has
		TA .							
		****** Signature	of officer			2021-0 Date	5-13		
Sign		, Signature	or officer			Dute			
Here	•		RRARA -SR VP FIN& ADMIN rint name and title						
		17	:/Type preparer's name	Preparer's signature	Date			PTIN	
Dai-	4		/ Type preparers frame	Troparer a aignature	2021-05- <b>1</b> 2		☐ if   f	20124778	83
Paid		Firm'	's name <b>KPMG</b> LLP	1		self-en Firm's	nployed EIN ►		
	pare	;; 					-		
use	On	i <b>y</b> Firm'	's address ▶ 345 Park Avenue			Phone	no. (212)	758-9700	0
			New York, NY 1015401	02					
Mav t	he IR:	S discuss thi	is return with the preparer show	n above? (see instructions)				~	Yes 🗌 No

Cat. No. 11282Y

Form 990 (2019)

Form	990 (2019)					Page <b>2</b>
Pa	statement	of Program Servi	ce Accomplis	hments		
	Check if Scheo	dule O contains a resp	onse or note to	any line in this Part III		🗸
1		rganization's mission:		,		
	LEIGH DICKINSON UNI BAL EDUCATION. FOR I				ED TO THE PREPARATION OF WO	DRLD CITIZENS THROUGH
2	Did the organization	undertake any signific	ant program ser	vices during the year w	hich were not listed on	
	the prior Form 990 o	r 990-EZ?				🗌 Yes 🗹 No
	If "Yes," describe the	se new services on So	chedule O.			
3	Did the organization	cease conducting, or	make significant	changes in how it cond	ucts, any program	
	services?					🗌 Yes 🗹 No
	If "Yes," describe the	se changes on Sched	ule O.			
4	Section 501(c)(3) and		ions are required	to report the amount of	largest program services, as me of grants and allocations to other	
	(Code:	) (Expenses \$	281,816,049	including grants of \$	118,818,942 ) (Revenue \$	279,388,809 )
	See Additional Data	) (=NP 0N000 +				
4b	(Code:	) (Expenses \$	20,546,007	including grants of \$	875,743 ) (Revenue \$	25,515,968 )
	See Additional Data					
4c	(Code:	) (Expenses \$	427,570	including grants of \$	) (Revenue \$	598,232 )
	See Additional Data					
4d	Other program service	ces (Describe in Sched	dule O.)			
	(Expenses \$	inc	cluding grants of	\$	) (Revenue \$	)
4e	Total program serv	rice expenses ►	302,789,6	26		

	Observation of Promised Cabadyles			Page 3
Par	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 <i>Schedule B, Schedule of Contributors</i> (see instructions)?    in the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates	2	Yes	No
4	for public office? If "Yes," complete Schedule C, Part I 2	3		
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II $^{\bullet}$	4	Yes	
	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? <i>If "Yes," complete Schedule D,</i> Part   2	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
	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.			
	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	
	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 2	11b	Yes	
	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 2	11c		No
	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 2	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
	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	
	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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic	20b 21	Yes	
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		orm 90	<b>0</b> (2019)

orm 9	990 (2019)			Page <b>4</b>
Part	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
	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
	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
	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
	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
	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
7	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27	Yes	
	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 current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	103	No
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🛸	29	Yes	
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	24		<b>.</b>
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		No No
3	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	
4	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	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
	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	
6	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
7	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
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Pari				
	Check if Schedule O contains a response or note to any line in this Part V			✓
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 12,828			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .   1b   0			1

**1**c

Yes

Par	statements Regarding Other IRS Filings and Tax Compliance (continued)							
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	4,051						
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	<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O							
_	At any time during the calendar year, did the organization have an interest in, or a signature or other authority of financial account in a foreign country (such as a bank account, securities account, or other financial account)?		Yes					
D	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 (FBA)	D)						
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				
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5с						
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?	on <b>6a</b>		No				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts we not tax deductible?	were <b>6b</b>						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se provided to the payor?	ervices <b>7a</b>	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 Form 8282?	o file <b>7c</b>		No				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Formula 1098-C?	orm <b>7h</b>						
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	. 8						
9	Sponsoring organizations maintaining donor advised funds.							
а	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:							
а	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							
11	Section 501(c)(12) organizations. Enter:							
a	Gross income from members or shareholders							
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
	Is the organization licensed to issue qualified health plans in more than one state?	· 13a						
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans							
	Enter the amount of reserves on hand							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No				
	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 exparachute payment(s) during the year?	. 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				

orm	990 (2019)			Page							
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	" respo	onse to i	lines <b>V</b>							
Se	ction A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year 24										
	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 23										
2	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?										
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 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?	<b>7</b> b		No							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	8a	Yes								
b	Each committee with authority to act on behalf of the governing body?	8b	Yes								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No							
Se	ction 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?										
а	The organization's CEO, Executive Director, or top management official	15a	Yes								
b	Other officers or key employees of the organization	15b	Yes								
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt										
	status with respect to such arrangements?	16b									
	ction 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.										
19	Own website Another's website Upon request Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest										
20	policy, and financial statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and records:										
	►HANIA FERRARA-SR VP FINANCE 1000 RIVER ROAD MAIL CODE H-DH1-01 TEANECK, NJ 07666 (201) 692-2381		OO	0 /201							

(A)

Name and title

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

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

✓

(F)

Estimated

amount of other

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

• 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. See instructions for the order in which to list the persons above.

(C)

Position (do not check more

than one box, unless person

(D)

Reportable

compensation

(E)

Reportable

compensation

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(B)

Average

hours per

week (list is both an officer and a from the from related compensation director/trustee) any hours organization organizations from the for related (W-2/1099-(W-2/1099organization and Individual trustee or director Highest compensatemployee Former organizations MISC) MISC) related Institutional Trustee below dotted organizations employee line) Ē See Additional Data Table

COLLINS BUILDING SERVICES,

Court Square Pl 24-01 44th Rd LONG ISLAND CITY, NY 11101 ASPIRE TECHNOLOGY PARTNERS LLC,

compensation from the organization ▶ 92

25 JAMES WAY

Part VII

	Name and title  Average hours per week (list any hours for related  Average hours per week (list any hours for related								on a d s	Estima Estima amount c compen from organizat	ated of other sation the		
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)		relat organiza	ed
See	Additional Data Table												
											$\perp$		
											$\perp$		
											_		
											$\dashv$		
16.	Sub-Total						<u> </u> ▶				廾		
	Total from continuation sheets to					•	•				$\pm$		
d.	Total (add lines 1b and 1c)						<b>&gt;</b>		5,377,455		0		1,298,014
2	Total number of individuals (includi of reportable compensation from th			e list	ed a	bov	e) who	rece	eived more than	\$100,000			
												Yes	No
3	Did the organization list any <b>forme</b> line 1a? <i>If "Yes," complete Schedule</i>									ed employee on	3	Yes	
4	For any individual listed on line 1a,	is the sum of rep	ortable ·	comp	ensa	ation	n and d	ther	compensation f		•	res	
	organization and related organization individual	-					•	te Sc	hedule J for sucl		4	Yes	
5	Did any person listed on line 1a rec										-	163	
	services rendered to the organization	on?If "Yes," comp	lete Sch	edule	J fo	or su	ıch pei	rson			5		No
	ection B. Independent Contra												
1	Complete this table for your five high from the organization. Report comp										mpens	sation	
	Nam	(A) e and business addre	ess						D	(B) escription of services		(C Comper	
595 (	RMET DINING LLC, COUNTY AVENUE LUCUS, NJ 07094									RVICE MGMT		8	,403,313
777 T HASE	ISTER CONSTRUCTION SERVICES, TERRACE AVENUE BROUCK HEIGHTS, NJ 07604								CONSTR	UCTION SVCS		4	,833,572
COLL	INC BUILDING CEDVICES								DUT DIN	C CLEANITMC	$\overline{}$		F22 220

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

(D)

### EATONTOWN, NJ 07724 ADVANCE AT PARK PLACE, 225 PARK AVE REAL ESTATE MGMT 2,276,174 FLORHAM PARK, NJ 07932 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

BUILDING CLEANING

NETWORKING SERVICES

2,522,328

2,412,535

orm 9 Part										Page <b>9</b>
		Check if Scheo	dule	O contains a	respo	onse or note to any	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
10	1a	Federated campa	aigns	s	<b>1</b> a	32,985		revenue		512 - 514
ants	ı	<b>b</b> Membership due:	s.	. [	<b>1</b> b					
, Gr.	•	c Fundraising even	nts .	· · [	1c	421,785				
ifts, ar A		d Related organiza		Ļ.	<b>1</b> d					
ıs, G imil		Government grants		Ļ	1e	9,709,246				
Contributions, Gifts, Grants and Other Similar Amounts		All other contribution     and similar amounts     above	s not	included	1f	11,290,459				
ati k	٩	Noncash contribution lines 1a - 1f:\$	ons in	iciuded in	<b>1</b> g	229,459				
Co.		<b>h Total.</b> Add lines	1a-1	f		>	21,454,475			
						Business Code				
a:	2a	TUITION				611710	265,398,607	265,398,607		
Program Service Revenue	b	STUDENT RESIDENCE	E			611710	17,796,270	17,796,270		
vice Pa	С	STUDENT FEES				900099	11,675,731	11,675,731		
n Serv	d	STUDENT FOOD SERV	VICE			611710	7,719,698	7,719,698		
rograr	е	ALL OTHER PROGRAM	M SEF	RVICE REVENUE		900099	2,912,703	2,909,093	3,610	
<u>a</u>	f	All other program	serv	ice revenue.		1				
	g	Total. Add lines 2	2a-2	2f	<b>&gt;</b>	305,503,009	I	I		
		Investment income imilar amounts)		luding divide		nterest, and other		6		3,942,066
		Income from invest					<u> </u>	0		
	5	Royalties				•	36,88	5		36,885
				(i) Rea		(ii) Personal	-			
		Gross rents	6a	5	84,291	L				
	b	Less: rental expenses	6b							
	c	Rental income or (loss)	6c	5	84,291		0			
	d	Net rental income		<u> </u>	• •		584,29	1		584,291
				(i) Securit	ies	(ii) Other				
	7a Gross amount from sales of assets other than inventory				39,439	P				
	b	Less: cost or other basis and sales expenses	7b	47,4	66,685	5				
	c	Gain or (loss)	7c -1,6		27,246	5				
	d	Net gain or (loss)					-1,627,24	6		-1,627,246
Other Revenue	8a	Gross income from fu (not including \$ contributions reporte	d on	421,785 of						
}eve	_	See Part IV, line 18			8a	55,160 124,682				
er f		Less: direct expen			8b ng ev	·	-69,52	2		-69,522
	9a	Gross income from See <b>Part</b> IV, line 19			9a	C	)			
		Less: direct expen			9b	C				
	С	Net income or (los	ss) fr	rom gaming a	activit	les	<u> </u>	0		
	10a	Gross sales of inve								
	h	Less: cost of good			10a 10b	C				
		Net income or (los						0		
		Miscellaneo				Business Code				
	11	a								
	b									
	נו	•								
	c									
	d	All other revenue	•							
		Total. Add lines 1				•		0		
	12	Total revenue. S	ee ir	nstructions .	_ •	• • • •	329,823,95	8 305,499,399	3,610	
										Form <b>990</b> (2019)

Form 990 (2019)				Page <b>10</b>
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must c		_		mn (A).
Check if Schedule O contains a response or note to an	y line in this Part IX	(B)	(C)	⊔ (D)
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0	0		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	116,114,274	116,114,274		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	3,580,411	3,580,411		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	5,196,142	2,295,653	2,544,733	355,756
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	330,956	330,956		
<b>7</b> Other salaries and wages	95,203,903	84,868,663	9,401,387	933,853
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	6,082,338	5,283,119	721,365	77,854
9 Other employee benefits	16,128,560	14,439,227	1,524,771	164,562
<b>10</b> Payroll taxes	7,826,759	6,798,322	928,254	100,183
11 Fees for services (non-employees):				
a Management	0			
<b>b</b> Legal	528,036	30,235	497,801	_
c Accounting	304,488		304,488	
<b>d</b> Lobbying	13,233	13,233		
e Professional fundraising services. See Part IV, line 17	121,346	·		121,346
f Investment management fees	217,334		217,334	<u> </u>
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	12,235,717	11,286,724	941,605	7,388
12 Advertising and promotion	1,801,525	1,723,959	77,566	_
13 Office expenses	3,813,410	3,249,188	515,304	48,918
14 Information technology	6,870,483	5,732,824	1,137,300	359
15 Royalties	28,213	16,702	11,511	
<b>16</b> Occupancy	20,028,286	19,057,716	970,240	330
17 Travel	2,265,016	2,091,447	169,680	3,889
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	3,230,172	2,909,163	265,095	55,914
<b>20</b> Interest	2,187,887	2,165,649	22,238	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	13,882,763	13,128,256	754,088	419
23 Insurance	3,771,220	2,515,336	1,255,884	
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	2,274,859	2,274,859		
b WRITE OFF FOR CONSTRUCTION	1,048,536	1,048,536		
c CO-HORT COMMISSION EXPENSE	750,167	750,167		
d PROFESSIONAL DUES & FEES	643,863	324,176	318,535	1,152
e All other expenses	1,319,124	760,831	549,316	8,977
25 Total functional expenses. Add lines 1 through 24e	327,799,021	302,789,626	23,128,495	1,880,900
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).				

Form 990 (2019)

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Liabilities 22

Fund Balances

ō 29

Assets 30 123,582,616

3,623,940

12,633,466

0

1,873,229

189,688,423

65,231,360

31.605.746

428,238,780

21,989,080

5,990,814

55.270.297

56,222,339

139.472.530

218,919,600

69,846,650

288,766,250

428,238,780

Form 990 (2019)

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End of year

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Beginning of year

122,909,820

5,831,267

13,962,170

2,251,997

187,948,920

67,842,298

33.367.150

434,113,622

22,633,390

4,257,491

61.092.678

53,165,343

141.148.902

227,892,679

65,072,041

292,964,720

434,113,622

374,412,166

184,723,743

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Page **11** 

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

Cash-non-interest-bearing								
Savings and temporary cash	inv	estr	nen	ts				
Pledges and grants receivabl	e, r	et	•					

Accounts receivable, net Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

Notes and loans receivable, net . . . Inventories for sale or use .

Prepaid expenses and deferred charges . 10a

basis. Complete Part VI of Schedule D Less: accumulated depreciation

Investments—publicly traded securities .

Assets 10a Land, buildings, and equipment: cost or other 10b 11

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses

Deferred revenue . . .

Tax-exempt bond liabilities .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Grants payable .

12 Investments—other securities. See Part IV, line 11 . 13

Investments—program-related. See Part IV, line 11 14 Intangible assets .

Total assets. Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here > \(\begin{align\*} \text{and} \\ \text{and} \end{align\*}

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Organizations that follow FASB ASC 958, check here <a> \square</a> and

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 or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Audit Act and OMB Circular A-133?

## Additional Data

Software ID:

Software Version: **EIN:** 22-1494434

Name: FAIRLEIGH DICKINSON UNIVERSITY

Form 990 (2019)

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 12,500 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 2,200 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.

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the

	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
CHRISTOPHER A CAPUANO PRESIDENT & TRUSTEE	75.0 0.0	Х		x				668,454	0	208,456
HANIA FERRARA SVP FINANCE & ADMINISTRATION	66.0			х				310,218	0	115,232
GILLIAN M SMALL UNIVERSITY PROVOST & SVP	65.0			х				329,932	0	25,298
RICHARD P REISS SVP UNIVERSITY ADVANCEMENT	50.0			х				288,756	0	63,596
LUKE D SCHULTHEIS	65.0									

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284,158

274,262

247,720

213,259

212,570

218,937

0

0

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0

52,927

60,970

63,585

53,717

53,106

33,709

	0.0
RICHARD P REISS	50.0
SVP UNIVERSITY ADVANCEMENT	0.0
LUKE D SCHULTHEIS	65.0
VP ENROLLMENT, PLANNING	

GREG HERENDA

MICHAEL J AVALTRONI

GEOFFREY S WEINMAN

RICHARD FRICK

**NEIL M STURM** 

DEAN, BECTON COLLEGE

HEAD COACH, MEN'S BASKETBALL

......

VP FACILITIES & AUXILIARY SVCS

VP & CHIEF INFORMATION OFFICER

DEAN, SCHOOL OF PHARMACY

and Independent Contractors

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the

and Independent Contractors

INTERIM DEAN SILBERMAN COLL

......

INTERIM DEAN, UNIV COLLEGE

PROFESSOR COMPUTER SCI ENG

VP FOR HUMAN RESOURCES

DIRECTOR, UNIV SYSTMS & NETWKG

STUART ALPER

ROSE D'AMBROSIO

VICKI L COHEN

ALFREDO C TAN

SAUL M KLEINMAN

ASSOCIATE VP, MIS

	any nours	una	u un	CCCC	,, .,	usice,	,	diganization	organizacions	1 110111 (110
	for related organizations below dotted line)	의 2절 (후 (육)(호)(환		pensat	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations		
LISA R BRAVERMAN DEAN, PETROCELLI COLLEGE	50.0				х			203,651	0	46,295
BRIAN MAURO CAMPUS EXECUTIVE FLORHAM	60.0				х			180,041	0	53,267
ANDREW J ROSMAN DEAN, SILBERMAN COLLEGE	60.0				х			216,512	0	16,213
DETER 1 WOOLLEY	0.0									

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177,405

174,459

178,342

175,072

184,885

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58,616

52,562

53,208

55,911

50,347

48,512

36,040

	0.0						
ANDREW J ROSMAN	60.0			Y		216.512	
DEAN, SILBERMAN COLLEGE	0.0	- I		^		210,312	
PETER J WOOLLEY	0.0				V	173.603	
FMR PROVOST FLORHAM CAMPUS	0.0				^	1/3,603	
JAMES G ALMEIDA	60.0			.,		170 720	
				X		178.728	

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(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) organizations any hours organization from the

and Independent Contractors

**EDWARD SILVER START 122019** 

......

GEN COUNSEL & SECRETARY

ANTHONY P AMBROSIO

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

CHERYL K BEEBE

BRENDA BLACKMON

LINDA A BOWDEN

**EVELYN DOUGLAS** 

	any nours	anu	a uii	ecto	)/ LI	ustee	)	Organization	organizations	organization and related organizations	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)		
STEVEN NELSON START 032019 CAMPUS EXECUTIVE METROPOLITAN	55.0				х			175,311	0	41,957	
JOHN M CODD ESQ FMR GEN COUNSEL & SECRETARY	0.0						х	113,011	0	13,990	
ELIZABETH JOYCE START 1219	55.0			х				119,583	0	335	

40,024

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17,609

FMR GEN COUNSEL & SECRETARY	0.0				^	113,011	0	
ELIZABETH JOYCE START 1219	55.0		X			119.583	C	
INT GEN COUNSEL & SECRETARY	0.0		^			115,000	33 0	
MARTHA C YOUNG	40.0		<			60.977	0	
ASST SECRETARY OF THE CORP	0.0		^			60,977	U	

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(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless hours per compensation compensation amount of other

	week (list any hours				r/tr	office (ustee	)	from the organization	from related organizations	compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
ROSEMARY ESPANOL TRUSTEE (END 12/2019)	3.0	X						0	0	0
TRUSTEE (END 12/2019)	0.0									
ANGELIKI FRANGOU TRUSTEE	3.0	Х						0	0	0
DAVID E KNEE TRUSTEE	3.0	Х						0	0	0
STUART KRENTZMAN TRUSTEE	3.0	Х						0	0	0
DANIEL C LEWIS	3.0									

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DAVID L RNLL	
TRUSTEE	
STUART KRENTZMAN	
TRUSTEE	
DANIEL C LEWIS	

......

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TRUSTEE

TRUSTEE

**TRUSTEE** 

**TRUSTEE** 

TRUSTEE

MICHAEL D MOSS

GREGORY H OLSEN

ROBERT J PURES

WINSTON I LOWE ESQ

DONNA DELPRETE MARKI

TRUSTEE (END 12/2019)

and Independent Contractors

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation

	any hours	and	a dir	ecto		ustee)	)	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
HOWARD W ROBIN TRUSTEE	3.0	Х						0	0	0	
ROBERT T SALTARELLI TRUSTEE	3.0 0.0	х						0	0	0	
PAUL C SANTUCCI	3.0							0	0		

TRUSTEE	0.0						
ROBERT T SALTARELLI	3.0						
		X				0	
TRUSTEE	0.0						
PAUL C SANTUCCI	3.0						
		X				0	
TRUSTEE	0.0						
PAUL B SCHMIDT	3.0						
		Χ	1			0	
TRUCTEE		I	l	i l	I	l	

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and Independent Contractors

TRUSTEE

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**TRUSTEE** 

**TRUSTEE** 

ROBERT J ZATTA

ARTHUR SUKEL

MARTA L TELLADO

......

ANTHONY J VESPA END 092019

TRUSTEE - VICE CHAIR

STEPHEN S WEINSTEIN

TRUSTEE - VICE CHAIR

PAUL C SANTUCCI	3.0	V			0		
TRUSTEE	0.0	^			U		
PAUL B SCHMIDT	3.0	_			0	0	
TRUSTEE	0.0	^			0		
ROBERT A STEWART	3.0						_

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and Independent Contractors
(A)

PATRICK J ZENNER

TRUSTEE - CHAIR

Name and Title

hours per week (list any hours for related organizations below dotted line)
 10.0
l

0.0

(B)

Average

Position (do not check more than one box, unless person is both an officer and a director/trustee) Institutiona employee Χ

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

Reportable compensation from the organization (W-2/1099-MISC)

(D)

compensation from related organizations (W- 2/1099-MISC)

(E)

Reportable

compensation from the organization and related organizations

Estimated

amount of other

efil	e GR/	APHIC pri	nt - DO NOT PROCESS	As Filed Data -			DLN: 9	3493134055001			
SCI	-IFD	ULE A		Charity Statu	e and Dul	hlic Sunn	ort	OMB No. 1545-0047			
	m 99		Complete if the o	rganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) e empt charitable 990 or Form 99	organization or trust. 00-EZ.	· a section	2019			
		the Treasury	► Go to <u>www.irs</u>	.gov/Form990 for i	nstructions and	I the latest info	ormation.	Open to Public Inspection			
Nam	e of th	nie Service he organiza					Employer identific				
TAIRL	EIGH D.	ICKINSON UNI	VERSIT				22-1494434				
	rt I		for Public Charity State				See instructions.				
_	rganız		a private foundation because	•	•		(4)()				
1		•	onvention of churches, or as								
2	<b>✓</b>		scribed in <b>section 170(b)(</b>		,						
3		·	or a cooperative hospital serv	_			-				
4		A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> 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 <b>section 170</b> (b)(1)(A)(iv). (Complete Part II.)										
6		A federal, s	tate, or local government or	governmental unit de	scribed in <b>sectio</b>	on 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 communi	ty trust described in <b>sectior</b>	170(b)(1)(A)(vi).	(Complete Part I	I.)					
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 organiza	ation organized and operated	l exclusively to test fo	r public safety. S	See section 509	(a)(4).				
12		more public	ation organized and operated cly supported organizations of through 12d that describes	described in <b>section 5</b>	<b>09(a)(1)</b> or <b>se</b>	ction 509(a)(2	). See <b>section 509(</b> a				
а		organizatio	supporting organization oper n(s) the power to regularly a <b>Part IV, Sections A and B.</b>	appoint or elect a majo							
b		Type II. A manageme	supporting organization sup nt of the supporting organiza plete Part IV, Sections A	ervised or controlled i ation vested in the sar							
c		Type III f	unctionally integrated. A sorganization(s) (see instruction)	supporting organizatio				ted with, its			
d		Type III n	on-functionally integrated integrated integrated. The organization in You must complete Par	<b>d.</b> A supporting organi n generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar				
e			box if the organization receiver Type III non-functionally			RS that it is a Ty	pe I, Type II, Type II	I functionally			
f	Enter	the number	of supported organizations				<u> </u>				
g			ing information about the su	· · · · · · · · · · · · · · · · · · ·	т'		Γ	T			
	(i) N	Name of supported of the second of the secon		(iii) Type of organization (described on lines 1- 10 above (see instructions))	in your governing document? monetary support other (see instructions) in:			(vi) Amount of other support (see instructions)			
					Yes	No	10				
			1								
Tota			tion Act Notice, see the I		Cat. No. 11285		 Schedule A (Form 9	<u> </u>			

Р	art III Support Schedule for						
	(Complete only if you cl						er Part II. If
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	( ) 2015	(1) 2016	( ) 2247	(1) 2010	( ) 2010	(O.T.)
	(or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(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						
4	under section 513  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						
<b>L</b>	3 received from disqualified persons Amounts included on lines 2 and 3						
D	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.)						
Se	ection B. Total Support		1	<del></del>			Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(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.						
С	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						
12	(Explain in Part VI.) <b>Total support.</b> (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and <b>stop here</b>						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	Public support percentage from 2018 S	-	<u> </u>			16	
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18   33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		_
20	Private foundation. If the organization	-	-				
	ritvate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCGONS	. 📂 📖

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

6

7

8

the organization had excess business holdings).

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 <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,	
	describe the designation. If historic and continuing relationship, explain.	1

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 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

3a 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

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.

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 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 4b supervised by or in connection with its supported organizations. 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

3с

10b

Schedule A (Form 990 or 990-EZ) 2019

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and 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

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported 5a amendment to the organizing document). 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

5c Substitutions only. Was the substitution the result of an event beyond the organization's control?

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

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 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

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 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.

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

9b 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

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. 10a

	edule A (101111 550 01 550 E2) 2015			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
		11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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	-		
2	operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization.			
S	ection C. Type II Supporting Organizations			
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	ection D. All Type III Supporting Organizations		v	
_			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 <b>Part VI</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
•	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No
•	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> 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		
ı	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? <i>Provide details in Part VI.</i>	3a		
	<b>b</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 <b>Part VI.</b> the role played by the organization in this regard.	3h		

3b

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying true.			. Part VIV See
	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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 Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

	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 <b>Part VI</b> ). 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 <b>Part VI</b> ). See instructions	
9	Distributable amount for 2019 from Section C, line 6	

_6	6 Other distributions (describe in Part VI). See instructions						
7	<b>Total annual distributions.</b> Add lines 1 through 6.						
8	Distributions to attentive supported organizations to wh details in <b>Part VI</b> ). See instructions	ich the organization is respons	sive (provide				
9	Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019			

o∨ide	
(ii) derdistributions Pre-2019	(iii) Distributable Amount for 2019
derdistributions	Distributable
0	vide

8 Distributions to attentive supported organizations to widetails in <b>Part VI</b> ). See instructions	hich the organization is respons	sive (provide	
9 Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
a From 2014			
<b>b</b> From 2015			
c From 2016			
<b>d</b> From 2017			

e From 2018. . . . . . f Total of lines 3a through e

instructions)

See instructions.

e Excess from 2019. . . . .

\$

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a Applied to underdistributions of prior years **b** Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2019. 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 2020. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2015. . . . .

**b** Excess from 2016. . . . . c Excess from 2017. . . . . **d** Excess from 2018. . . . .

Schedule A (Form 990 or 990-EZ) (2019)

Schedule A (Form 990 or 990-EZ) 2019  Page 8  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				
Section A, lines 1, 2, Part IV, Section D, lin Section D, lines 5, 6,	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; es 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			
	Facts And Circumstances Test			
990 Schedule A, Supplemen	tal 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 -

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

# Political Campaign and Lobbying Activities

2019

OMB No. 1545-0047

DLN: 93493134055001

Open to Public

Department of the Treasury Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

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.

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

Inspection

• S f the • S • S f the	Section 527 organizations: Comple organization answered "Yes" o Section 501(c)(3) organizations tha Section 501(c)(3) organizations tha	te Part I-A only. n Form 990, Part IV, Line 4, or Form 9 t have filed Form 5768 (election under s t have NOT filed Form 5768 (election ur n Form 990, Part IV, Line 5 (Proxy Ta)	90-EZ, Part VI, Iii ection 501(h)): Conder section 501(h	ne <b>47 (Lobbying Activities</b> Omplete Part II-A. Do not co On)): Complete Part II-B. Do r	mplete Part II-B. not complete Part II-A.
Nan	Section 501(c)(4), (5), or (6) organi. ne of the organization RLEIGH DICKINSON UNIVERSITY	(4), (5), or (6) organizations: Complete Part III.  nization ON UNIVERSITY  Employer identification number 22-1494434  plete if the organization is exempt under section 501(c) or is a section 527 organization.  scription of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of nepaign activity expenditures (see instructions)  paign activity expenditures (see instructions)  plete if the organization is exempt under section 501(c)(3).  sount of any excise tax incurred by the organization under section 4955  sount of any excise tax incurred by organization managers under section 4955  scation incurred a section 4955 tax, did it file Form 4720 for this year?  yes No			
Description of the second	T.A. Complete if the even	panizations: Complete Part I-A only, answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then 3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. 3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c eparate instructions), then 4), (5), or (6) organizations: Complete Part III. nization N UNIVERSITY    Employer identification number 22-1494434   Plete if the organization is exempt under section 501(c) or is a section 527 organization.			
- 2011 1	<del>-</del>				
1	"political campaign activities")	nization's direct and indirect political car	npaign activities if	n Part IV (see Instructions in	or definition or
2	Political campaign activity expend	ditures (see instructions)		<b>&gt;</b>	\$
3					
Part	I-B Complete if the orga	nization is exempt under section	n 501(c)(3).		
1	Enter the amount of any excise to	ax incurred by the organization under se	ection 4955		
2	•	, -			\$
3	If the organization incurred a sec	tion 4955 tax, did it file Form 4720 for t	:his year?		☐ Yes ☐ No
4a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV.				
		nization is exempt under sectio	n 501(c), exc	ept section 501(c)(3)	•
1	Enter the amount directly expend	led by the filing organization for section	527 exempt func	tion activities 🕨	\$
2	, , , , , , , , , , , , , , , , , , ,		_	· · · · · · · · · · · · · · · · · · ·	\$
3	Total exempt function expenditur	es. Add lines 1 and 2. Enter here and or	n Form 1120-POL,	line 17b ▶	\$
4	Did the filing organization file Fo	rm 1120-POL for this year?			Yes No
5	organization made payments. For of political contributions received		ount paid from the ed to a separate p	e filing organization's funds. political organization, such a	th the filing Also enter the amount
	(a) Name	( <b>b)</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					
1					
5					
5					

(150% of line 2d, column (e))

Grassroots lobbying expenditures

1.500.000

Return Reference

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(	a)	(b)	)
ctivi		Yes	No	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
a	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				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	TO 1 CT 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	)(5), o	r secti	on	
	,	)(5), o	r secti		. N
ar	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).		r secti	Yes	s N
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?		r secti	Yes	s N
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?		E	Yes	s N
Par	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?		 	Yes 1 2 3	
'ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?	 		Yes 1 2 3 on 501(	
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?	 		Yes 1 2 3 on 501(	
'ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?	)(5), o		Yes 1 2 3 on 501(	
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year	)(5), o III-A		Yes 1 2 3 on 501(	
ar ar b	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year	(5), o III-A 1 2a 2b		Yes 1 2 3 on 501(	
ar ab	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total	(5), o III-A 1 2a 2b 2c		Yes 1 2 3 on 501(	
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	(5), o III-A 1 2a 2b		Yes 1 2 3 on 501(	
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  LIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political	(5), o IIII-A 1 2a 2b 2c 3		Yes 1 2 3 on 501(	
ar 2 3 ar b	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does	(5), o III-A 1 2a 2b 2c		Yes 1 2 3 on 501(	

Explanation

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

DLN: 93493134055001

OMB No. 1545-0047

## **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.

Open to Public

Department of the Treasury Internal Revenue Service

(Form 990)

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization **Employer identification number** FAIRLEIGH DICKINSON UNIVERSITY 22-1494434 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) Aggregate value of grants from (during year) 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 ☐ Yes ☐ No Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 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 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 2b Number of conservation easements on a certified historic structure included in (a) . . . . . 20 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year 🟲 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? . . . . . . . . . . . . . . . Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 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) ☐ Yes 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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. 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: 

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

**1a** Land . . . .

e Other .

**b** Buildings . . . .

 ${f c}$  Leasehold improvements **d** Equipment . . .

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Sche	edule D	(Form 990) 2019								Page <b>2</b>
Pai	t IIII	Organizations Ma	aintaining Collections	of Art, Hist	orical T	reası	ıres, or Other	Similar A	ssets (	continued)
3				r records, che	ck any of	the fo	ollowing that are a	a significant	use of its	s collection
а		Public exhibition		1	d 🗌	Loan	or exchange pro	grams		
b		Scholarly research		,	е 🗌	Othe	r			
С		Preservation for future	e generations							
4			organization's collections and	d explain how	they furtl	ner th	e organization's e	exempt purp	ose in	
5									□ Ye	es 🗆 No
Pa	rt IV			s" on Form 9	990, Part	IV, li	ine 9, or report	ed an amo	unt on F	Form 990, Part
1a									☐ Ye	es 🗌 No
b	If "Ye	es " explain the arrange	ement in Part XIII and compl	ete the follow	ing table:				Amount	
c			•		_		1c			
d	_	-					1d			
e										
f	Endin	g balance					1f			
2a	Did th	- ne organization include	an amount on Form 990. Pa	rt X. line 21.	for escrow	or cu	ıstodial account li	ability?		s V No
										.5 🗀 110
				e ii dile expidi			provided in rare			
			ganization answered "Yes					_		
_								+		
	-									
					· ·					
			· ·			_				
		•		2,322,554	2,140	),356	1,924,01	2 1	,654,279	1,468,751
	and pro	ograms	:	,965,842	1,895	5,985	1,740,54	0 1	,556,769	1,270,233
		•								
g		•						5 83	,299,964	72,098,931
2		•	- ·	•	e 1g, colu	mn (a	)) held as:			
а			***************************************							
b		******								
C			***************************************							
2-		-					.dd::	41		
3а			not in the possession of the	organization	tnat are n	eid an	id administered r	or the		Yes No
	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):    Public exhibition									
		_							3a	a(ii) No
b			<del>-</del>	•		?.			· [:	3b
4				n's endowme	ent funds.					
:6	rt VI			" on Form <sup>o</sup>	90. Part	TV II	ine 11a See Fo	rm 990 Þ	art X lir	ne 10.
	Descri		(a) Cost or other basis					<del>'</del>	<del>, ' '                                 </del>	
			l ' '	I			I		1	

31,094,739

280,532,606

4,354,843

49,530,148

8,899,830

145,906,862

2,236,404

36,580,477

31,094,739

134,625,744

2,118,439

12,949,671

8,899,830

Part VII	Investments—Other Securities.  Complete if the organization answered "Yes" on F  (a) Description of security or category  (including name of security)	Form 990, Part IV, line 1	(c) Method	art X, line 12. I of valuation: year market value	
	al derivatives				
(3) Other _	held equity interests	30,000		F	
	GTON SMALL CAP VALUE	3,200,564		F	
	PRIME PORTFOLIO	6,630,804		F	
(C) MULTI-S	STRATEGY EQUITY FUND	17,532,751		F	
(D) WELLING	GTON OPPORTUNISTIC	4,211,627		F	
(F)					
(G)					
(H)					
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 12.)	31,605,746			
Part VIII	Investments—Program Related.  Complete if the organization answered 'Yes' on F  (a) Description of investment	Form 990, Part IV, line 1	.1c. See Form 990, F	Part X, line 13.  (c) Method of valua Cost or end-of-year n value	
(1)				value	<del></del>
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					<del></del>
(8)					<del></del>
(9)					
Total. (Colum	nn (b) must equal Form 990, Part X, col.(B) line 13.)		•		
Part IX	Other Assets.  Complete if the organization answered 'Yes' on Fo	orm 990, Part IV. line 1	•	t X, line 15.	
	(a) Description		,	(b) Book va	lue
(1)					
(2)					
(3)					
(4)					
(5) ————					
(6)					
(7)					
(8)					
(9) ————					
	umn (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities.			<b>•</b>	
1.	Complete if the organization answered 'Yes' on Fo		1e or 11f.See Form	<b>(b)</b> Book value	
	income taxes ETIREMENT BENEFIT LIABILITIES			0 24,891,274	
(3) FIN 47 A	ASSET RETIREMENT OBLIGATIONS			15,694,708	
	VT GRANTS REFUNDABLE  LANEOUS OTHER			7,766,135 7,870,222	
(6) MISCELL	Little of the control			,,010,222	
(7)					
(8)					
(9)					
(10)					
Total. (Colum	nn (b) must equal Form 990, Part X, col.(B) line 25.)		<u> </u>	56,222,339	
2. Liability f	or uncertain tax positions. In Part XIII, provide the text o	f the footnote to the organi	zation's financial stater	nents that reports the	organization's li

Schedule D (Form 990) 2019

Page 4

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:					
а	Net unrealized gains (losses) on i	investments	2a			
b	Donated services and use of facil	ities	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 <b>2e</b> from line <b>1</b>				3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not include	d on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII.) $oldsymbol{.}$		4b			
c	Add lines 4a and 4b				4c	
5	Total revenue. Add lines 3 and 4	${f c.}$ (This must equal Form 990, Part I, line 12.)			5	
Par	rt 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		dited financial statements			1	
2	Amounts included on line 1 but n	ot on Form 990, Part IX, line 25:				
а	Donated services and use of facil	ities	2a			
b	Prior year adjustments		2b			
c	Other losses		2c			
d	Other (Describe in Part XIII.) $oldsymbol{.}$		2d			
е	Add lines <b>2a</b> through <b>2d</b>				2e	
3	Subtract line <b>2e</b> from line <b>1</b>				3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a					
b	Other (Describe in Part XIII.) .		4b			
c	Add lines <b>4a</b> and <b>4b</b>				4c	
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)					
	t XIII Supplemental Info					
		Part II, lines 3, 5, and 9; Part III, lines 1a and s 2d and 4b. Also complete this part to provide			t V, line	4; Part X, line 2; Part
	Return Reference Explanation					
See A	Additional Data Table					
		<del> </del>				

chedule D (Form 990) 2019	Page <b>5</b>
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

### **Additional Data**

Software ID: Software Version:

NDOWED PROFESSORSHIPS.

**EIN:** 22-1494434

Name: FAIRLEIGH DICKINSON UNIVERSITY

STUDENT LEARNING AND FACULTY INSTRUCTION. FACULTY ENDOWMENTS INCLUDE ENDOWED CHAIRS AND E

## 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

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.					

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493134055001 OMB No. 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ 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. Open to Public ▶ Go to www.irs.gov/Form990EZ for the latest information. Inspection Department of the Treasury Namel Retherosganization **Employer identification number** FAIRLEIGH DICKINSON UNIVERSITY 22-1494434 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . . . . . . . . . . . . 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 4c Yes 4d Yes If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: 5a Nο **b** Admissions policies? . . . . . . . . 5b Νo c Employment of faculty or administrative staff? . 5c Νo **d** Scholarships or other financial assistance? . 5d Νo e Educational policies? . . 5e No f Use of facilities? . . 5f No **g** Athletic programs? . . . . . 5g Νo 5h Νo If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. **6a** Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes b Has the organization's right to such aid ever been revoked or suspended? . . . . . . . . . . . . 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. . . . . . . . . . . . Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Cat. No. 50085D Schedule E (Form 990 or 990-EZ) (2019)

Page 2					
<b>Supplemental Information.</b> 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, FEDERAL SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANTS (FSEOG), AND HIGHER EDUCATION EMERGENCY RELIEF FUND, CARES ACT.				
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				

Schedule E (Form 990 or 990E7) (2019)

DEFAULT RATE WAS REDUCED TO BELOW THE MAXIMUM ALLOWABLE

RATE AND THE SUSPENSION WAS LIFTED. Schedule F (Form 990 or 990-F7) (2019)

SCHEDULE F	State	ement of	Activities (	Outside the Un	ited States	OMB No. 1545-0047
(Form 990)  Department of the Treasury internal Revenue Service	lete if the organi:		ine 14b, 15, or 16.	2019 Open to Public Inspection		
Name of the organization					Employer	identification number
FAIRLEIGH DICKINSON UNI	IVERSITY				22-149443	4
<b>General In</b> Form 990, P			Outside the U	Jnited States. Comple	ete if the organizati	on answered "Yes" on
•	e grantees'	eligibility for th	ne grants or assis	substantiate the amoun stance, and the selection	•	· 🗹 Yes 🗌 No
2 For grantmakers. outside the United S		Part V the orga	anization's proce	dures for monitoring the	use of its grants an	d other assistance
3 Activites per Region.	(The following	ng Part I, line 3	table can be dupli	cated if additional space is	needed.)	
(a) Region		<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (c program service, desci specific type of service(s) in the region	ribe for and investments in the region
See Add'l Data						
3a Sub-total	en sheets to	2	2 185			14,480,43
Part I	2110000 00					6,634,804
	and 3b)		185			21,115,242

Cat. No. 50082W Schedule F (Form 990) 2019

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part III can be duplicated if additional space is needed.	chedule F (Form 990) 2019							Page <b>3</b>
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 noncash assistance (g) Description of noncash assistance (book, FMV, appraisal, other)  UNIVERSITY FUNDED SCHOLARSHIPS (D) Fundament (a) Amount of cash grant (b) Amount of noncash assistance (b) Amount of noncash assistance (b) Amount of noncash assistance (b) Manner of cash disbursement (b) Amount of noncash assistance (c) Amount of noncash assistance (b) Manner of cash disbursement (c) Amount of noncash assistance (c) Amount of noncash assistance (c) Manner of cash disbursement (c) Amount of noncash assistance (c) Manner of cash disbursement (c) Amount of noncash assistance (c) Manner of cash disbursement (c) Amount of noncash assistance (c) Manner of cash disbursement (c) Amount of noncash assistance (c) Manner of cash disbursement (c) Manner					ed States. Complete it	f the organization a	nswered "Yes" on Form	990, Part IV, line 16.
recipients cash grant disbursement noncash assistance of noncash assistance (book, FMV, appraisal, other)  UNIVERSITY FUNDED SCHOLARSHIPS  UNIVERSITY FUNDED Europe (Including 103 1,556,092 N/A  TUITION A/R N/A  TUITION A/R N/A						T		
SCHOLARSHIPS UNIVERSITY FUNDED Europe (Including 103 1,556,092 N/A TUITION A/R N/A			recipients	cash grant	disbursement	noncash	of noncash assistance	valuation (book, FMV,
UNIVERSITY FUNDED Surope (Including Celand and Greenland)  I SCHOLARSHIPS  Leland and Greenland)  I STATE CELAND AND SURVEY ST		North America	276	2,024,319	N/A		TUITION A/R	N/A
		Europe (Including Iceland and Greenland)	103	1,556,092	N/A		TUITION A/R	N/A

Sche	dule F (Form 990) 2019		Page <b>4</b>
Par	t 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	<b>✓</b> 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	<b>✓</b> 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)	<b>✓</b> Yes	Пло
		ı <b>⊻</b> ı res	
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	<b>☑</b> 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)		
	• •	$\square$ Yes	<b>☑</b> 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).	<b>✓</b> Yes	□No

Schedule F (F	rm 990) 2019 Page <b>5</b>
	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 Sched	le F, Supplemental Information
Return Reference	Explanation
1	

USED FOR THEIR INTENDED EDUCATIONAL PURPOSE.

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART I, LINE	THE ACCRUAL METHOD OF ACCOUNTING IS USED TO ACCOUNT FOR THE EXPENDITURES REPORTED ON THE
3(F)	LINIVERSITY'S FINANCIAL STATEMENTS

# 990 Schedule F, Supplemental Information

Return Reference Explanation

SCHEDULE F, PART 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,	FAIRLEIGH DICKINSON UNIVERSITY OF BRITISH COLUMBIA, FOUNDATION (FDU-VANCOUVER) IS A CAMPUS OF FAIRLEIGH
PART IV, LINE 3	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**

North America

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

#### Software ID: Software Version:

**EIN:** 22-1494434

Name: FAIRLEIGH DICKINSON UNIVERSITY

HIGHER EDUCATION

7,856,193

TOTAL STO Belledate 1 1 di	C ACCITICIOS	Outside The C	micea otates		
(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	32	Program Services	HIGHER EDUCATION	2,078,474

153 Program Services

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) Europe (Including Iceland and Program Services 1,556,092 IFINANCIAL AID Greenland) North America 2,024,319 Program Services IFINANCIAL AID

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) North America RECRUITMENT 18,232 IProgram Services East Asia and the Pacific Program Services RECRUITMENT 148,658

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) South Asia Program Services 379,343 IRECRUITMENT Central America and the Program Services RECRUITMENT 15,769 Caribbean

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the reaion) Russia and the Newly Program Services RECRUITMENT 8,591 Independent States Europe (Including Iceland and Program Services RECRUITMENT 13,408 Greenland)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) Middle East and North Africa RECRUITMENT 102,774 IProgram Services South America Program Services RECRUITMENT 42,000

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) Europe (Including Iceland and Program Services BUSINESS MEETINGS 7.141 Greenland) North America 9,418 Program Services BUSINESS MEETINGS

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) Europe (Including Iceland and Program Services STUDY ABROAD 104,464 Greenland) STUDY ABROAD 90,587 East Asia and the Pacific Program Services

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) North America 24,975 Program Services ICONSULTANTS Central America and the Program Services INVESTMENTS 6,630,804 Caribbean

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region services, grants to reaion recipients located in the reaion) North America ISTUDY ABROAD 4,000 Program Services

DLN: 93493134055001 OMB No. 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **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. **Open to Public** Department of the Treasury ► Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization **Employer identification number** FAIRLEIGH DICKINSON UNIVERSITY 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. Indicate whether the organization raised funds through any of the following activities. Check all that apply. ✓ Mail solicitations ✓ Solicitation of non-government grants ✓ Internet and email solicitations ✓ Solicitation of government grants ✓ Phone solicitations ✓ Special fundraising events ✓ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ✓ Yes ☐ No If "Yes," list the 10 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 (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to fundraiser have or entity (fundraiser) from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col. (i) contributions? Yes No THE PHONATHON LLC ISOLICIT DESIGN 455 NW 35TH STREET 227,094 121,346 Nο 105,748 **SUITE 104** BOCA RATON, FL 33431 227,094 121,346 105,748 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.

	rt II Fundraising Events. Comple than \$15,000 of fundraising e								
	gross receipts greater than \$.			•					
		(a)Event #1	<b>(b)</b> Event #2	(c)Other events	(d) Total events (add col. (a) through				
		CHARTER DAY	SILBERMAN GALA	1	col. <b>(c)</b> )				
		(event type)	(event type)	(total number)					
Reversie									
	1 Gross receipts	231,852	191,498	45,845	469,195				
	2 Less: Contributions	231,852	157,263	24,920	414,035				
	3 Gross income (line 1 minus line 2)		34,235	20,925	55,160				
	4 Cash prizes								
ဟ	5 Noncash prizes								
Direct Expenses	<b>6</b> Rent/facility costs		37,663	29,156	66,819				
×pe X	<b>7</b> Food and beverages		2,154		2,154				
ш Т	8 Entertainment								
Dire	9 Other direct expenses	216	36,532	5,619	42,367				
	<b>10</b> Direct expense summary. Add lines 4	through 9 in column (d)		•	111,340				
	11 Net income summary. Subtract line 10	from line 3, column (d)		•	-56,180				
Par	<b>Gaming.</b> Complete if the org on Form 990-EZ, line 6a.	anization answered "Ye	s" on Form 990, Part I	V, line 19, or reported	more than \$15,000				
Revenue		(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))				
2	1 Gross revenue								
nses	2 Cash prizes								
<u>옵</u> 참	3 Noncash prizes								
Direct Expense	4 Rent/facility costs								
<u>ā</u>	5 Other direct expenses								
		☐ Yes%	☐ Yes %	☐ Yes %					
	<b>6</b> Volunteer labor	☐ No	☐ No	☐ No					
	7 Direct expense summary. Add lines 2	through 5 in column (d)							
		4 Bar 7 farm Bar 4 Land	n (d)						
	8 Net gaming income summary. Subtrac	t line / from line 1, colum	8 Net gaming income summary. Subtract line 7 from line 1, column (d)						
9	Enter the state(s) in which the organizat	ion conducts gaming activi	ties:						
9 a b	Enter the state(s) in which the organizat Is the organization licensed to conduct g If "No," explain:	ion conducts gaming activi aming activities in each of	ties:these states?		Yes No				

Sche	dule G (Form 990 or 990-EZ) 2019						Р	age <b>3</b>					
11	Does the organization conduct gaming	activities with nonmembe	rs?			Yes	□No						
12	Is the organization a grantor, beneficial formed to administer charitable gamine		·	entity 		Yes							
13	Indicate the percentage of gaming acti	vity conducted in:											
а	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			om the organization receives gamir			· 🗆 Yes	□No						
b	If "Yes," enter the amount of gaming ramount of gaming revenue retained by	evenue received by the or	ganization 🕨 \$										
С	If "Yes," enter name and address of the	e third party:											
	Name ▶												
	Address ▶												
16	Name <b>▶</b>												
	Gaming manager compensation ► \$												
	Description of services provided ►												
	☐ Director/officer	☐ Employee	☐ Independent contra	ctor									
17	Mandatory distributions:												
a	Is the organization required under stat		listributions from the gaming procee	eds to		□Yes	Пы						
b	Enter the amount of distributions requi			or spent		L res	□ INO						
Par	t IV Supplemental Information	on. Provide the explana	tions required by Part I, line 2b Dicable. Also provide any additi	o, columns onal infori	(iii) a matior	and (v); a n. See ins	nd Part tructions	<del></del>					
	Return Reference		Explanation										
SCHE	EDULE G, PART I, LINE 2B (III)	FUNDRAISING SERVICES ON SOLICITATION CALL \	HE PHONATHON, LLC DISTINGUISH FROM EXPENSE PAYMENTS BY BAS /OLUME AND BY CHARGING FOR EX STAGE RATE. THE EXPENSES FOR T	ING FUNDR (PENSES SU	AISING ICH AS	G SERVICE: POSTAGE	S PAYMEN AT THE						

Schedule G (Form 990 or 990-EZ) 2019

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I

**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

DLN: 93493134055001

Open to Public Inspection

Treasury Internal Revenue Service		► Go to <u>ww</u>	<u>w.irs.gov/Form990</u> for	the latest information	on.		
Name of the organization	CITY					Employer id	dentification number
FAIRLEIGH DICKINSON UNIVERS	2111					22-149443	34
		and Assistance					
Does the organization main the selection criteria used	ntain records to sub to award the grants	stantiate the amount of or assistance?	the grants or assistance,	the grantees' eligibility	for the grants or assistanc	e, and	☑ Yes ☐ N
2 Describe in Part IV the org							¥ fes ∟ N
			nd Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes"	on Form 990, Part I	IV, line 21, for any recipient
(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(g) Description	of <b>(h)</b> Purpose of grant
organization or government	(2) ==::	(if applicable)	grant	cash assistance	(book, FMV, appraisal, other)	noncash assista	
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
3 Enter total number of other	er organizations liste	d in the line 1 table .	<del></del>			•	

(Form 990)

Department of the

(3) PRIVATE & ENDOWED SCHOLARSHIPS

(4) MISC STATE & OTHER SCHOLARSHIPS

(5) HEERF 1 SCHOLARSHIPS AND GRANTS

Part III

(5)

(6)

(7)

Part IV

Return Reference

SCHEDULE I, PART I, LINE 2

Schedule I (Form 990) 2019

Schedule I (Form 990) 2019

Page **2** 

Explanation

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

(c) Amount of

cash grant

109,413,754

1,429,219

2,377,817

2,885,602

7.882

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

EMERGENCY RELIEF FUNDS (HEERF) FROM THE CARES ACT OF WHICH HALF WAS DISTRIBUTED TO STUDENTS AS EMERGENCY AID.

(d) Amount of

noncash assistance

N/A

N/A

N/A

N/A

N/A

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. THE UNIVERSITY RECEIVED \$5.8M OF HIGHER EDUCATION

(e) Method of valuation (book.

FMV, appraisal, other)

GENERAL SUPPORT

GENERAL SUPPORT

GENERAL SUPPORT

GENERAL SUPPORT

**GENERAL SUPPORT** 

(b) Number of

recipients

4718

427

985

1637

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Dat	a -	DLN: 93	49313	34055	001					
Sch	edule J	Co	mpensat	ion Information	0	MB No.	1545-0	0047					
(For	n 990)	For certain Officer	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees										
		► Complete if the orga		ated Employees /ered "Yes" on Form 990, Part IV,	, line 23.	2019							
D		-	➤ Attach	to Form 990. instructions and the latest inforn	<u> </u>	Openi							
•	tment of the Treasury al Revenue Service	P do to <u>www.ns.gov</u>	7 <u>1 01111990</u> 101	matructions and the latest mion	nation:		ectio						
	ne of the organiza RLEIGH DICKINSON				Employer identifica	tion nu	ımber						
					22-1494434								
Pa	rt I Questi	ons Regarding Compensat	ion				I						
<b>1</b> a	Check the appro	opiate box(es) if the organization	provided any of	f the following to or for a person liste	d on Form		Yes	No					
				y relevant information regarding thes									
		or charter travel	$\overline{\checkmark}$	Housing allowance or residence for	personal use								
	_	companions		Payments for business use of person	nal residence								
		nification and gross-up payments	$\succeq$	Health or social club dues or initiation				1					
	☐ Discretion	ary spending account	Ц	Personal services (e.g., maid, chauf	feur, chef)								
b	If any of the box	xes on Line 1a are checked, did t	he organization	follow a written policy regarding pays	ment or								
				ve? If "No," complete Part III to expl	ain	<b>1</b> b	Yes						
2				or allowing expenses incurred by all r, regarding the items checked on Lir	ne 1a? .     .	2	Yes	<u> </u>					
_	·	· ·											
3				ed to establish the compensation of the not check any boxes for methods	ne								
				CEO/Executive Director, but explain i	n Part III.								
	<b>✓</b> Compensa	ation committee		Written employment contract									
	✓ Independent	ent compensation consultant	$\checkmark$	Compensation survey or study				1					
	☐ Form 990	of other organizations	$\checkmark$	Approval by the board or compensa	tion committee								
4	During the year related organiza		90, Part VII, Se	ction A, line 1a, with respect to the fi	iling organization or a								
а	Receive a sever	ance payment or change-of-contr	rol payment? .			4a		No					
b	Participate in, o	r receive payment from, a supple	mental nonqual	ified retirement plan?		4b		No					
c		' ' '		nsation arrangement?		4c		No					
	If "Yes" to any o	of lines 4a-c, list the persons and	provide the app	plicable amounts for each item in Part	t III.								
	Only 501(c)(3	), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.									
5	For persons liste	ed on Form 990, Part VII, Section	A, line 1a, did	the organization pay or accrue any									
	compensation c	ontingent on the revenues of:											
а		1?				5a		No					
b		anization?				5b		No					
6	,	,	A. line 1a did	the organization pay or accrue any									
•		ontingent on the net earnings of:		the organization pay or decide any									
а	The organization	1?				6a		No					
b						6b		No					
	•	6a or 6b, describe in Part III.											
7				the organization provide any nonfixed rt III		7		No					
8				red pursuant to a contract that was									
				section 53.4958-4(a)(3)? If "Yes," de				,					
9						8		No					
9				presumption procedure described in		9							
For F	Paperwork Redu	ction Act Notice, see the Inst	ructions for Fo	orm 990. Cat. No. 5	50053T Schedule	l (Forn	1 990)	2019					

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

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.									
<b>Note.</b> The sum of columns (B)(i)-(iii) for each listed individual must equal the total	al amount of	Form 990, Part VII, S	ection A, line 1a, a						
(A) Name and Title	<b>(B)</b> B	reakdown of W-2 and/ compensation		(C) Retirement and other	( <b>D)</b> Nontaxable benefits	columns	(F) Compensation in		
	(i) Base compensat	e (ii) ion Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990		
See Additional Data Table				1					

Schedule J (Form 990) 2019	Page <b>3</b>								
	art III Supplemental Information								
Provide the information, explanation, or	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								
	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 BUSINES 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 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. SCHEDULE J, PART I, LINE 3 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

SCHEDULE J. PART II

ITHE BOARD OF TRUSTEES COMPENSATION COMMITTEE IS RESPONSIBLE FOR MAKING RECOMMENDATIONS TO THE BOARD OF TRUSTEES EXECUTIVE COMMITTEE EXECUTIVE COMPENSATION TO ASSURE THAT THE COMPENSATION OF EACH OFFICER IS COMPARABLE TO POSITIONS OF SIMILARLY SITUATED ORGANIZATIONS. ITHE 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.

GREG HERENDA, HEAD COACH MEN'S BASKETBALL RECEIVED A \$55,750. PERFORMANCE BONUS PURSUANT TO HIS CONTRACT.

Schedule 1 (Form 990) 2019

**Software ID: Software Version:** 

**EIN:** 22-1494434

Name: FAIRLEIGH DICKINSON UNIVERSITY

Form 990, Schedule	. J,	Part II - Officers, Di	irectors, Trustees, K	ey Employees, and I	lighest Compensate	d Employees		
(A) Name and Title			of W-2 and/or 1099-MIS		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1CHRISTOPHER A CAPUANO PRESIDENT & TRUSTEE	(i)	550,627	0	117,827	129,250	79,206	876,910	0
	(ii)	0	0	0	0	0	0	0
1HANIA FERRARA SVP FINANCE &	(i)	297,806	0	12,412	82,366	32,866	425,450	0
ADMINISTRATION	(ii)	0	0	0	0	0	0	0
<b>2</b> RICHARD FRICK VP FACILITIES & AUXILIARY	(i)	201,945	0	10,625	23,027	30,079	265,676	0
SVCS	(ii)	0	0	0	0	0	0	0
<b>3</b> RICHARD P REISS SVP UNIVERSITY	(i)	277,971	0	10,785	30,250	33,346	352,352	0
ADVANCEMENT	(ii)	0	0	0	0	0	0	0
4NEIL M STURM VP & CHIEF INFORMATION	(i)	209,337	0	9,600	23,027	10,682	252,646	0
OFFICER	(ii)	0	0	0	0	0	0	0
<b>5</b> LISA R BRAVERMAN DEAN, PETROCELLI	(i)	196,688	0	6,963	16,419	29,876	249,946	0
COLLEGE	(ii)	0	0	0	0	0	0	0
<b>6</b> VICKI L COHEN INTERIM DEAN, UNIV	(i)	177,317	0	1,025	20,318	30,029	228,689	0
COLLEGE	(ii)	0	0	0	0	0	0	0
<b>7</b> ANDREW J ROSMAN DEAN, SILBERMAN	(i)	213,362	0	3,150	15,700	513	232,725	0
COLLEGE	(ii)	0	0	0	0	0	0	0
8GEOFFREY S WEINMAN	(i)	207,434	0	5,825	23,631	30,086	266,976	0
DEAN, BECTON COLLEGE		0	0	0	0	0		
9GREG HERENDA	(ii) (i)	208,116	55,750	10,396	23,792	37,178	335,232	0
HEAD COACH, MEN'S BASKETBALL	(ii)	0				0		
10SAUL M KLEINMAN	(i)	184,435	0	450	20,837	15,203	220,925	0
ASSOCIATE VP, MIS	(ii)	0						
11LUKE D SCHULTHEIS	(i)	274,064	0	10,094	21,870	31,057	337,085	0
VP ENROLLMENT, PLANNING	(ii)	0						
12GILLIAN M SMALL	(i)	310,329	0	19,603	22,000	3,298	355,230	0
UNIVERSITY PROVOST & SVP	(ii)	0			,			
13JAMES G ALMEIDA	(i)	154,345	0	24,383	17,904	34,658	231,290	0
INTERIM DEAN SILBERMAN COLL	(ii)							
14MICHAEL J AVALTRONI	(i)	240,586	0	7,134	27,655	35,930	311,305	0
DEAN, SCHOOL OF PHARMACY	(ii)							
15BRIAN MAURO	(i)	174,707	0	5,334	20,117	33,150	233,308	0
CAMPUS EXECUTIVE FLORHAM	(ii)						255,500	
16	(i)	162,743	0	12,568	18,333	23,624	217,268	0
STEVEN NELSON START 032019	(ii)					25,02+	217,200	
CAMPUS EXECUTIVE METROPOLITAN				0	0	U	0	0
17STUART ALPER DIRECTOR, UNIV SYSTMS &	(i)	174,567	0	2,838	14,845	38,363	230,613	0
NETWKG	(ii)	0	0	0	0	0	0	0
<b>18</b> ROSE D'AMBROSIO VP FOR HUMAN RESOURCES	(i)	168,888	0	5,571	19,567	36,344	230,370	0
	(ii)	0	0	0	0	0	0	0
<b>19</b> ALFREDO C TAN PROFESSOR COMPUTER SCI	(i)	167,774 	0	7,298	18,570	29,942	223,584	0
ENG	(ii)	0	0	0	0	0	0	0

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

21JOHN M CODD ESQ FMR GEN COUNSEL &	(i)	110,261		2,750	,	6,813	127,001	0
SECRETARY	(ii)	0	0	0	0	0	0	0

415

20.260

38,356

232,219

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

173.188

1PETER J WOOLLEY

CAMPUS

FMR PROVOST FLORHAM

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Supplemental Information on Tax-Exempt Bonds** 

OMB No. 1545-0047

DLN: 93493134055001

Open to Public

▶ 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 instructions and the latest information.

Schedule K

(Form 990)

Department of the Treasury

	rtment of the Treasury nal Revenue Service	▶Go	to www.irs.gov/	► Attach to Form 990 Form990 for instruct		e latest	information.						en to P Inspecti						
Name of the organization  FAIRLEIGH DICKINSON UNIVERSITY									E	mploye	r identi		n numbe						
LAI	LEIGH DICKINSON UNIVERSITY								2	22-1494	434								
Pa	rt I Bond Issues																		
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price (f) Description of purpose		(f) Description of purpose		e (g					(g) Defeased		<b>(h)</b> On behalf of			Pool ncing
													uer	mai					
											No	Yes	No	Yes	No				
Α	NJ EDUCATIONAL FACILITIES AUTH - 2006 SERIES G & H	22-1829511		06-29-2006	16,6	652,544	REF OF NJEFA	\ 1997, 1998 & 2	1004		Х		X		X				
В	NJ EDUCATIONAL FACILITIES AUTH - 2015 SERIES B	22-1829511		04-13-2015	19,6	675,000	REFUNDING (	OF 2004 SERIES	С		Х		Х		Х				
С	NJ EDUCATIONAL FACILITIES AUTH - 2014 SERIES B	22-1829511		01-16-2014	51,9	925,000	REFUNDING 1	REFUNDING NJEFA 2002 SERIES D			Х		Х		Х				
D	NJ EDUCATIONAL FAC AUTH - (CIF) 2014 SERIES B	22-1829511	646066DG2	04-29-2014	ļ	582,000	FLORHAM CAMPUS SCIENCE BLDG RENOV		BLDG		Х		Х		Х				
Pā	rt II Proceeds			<u> </u>															
	<u> </u>					Α		В		С				D					
1	Amount of bonds retired			8,129	,161	12,110,000		14	4,150,0	000	00 360,739								
2	Amount of bonds legally defease				0	0				0	0 0								
3	Total proceeds of issue					16,652	,544	19,675,000		51	1,925,0	000	0 585,2						
4						1,128	,635	1,275,553		3	3,873,8	813			0				
5	Capitalized interest from procee						0 0					0			0				
6	Proceeds in refunding escrows.						0 0								0				
7	Issuance costs from proceeds .					277	277,407 186,144			396,					3,423				
8	Credit enhancement from proce						0	0				0			0				
9	Working capital expenditures fro	•					0	0				0			0				
10	Capital expenditures from proce						0	0				0		į	520,966				
11	Other spent proceeds					15,246	5,502 18,213,303			47	7,655,0	025			36,961				
12	Other unspent proceeds						0	0				0			23,903				
13	Year of substantial completion .			• •	_	2006 2004 2003					2015								
-					Yes	No	Yes	No	Yes	}	No	+	Yes		No				
14	Were the bonds issued as part of bonds (or, if issued prior to 201	8, a current refunding	g issue)?		Х		Х		Х						X				
15	Were the bonds issued as part of bonds (or, if issued prior to 201	8, an advance refund	ing issue)?		X		X			Х				X					
16	Has the final allocation of proce	eds been made? .     .			X X		Х				Χ								
17	Does the organization maintain proceeds?	<u> </u>			Х		Х		Х				Χ						
Pa	rt III Private Business Us	se																	
						A Na		B	<b>V</b> .	<u> </u>	N* -	-	V	D	N.				
1	Was the organization a partner	in a partnership, or a	member of an □ C	which owned property	Yes	No	Yes	No	Yes	•	No	+	Yes		No				
	and and anguine dollar a partitle	p.a		z		l x	I	l x	l	1		- 1		1	Χ				

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

Schedule K (Form 990) 2019

b

C

d

6

8a

Part IV

b

C

Arbitrage

Page 2

No

Χ

Χ

Χ

Χ

No

Χ

Χ

Χ

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Yes

Χ

Schedule K (Form 990) 2019

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Yes

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Yes

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Yes

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Χ

No

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If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?

Enter the percentage of financed property used in a private business use by entities other than

a section 501(c)(3) organization or a state or local government . . . . . Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3)

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply? . . . .

hedge with respect to the bond issue?

If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . . . Is the bond issue a variable rate issue? . . . . .

Term of hedge . . . . . . . . . . Was the hedge superintegrated? . . . . . . Was the hedge terminated?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Does the bond issue meet the private security or payment test? . . .

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

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12

Has the organization established written procedures to ensure that all nongualified bonds of

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

THE TOTAL BOND ISSUE PRICE WAS \$14,345,000 OF WHICH \$582,000 WAS ALLOCATED TO THE UNIVERSITY.

Page 3

No

D

D

Nο

Yes

Χ

Yes

Х

Nο

Χ

Χ

Yes

No

Yes

Χ

Yes

Χ

No

Explanation

		Yes	No
3	Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х

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

Schedule K (Form 990) 2019

period?

Part V

Part VI

2014 SERIES B

**Arbitrage** (Continued)

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

Term of GIC . . . . . . . . . .

requirements of section 148? . . .

Return Reference

SCHEDULE K, PART I, NJEFA (CIF)

Return Reference	Explanation
EDULE 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.

Return Reference	Explanation
SCHEDULE K, PART III, LINE 3A	THE UNIVERSITY MAINTAINS JANITORIAL, VENDING, WAREHOUSING, AND COPYING EQUIPMENT SERVICE CONTRACTS WHICH ARE SOLELY INCIDENTAL TO THE PRIMARY FUNCTIONS OF THE BOND-FINANCED FACILITIES. SUCH 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.

Return Reference	Explanation
CHEDULE K, PART IV, LINE	THE REBATE COMPUTATION FOR SERIES 2006 WAS PERFORMED IN 2017.

DLN: 93493134055001 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No. 1545-0047 Schedule K **Supplemental Information on Tax-Exempt Bonds** (Form 990) ▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Open to Public ▶ Attach to Form 990. Department of the Treasury ▶Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Name of the organization **Employer identification number** FAIRLEIGH DICKINSON UNIVERSITY 22-1494434 Part I **Bond Issues** (b) Issuer EIN (c) CUSIP # (f) Description of purpose (h) On (i) Pool (a) Issuer name (d) Date issued (e) Issue price (q) Defeased behalf of financing issuer Yes No Yes No Yes No NJ EDUCATIONAL FAC AUTH -22-1829511 646066F54 12-20-2016 2,877,219 RENOVATE FLORHAM SCHOOL OF Х Χ (CIF) 2016 SERIES B PHARM **Proceeds** Part  ${f II}$ C В D Α 1,516,360 2 3 2,877,219 5 6 7 23,124 8 9 10 2,843,451 11 10,644 12 13 2016 Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue of tax-exempt 14 Χ Were the bonds issued as part of an advance refunding issue of taxable 15 Χ Has the final allocation of proceeds been made? . . . . . . . . . . . . . . . . . 16 Χ Does the organization maintain adequate books and records to support the final allocation of 17 Χ Part 🏻 **Private Business Use** Α R C D Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property Χ Are there any lease arrangements that may result in private business use of bond-financed Χ Schedule K (Form 990) 2019 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50193E

Schedule K (Form 990) 2019

6

Part IV

b

C

Arbitrage

Page **2** 

D

Schedule K (Form 990) 2019

No

Yes

В C D Α Yes Nο Yes No Yes No Yes No Are there any management or service contracts that may result in private business use of Х 

If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside b Χ counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business use of bond-financed C Χ If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside d counsel to review any research agreements relating to the financed property?

Α

No

Χ

Χ

Χ

Χ

Χ

Yes

Х

Enter the percentage of financed property used in a private business use by entities other than

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

a section 501(c)(3) organization or a state or local government . . . . . Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3)

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply? . . . . 

If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . . . Is the bond issue a variable rate issue? . . . . .

Was the hedge superintegrated? . . . . . . Was the hedge terminated?

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

Χ

0 %

Χ

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Х

Yes

В

No

C

No

Yes

Were gross proceeds invested in a guaranteed investment contract (GIC)?	Х

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

Schedule K (Form 990) 2019

period?

Arbitrage (Continued)

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

**Procedures To Undertake Corrective Action** 

if self-remediation is not available under applicable regulations?

the GIC satisfied? . . . . . . . . .

requirements of section 148? . . .

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

No

Yes

Χ

Yes

Yes

No

No

Yes

Nο

No

D

Yes

Page 3

No

D

Yes

SILL SIGNIFIC	print - DO No	OT PROCES	S As F	iled Data -					DL	N: 93	4931	3405	5001
Schedule L		Tran	sactio	ns with li	ntereste	d Person	ıs			01	MB No.	1545-	0047
(Form 990 or 990-	·EZ) ► Comple	► 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.							5,	20	10	)	
		27, 28a,		8c, or Form 99 ch to Form 99			ю.				20	<b>I</b>	
Department of the Treas Internal Revenue Service	,	Go to <u>www.ii</u>	rs.gov/Fo	rm990 for inst	ructions and	the latest inf	orma	tion.		9	Open t Insp		
Name of the orga							En	nploy	er ide	ntifica	ation n		
FAIRLEIGH DICKINS	SON UNIVERSITY						22	-149	1131				
Part I Exces	ss Benefit Tra	nsactions (s	section 501	(c)(3), section	501(c)(4), and	section 501(c				ıs only)	).		
Comple	ete if the organiz	ation answere	d "Yes" on	Form 990, Part	IV, line 25a or	r 25b, or Form	990-E	Z, Pa	rt V, lir	ne 40b.			
1 (a)	Name of disqual	ified person	(b)	Relationship be	etween disqua organization	lified person ar	nd		escript ansacti		(d) <b>Y</b> e	Corre	cted?
											16	s	ИО
2 Enter the an	nount of tax incur	red by the org	ganization	managers or dis	qualified perso	ons during the	year u	ınder	section	1			
4958	 nount of tax, if ar		hovo roim	bursed by the s						\$ —— \$			
5 Linter the an	nount of tax, if ar	iy, on mie 2, e	bove, rem	ibursed by the c	ngamzation .		•	· ·		<sup>Ψ</sup>			
Com	ins to and/or aplete if the organ orted an amount of the contraction in the contraction i	ization answe	red "Yes" o	n Form 990-EZ	, Part V, line 3	88a, or Form 99	90, Par	t IV,	line 26	; or if	the orga	anizati	on
(a) Name of	(b) Relationship	(c) Purpose	(d) Loan	to or from the	(e) Original		(g)			h)		) Writt	
interested person	with organization	nization of loan	orga	anization?	principal amount	due	defa	1 ' '		roved by agre pard or		eement?	
					_					ittee?	ļ ,		
			То	From			Yes	No	Yes	No	Yes	N	lo
										<del> </del>	<del>     </del>		
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ı													
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Total .					<b>\$</b>	0							
Part III Gran	nts or Assista	nce Benefit	ing Inte	rested Perso	▶ \$ ns.								
Part III Gran	plete if the org	anization an	swered "\	r <b>ested Perso</b> 'es" on Form 9	<b>ns.</b> 990, Part IV,	line 27.							
Part III Gran	plete if the org	nce Benefit anization an b) Relationship cerested perso organizat	swered "\ between on and the	rested Perso	<b>ns.</b> 990, Part IV,			stanc	e	<b>(e)</b> Pu	rpose o	f assis	tance
Total . Part III Gran Com (a) Name of intered (1) NOT REQUIRED	plete if the org ested person (b in	anization an  ) Relationship terested perso	swered "\ between on and the	r <b>ested Perso</b> 'es" on Form 9	<b>ns.</b> 990, Part IV, of assistance	line 27.	of assi	stanc		(e) Pu	·	f assis	tance
Part III Gran Com (a) Name of interes	plete if the org ested person (b in	anization an  ) Relationship  terested perso  organizat	swered "\ between on and the	r <b>ested Perso</b> 'es" on Form 9	<b>ns.</b> 990, Part IV, of assistance	line 27. (d) Type o	of assi	stanc			·	f assis	tance
Part III Gran Com (a) Name of interes	plete if the org ested person (b in	anization an  ) Relationship  terested perso  organizat	swered "\ between on and the	r <b>ested Perso</b> 'es" on Form 9	<b>ns.</b> 990, Part IV, of assistance	line 27. (d) Type o	of assi	stanc			·	f assis	tance
Part III Gran Com (a) Name of interes	plete if the org ested person (b in	anization an  ) Relationship  terested perso  organizat	swered "\ between on and the	r <b>ested Perso</b> 'es" on Form 9	<b>ns.</b> 990, Part IV, of assistance	line 27. (d) Type o	of assi	stanc			·	f assis	tance

Page 2

Schedule I. (Form 990 or 990-F7) 2019

	between interested person and the organization	transaction		organiz rever	zation's
				Yes	No
(1) MARY K DOUGLAS	FAMILY OF FORMER OFFICER	73,757	EMPLOYEE COMPENSATION		No

Explanation

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 THE SIX MONTHS FOLLOWING CALENDAR 2019 WHICH IS NOT REPORTED AS COMPENSATION IN PART VII, SECTION A AS TAXABLE AND NONTAXABLE FRINGE

#### Part V **Supplemental Information**

Return Reference

SCHEDULE L, PART III, LINE 1B

Schedule L (Form 990 or 990-EZ) 2019

BENEFITS.

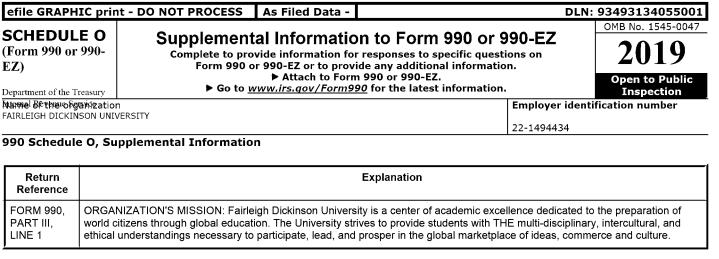
Provide additional information for responses to questions on Schedule L (see instructions).

DLN: 93493134055001 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶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. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** FAIRLEIGH DICKINSON UNIVERSITY 22-1494434 Part I Types of Property (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art-Historical treasures Art—Fractional interests 4 Books and publications Clothing and household goods . . . . . Cars and other vehicles **7** Boats and planes . . 8 Intellectual property . . . Securities—Publicly traded . Χ 194,445 FMV 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . . 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures . . . . Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . Real estate—Other . . . 18 Collectibles . . . . 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy . . . . . 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ▶ See Additional Data 26 Other ▶ ( \_\_\_\_\_\_) Other ▶ ( \_\_\_\_\_\_) 27 Other ▶ ( \_\_\_\_\_\_) 28 Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement 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 isn't required to be used for exempt 30a Nο **b** If "Yes," describe the arrangement in Part II. 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 32a Yes **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

Schedule M (Form 990) (2019)	Page 2
	tion. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization arm (b), the number of contributions, the number of items received, or a combination of both. Also y additional information.
Return Reference	Explanation
SCHEDULE M, PART I, COLUMN (B)	THE UNIVERSITY IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED IN PART I, COLUMN (B).
, ,	THE UNIVERSITY HIRED A THIRD PARTY TO SELL, PROCESS AND SHIP CERTAIN NONCASH CONTRIBUTIONS AT A FUNDRAISING EVENT.
	Schedule M (Form 990) (2019)

#### **Additional Data**

			Software ID:		
			<b>Software Version:</b>		
			EIN: 2	2-1494434	
			Name: F	AIRLEIGH DICKINSON U	NIVERSITY
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 ▶ ( Laptops )	_	X	1	22,000	FMV
Other ▶ ( SURGICAL MASKS )		Х	1	159	FMV
Other ▶ ( ENCYCLOPEDIA AND WAGNALLS	_)	Х	1	1,500	FMV
Other ► ( FLORAL ARRANGEMENTS )	_	X	1	2,200	FMV
Other ▶ ( GAME TICKETS )	_	Х	1	300	FMV
Other ▶ ( T-SHIRTS )	_	Х	1	532	FMV
Other ▶ ( WINE )		X	1		FMV
Other ▶ ( US OPEN TICKETS )	_	X	1	832	FMV
Other ▶ ( Swordfish Beach Club )	_	X	1		FMV
Other ▶ ( COCKTAILS )		Х	1	1,000	
Other ► ( REWARD POINTS )	_	Х	1	1,650	FMV
Other ► ( SIGNED FOOTBALL )	_	Х	1	250	FMV
Other ▶ ( GAME TICKETS AND HELMET	)	Х	1	1,310	FMV
Other ▶ ( GOLF )	_	Х	2	2,240	FMV
Other ► ( BOOK DONATION )	-	Х	1	122	FMV



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 12,500 students per year, including a str ong international student population. Founded as a small junior college in 1942, the University 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 nocuver, 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 programs, delivered in-person and online, including degree, certificate and continuing-educa tion programs; undergraduate, graduate and doctoral degree programs; and professional-leve I 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 University. 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

Return Reference	Explanation
FORM 990, PART III, LINE 4A	experience where undergraduates are at the heart of the learning experience. With its small 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 eight 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. The Universitys School of Pharmacy and Healt h Sciences on the campus features a dynamic curriculum incorporating technology, a global perspective and multiple graduate degree options. In addition, University College: Arts, S ciences, Professional Studies offers both graduate and undergraduate programs in the QUEST teaching and M.A.T. programs, as well as its nursing programs at the Florham Campus. Wrox ton College is housed in an 18th-century Jacobean mansion in the Cotswold area of Britain. Yet, London, Oxford and the Royal Shakespeare Company are all within a short drive. Wroxt on College's educational methods and academic personnel are chosen to give students the be st experience that Britain can offer. Courses are taught by the lecture, seminar and tutor ial methods employed in British universities. The college offers a large number of courses in literature, history, political science, fine arts, University core and sociology. The college's own British teaching staff is supplemented by

990 Schedule O, Supplemental Information

Return

Reference	
PART III, LINE 4A	raining in English (in speaking and/or writing) prior to matriculating in a degree program. Fairleigh Dickinson University has also long been a national leader in providing academi c programs and support services for veterans. The University participates in the GI Bill Y ellow 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 State of New Jersey Military Order of the Purple Heart for exemplifying

outstanding veteran support, commitment and a genuine concern for the well-being of United States veterans.

**Evolunation** 

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. THE UNIVERSITY COLLEGE OF ARTS, SCIENCE AND PROFESSIONAL STUDIES METROPOLITAN CAMPUS, HOUSES THE CLINICAL PSYCHOLOGY AND SCHOOL OF PSYCHOLOGY DOCTORAL PROGRAMS WHERE STUDENTS AND FACULTY DO RESEARCH IN SUCH AREAS AS BEHAVIORAL MEDICINE, COGNITIVE, PSYCHOLOGICAL AND PSYCH-EDUCATIONAL TESTING AND WOMEN'S ISSUES. IN THE MAXWELL BECTON COLLEGE OF ARTS AND SCIENCES, RESEARCH EFFORTS ARE PARTICULARLY PROMINENT IN THE PSYCHOLOGY, ENGLISH, SOCIAL SCIENCES AND COMMUNICATION DISCIPLINES. THE PSYCHOLOGY DEPARTMENT AT THE FLORHAM CAMPUS IN MORRIS COUNTY EMPHASIZES EXPERIMENTAL, INDUSTRIAL/ORGANIZATION PSYCHOLOGY AND CLINICAL COUNSELING.

Return Reference	Explanation
,	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 21, 2021 AFTER RECEIVING A DRAFT DOCUMENT SEVERAL DAYS IN ADVANCE. THIS REVIEW ALSO INCLUDED THE UNIVERSITY'S OFFICERS. The draft form 990 is posted on the secure Board of Trustees portal and a notification is sent to all members of the Board of Trustees allowing sufficient time for their review prior to filing.

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 INTEREST POLICY FOR ALL MEMBERS OF THE UNIVERSITY COMMUNITY THAT INCLUDES TRUSTEES, OFFICERS, FACULTY MEMBERS, STAFF MEMBERS, STUDENT EMPLOYEES, CONSULTANTS OR 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.

990 Schedule O, Supplemental Information

Return

Reference	
FORM 990,	THE BOARD OF TRUSTEES COMPENSATION COMMITTEE IS RESPONSIBLE FOR MAKING RECOMMENDATIONS TO THE
PART VI,	BOARD OF TRUSTEES EXECUTIVE COMMITTEE CONCERNING COMPENSATION OF THE UNIVERSITY PRESIDENT AND
LINE 15A /	SETTING COMPENSATION AND OTHER TERMS AND CONDITIONS OF EMPLOYMENT FOR OFFICERS OF THE
15B	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.

Explanation

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 I ATER

990 Schedule O, Supplemental Information

Return

Reference	'
	CHANGE IN FMV OF TRUSTS (19,676) POST-RETIREMENT BENEFIT CHANGE (3,364,650) MULTI EMPLOYER PENSION PLAN (164,420) (3,548,746)
LINE 9	

Explanation

990 Schedule O, Supplemental Information

Return Reference	Explanation
COVID-19 IMPACT	In March 2020, the World Health Organization declared the novel coronavirus (COVID-19) a pandemic. The outbreak of the disease has affected travel, commerce and financial markets globally, including in the United States. The continued spread of COVID-19 and its impact on social interaction, travel, economies and financial markets may adversely affect operations and financial condition, including, among other things, (i) the ability of the University to conduct its operations and/or the cost of operations, (ii) governmental and non-governmental funding, and (iii) financial markets impacting investments valuation and interest rates. Commencing March 16, 2020, undergraduate and graduate course instruction was conducted virtually and most students vacated the campus. The University granted refunds of approximately \$6.5 million in fiscal year 2020 for housing and dining services not provided. Students continued to meet their academic requirements for the remainder of the 2019 20 academic year. In addition, the start of 2020-21 academic year will remain a mostly virtual learning environment. While some faculty and staff are working on-campus to ensure continuity of essential operations, most faculty and staff have transitioned to remote work. Given the uncertainty over the progression of the virus and governmental emergency directives, there is no timetable for when instruction and campus operations will return to normal. The University did receive \$5.8 million of Higher Education Emergency Relief Funds from the CARES Act, of which half was distributed to students as emergency aid and half was used by the University to offset the refunds noted above. The COVID-19 pandemic has negatively affected national, state, and local economies and global financial markets, and the higher education landscape in general. While the financial impact on the University cannot be quantified at this time, the pandemic may have a material adverse effect on the current and future financial profile and operating performance of the Universi

SCHEDULE R
(Form 990)

As Filed Data Related

FAIRLEIGH DICKINSON UNIVERSITY

Part I

#### **Related Organizations and Unrelated Partnerships**

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

DLN: 93493134055001

Open to Public Inspection

**Employer identification number** 

22-1494434

Department of the Treasury
Internal Revenue Service

Name of the organization

(b) (c) (d) (e) (f) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity **EDUCATION** 17,880,891 49,215,518 FDU - USA (1) FDU OF BRITISH COLUMBIA FOUNDATION CA 842 CAMBIE STREET VANCOUVER V6B 2P6 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. (b) (c) (d) (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) (13) controlled entity entity? Yes No For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y Schedule R (Form 990) 2019

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)  (c) Carp, S corp, or trust)  (c) Corp, S corp, or trust)  (c) Corp, S corp, or trust)  (c) Corp, S corp, or trust)  (d) Corp, S corp, or trust)  (c) Corp, S corp, or trust)  (d) Corp, S corp, or t																
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 organizations Taxable as a Corporation or Trust of the 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.  (b) Legal domicile (state or foreign country)   Direct controlling entity   Corp., S. corp., or frust)   Share of total per of total p	Name, address, and EIN	Primary	Legal domicile (state or foreign	Direct controlling	Predomin income(rel unrelate excluded fax und sections 5	nant Shar ated, total in ed, from er 512-	of	Share of end-of-year	Dispropr	tionate	te Code V-UBI Genera amount in box 20 of partne Schedule K-1			l or Perce ing owne	ntage	
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 related organization  (b) Primary activity Legal domicile (state or foreign country)  (c) Legal domicile (state or foreign country)  (C corp, S corp, or trust)  (Type of entity (C co						514)			•	Yes	No		Yes	No	]	
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 related organization  (b) Primary activity  Legal domicile (state or foreign country)  (c) Legal domicile (state or foreign country)  (c) Carp, S corp, or trust)  (c) Type of entity (C corp, S corp, or trust)  Share of total (Share of end-of-year assets)  (c) Percentage ownership (13) controlled entity?  Yes No																
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 related organization  (b) Primary activity Legal domicile (state or foreign country)  (c) Legal domicile (state or foreign country)  (c) C corp, S corp, or trust)  (c) Type of entity (C corp, S corp, or trust)  Share of total (Share of end-of-year assets)  (c) Percentage ownership (13) controlled entity?  Yes No																
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 related organization  (b) Primary activity  Legal domicile (state or foreign country)  (c) Legal domicile (state or foreign country)  (c) Carp, S corp, or trust)  (c) Type of entity (C corp, S corp, or trust)  Share of total (Share of end-of-year assets)  (c) Percentage ownership (13) controlled entity?  Yes No																
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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 related organization  (b) Primary activity  Legal domicile (state or foreign country)  (c) Legal domicile (state or foreign country)  (c) Carp, S corp, or trust)  (c) Type of entity (C corp, S corp, or trust)  Share of total (Share of end-of-year assets)  (c) Percentage ownership (13) controlled entity?  Yes No																
related organization   domicile   entity   (C corp, S corp, or trust)   income   year   ownership   (13) controlled   entity?     Yes   No																
165 116								answe	ered "Yes	s" on F	orm 9	90, Part I	V, lin	e 34		
	because it had one or more relat  (a)  Name, address, and EIN of	ed organizations treated as	s a corporation  (c) Lector dom (state of	n or tru c) gal nicile r foreign	st during th	e tax yea (d) controlling	(e) Type of entit (C corp, S cor	y Sha	(f) are of total	Share	(g) of end- year	of- Perc	( <b>h)</b> entage	9	13) cor enti	ntrolled ty?
	because it had one or more relat  (a)  Name, address, and EIN of related organization	ed organizations treated as  (b)  Primary activity	s a corporation () Let dom (state of	n or tru c) gal nicile r foreign ntry)	ot during th	e tax yea (d) controlling entity	(e) Type of entit (C corp, S cor or trust)	y Sha	<b>(f)</b> are of total income	Share	(g) of end- year	of- Perc	( <b>h)</b> entage	9	13) cor enti	ntrolled ty? <b>No</b>
	because it had one or more relat  (a)  Name, address, and EIN of related organization	ed organizations treated as  (b)  Primary activity	s a corporation () Let dom (state of	n or tru c) gal nicile r foreign ntry)	ot during th	e tax yea (d) controlling entity	(e) Type of entit (C corp, S cor or trust)	y Sha	<b>(f)</b> are of total income	Share	(g) of end- year	of- Perc	( <b>h)</b> entage	9	13) cor enti	ntrolled ty? <b>No</b>
	because it had one or more relat  (a)  Name, address, and EIN of related organization	ed organizations treated as  (b)  Primary activity	s a corporation () Let dom (state of	n or tru c) gal nicile r foreign ntry)	ot during th	e tax yea (d) controlling entity	(e) Type of entit (C corp, S cor or trust)	y Sha	<b>(f)</b> are of total income	Share	(g) of end- year	of- Perc	( <b>h)</b> entage	9	13) cor enti	ntrolled ty? <b>No</b>
	because it had one or more relat  (a)  Name, address, and EIN of related organization	ed organizations treated as  (b)  Primary activity	s a corporation () Let dom (state of	n or tru c) gal nicile r foreign ntry)	ot during th	e tax yea (d) controlling entity	(e) Type of entit (C corp, S cor or trust)	y Sha	<b>(f)</b> are of total income	Share	(g) of end- year	of- Perc	( <b>h)</b> entage	9	13) cor enti	ntrolled ty? <b>No</b>
	because it had one or more relat  (a)  Name, address, and EIN of related organization	ed organizations treated as  (b)  Primary activity	s a corporation () Let dom (state of	n or tru c) gal nicile r foreign ntry)	ot during th	e tax yea (d) controlling entity	(e) Type of entit (C corp, S cor or trust)	y Sha	<b>(f)</b> are of total income	Share	(g) of end- year	of- Perc	( <b>h)</b> entage	9	13) cor enti	ntrolled ty? <b>No</b>
	because it had one or more relat  (a)  Name, address, and EIN of related organization	ed organizations treated as  (b)  Primary activity	s a corporation () Let dom (state of	n or tru c) gal nicile r foreign ntry)	ot during th	e tax yea (d) controlling entity	(e) Type of entit (C corp, S cor or trust)	y Sha	<b>(f)</b> are of total income	Share	(g) of end- year	of- Perc	( <b>h)</b> entage	9	13) cor enti	ntrolled ty? <b>No</b>
	because it had one or more relat  (a)  Name, address, and EIN of related organization	ed organizations treated as  (b)  Primary activity	s a corporation () Let dom (state of	n or tru c) gal nicile r foreign ntry)	ot during th	e tax yea (d) controlling entity	(e) Type of entit (C corp, S cor or trust)	y Sha	<b>(f)</b> are of total income	Share	(g) of end- year	of- Perc	( <b>h)</b> entage	9	13) cor enti	ntrolled ty? <b>No</b>

Page **3** 

art V	Transactions with R	elated Organizations.	Complete if the organization answered	res on Form 990,	Part IV, line 34, 35b, or 36.	
NI - 4 -	. Campulaka lima 4 is amu ama	in the line and in Decade II III .	ou TV ( of Alain and adula			

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
<b>1</b> D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	<b>1</b> b		No
С	Gift, grant, or capital contribution from related organization(s)	1c		No
d	Loans or loan guarantees to or for related organization(s)	<b>1</b> d		No
е	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g		<b>1</b> g		No
h	Purchase of assets from related organization(s)	1h		No
	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
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
0	Sharing of paid employees with related organization(s)	10		No
р	Reimbursement paid to related organization(s) for expenses	<b>1</b> p		No
q	Reimbursement paid by related organization(s) for expenses	<b>1</b> q		No
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	<b>1</b> s		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 Method of determining an	nount i	nvolved	

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

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

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	Ar	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ate ?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General d managin partner?	or g ?	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
			1			ı				Schedul	e R (Form	990	0) 2019

Schedule R (Form 990) 2019 Page 5 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.