

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2018**  
Open to Public Inspection

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

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
DREXEL UNIVERSITY

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
3201 ARCH STREET NO 420

City or town, state or province, country, and ZIP or foreign postal code  
PHILADELPHIA, PA 191042875

**D** Employer identification number  
23-1352630

**E** Telephone number  
(215) 895-2000

**G** Gross receipts \$ 1,450,786,585

**F** Name and address of principal officer:  
JOHN A FRY  
3141 CHESTNUT ST  
PHILADELPHIA, PA 19104

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

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

**H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: ▶ WWW.DREXEL.EDU

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1894

**M** State of legal domicile: PA

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities:  
INTEGRATED ACADEMIC OFFERINGS ENHANCED BY TECHNOLOGY, COOPERATIVE EDUCATION AND CLINICAL PRACTICE

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	53
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	50
<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	13,197
<b>6</b> Total number of volunteers (estimate if necessary)	2,419
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	4,089,841
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	1,854,366

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	191,291,661	179,004,281
<b>9</b> Program service revenue (Part VIII, line 2g)	1,115,397,509	1,120,624,186
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	46,503,927	23,946,893
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	22,806,673	27,313,939
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,375,999,770	1,350,889,299
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	381,733,610	413,995,077
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	589,831,461	619,086,394
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	227,845	243,798
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶15,852,643		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	366,671,399	397,563,068
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,338,464,315	1,430,888,337
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	37,535,455	-79,999,038
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	2,041,983,820	2,024,922,675
<b>21</b> Total liabilities (Part X, line 26)	795,806,444	831,642,005
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	1,246,177,376	1,193,280,670

## Part II Signature Block

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

**Sign Here**  
Signature of officer: \*\*\*\*\*  
Date: 2020-07-10  
HELEN Y BOWMAN EXECUTIVE VP, TREASURER & COO  
Type or print name and title

**Paid Preparer Use Only**  
Print/Type preparer's name Preparer's signature Date Check  if self-employed PTIN  
Firm's name ▶ Firm's EIN ▶  
Firm's address ▶ Phone no.

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

DREXEL UNIVERSITY FULFILLS ITS FOUNDER'S VISION OF PREPARING EACH NEW GENERATION OF STUDENTS FOR PRODUCTIVE PROFESSIONAL AND CIVIC LIVES WHILE ALSO FOCUSING ITS COLLECTIVE EXPERTISE ON SOLVING SOCIETY'S GREATEST PROBLEMS. DREXEL IS AN ACADEMICALLY COMPREHENSIVE AND GLOBALLY ENGAGED URBAN RESEARCH UNIVERSITY, DEDICATED TO ADVANCING KNOWLEDGE AND SOCIETY AND TO PROVIDING EVERY STUDENT WITH A VALUABLE, RIGOROUS, EXPERIENTIAL, TECHNOLOGY-INFUSED EDUCATION, ENRICHED BY THE NATION'S PREMIER CO-OPERATIVE EDUCATION PROGRAM.

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

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

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

If "Yes," describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ 993,989,884 including grants of \$ 398,147,530 ) (Revenue \$ 1,044,770,008 )  
See Additional Data

**4b** (Code: ) (Expenses \$ 143,508,263 including grants of \$ 15,847,547 ) (Revenue \$ 20,998,655 )  
See Additional Data

**4c** (Code: ) (Expenses \$ 145,612,612 including grants of \$ 0 ) (Revenue \$ 74,606,841 )  
See Additional Data

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e Total program service expenses** ▶ 1,283,110,759

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23 Yes	
<b>24a</b>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	24a Yes	
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b	No
<b>c</b>	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
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d	No
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a	No
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b	No
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26	No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27	Yes
<b>28</b>	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):		
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a	No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b	Yes
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c	Yes
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29	Yes
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30	Yes
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31	No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32	No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33	Yes
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	34	Yes
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
<b>b</b>	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b	Yes
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36	No
<b>37</b>	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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37	No
<b>38</b>	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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . . . .	1a	26,881
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	Yes

<p><b>2a</b> 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 . . . . .</p>	<b>2a</b>	13,197			
<p><b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>	<b>2b</b>		Yes		
<p><b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .</p>	<b>3a</b>		Yes		
<p><b>b</b> If "Yes," has it filed a Form 990-T for this year?<i>If "No" to line 3b, provide an explanation in Schedule O . . . . .</i></p>	<b>3b</b>		Yes		
<p><b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .</p>	<b>4a</b>		Yes		
<p><b>b</b> If "Yes," enter the name of the foreign country: <u>▶EK, CM</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</p>					
<p><b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .</p>	<b>5a</b>			No	
<p><b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>	<b>5b</b>			No	
<p><b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .</p>	<b>5c</b>				
<p><b>6a</b> 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? . . . . .</p>	<b>6a</b>			No	
<p><b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .</p>	<b>6b</b>				
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>					
<p><b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .</p>	<b>7a</b>		Yes		
<p><b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .</p>	<b>7b</b>		Yes		
<p><b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .</p>	<b>7c</b>			No	
<p><b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .</p>	<b>7d</b>				
<p><b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>	<b>7e</b>			No	
<p><b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .</p>	<b>7f</b>			No	
<p><b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .</p>	<b>7g</b>				
<p><b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .</p>	<b>7h</b>				
<b>8 Sponsoring organizations maintaining donor advised funds.</b>					
<p>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .</p>	<b>8</b>				
<p><b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .</p>	<b>9a</b>				
<p><b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .</p>	<b>9b</b>				
<b>10 Section 501(c)(7) organizations.</b> Enter:					
<p><b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .</p>	<b>10a</b>				
<p><b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	<b>10b</b>				
<b>11 Section 501(c)(12) organizations.</b> Enter:					
<p><b>a</b> Gross income from members or shareholders . . . . .</p>	<b>11a</b>				
<p><b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .</p>	<b>11b</b>				
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?					
<p><b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.</p>	<b>12b</b>				
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<p><b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.</p>	<b>13a</b>				
<p><b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .</p>	<b>13b</b>				
<p><b>c</b> Enter the amount of reserves on hand . . . . .</p>	<b>13c</b>				
<p><b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .</p>	<b>14a</b>			No	
<p><b>b</b> If "Yes," has it filed a Form 720 to report these payments?<i>If "No," provide an explanation in Schedule O . . . . .</i></p>	<b>14b</b>				
<p><b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .</p>	<b>15</b>			No	
<p><b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .</p>	<b>16</b>			No	

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	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?	Yes	
<b>3</b>	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?		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
<b>6</b>	Did the organization have members or stockholders?		No
<b>7a</b>	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?		No
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	Yes	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	Yes	
<b>9</b>	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		No

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		No
<b>10b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
<b>13</b>	Did the organization have a written whistleblower policy?	Yes	
<b>14</b>	Did the organization have a written document retention and destruction policy?	Yes	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	Yes	
<b>15b</b>	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	Yes	
<b>16b</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?	Yes	

**Section C. Disclosure**

**17** List the States with which a copy of this Form 990 is required to be filed: PA, AK, MD, MA, MI, NH, NY, SC, WA, CO, CA

**18** Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records:  
 ▶ COMPTROLLER'S OFFICE 1505 RACE STREET 9TH FLOOR PHILADELPHIA, PA 191021119 (215) 895-1442

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

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

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

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows for sub-totals: 1b Sub-Total, 1c Total from continuation sheets, 1d Total (add lines 1b and 1c).

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1,132

Questions 3, 4, and 5 regarding compensation reporting and related organizations.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

Table for independent contractors with columns: (A) Name and business address, (B) Description of services, (C) Compensation.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 203



**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b> 18,589			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b> 887,544			
	<b>d</b> Related organizations . . . . .	<b>1d</b> 43,581,530			
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b> 109,329,314			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b> 25,187,304			
	<b>g</b> Noncash contributions included in lines 1a - 1f: \$ _____	1,268,876			
	<b>h Total.</b> Add lines 1a-1f . . . . .		179,004,281		

<b>Program Service Revenue</b>			Business Code			
	<b>2a</b> TUITION AND FEES		611310	950,906,040	950,906,040	
<b>b</b> AUXILIARY ENTERPRISES		611710	73,672,824	73,672,824		
<b>c</b> PATIENT CARE		621110	73,314,649	73,314,649		
<b>d</b> NON-DIRECT PUB SUPPORT		900099	22,571,021	22,571,021		
<b>e</b> OTHER PROGRAM SERVICES		611710	159,652	159,652		
<b>f</b> All other program service revenue.						
<b>g Total.</b> Add lines 2a-2f . . . . .			1,120,624,186			

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			16,674,685			16,674,685
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .						
	<b>5</b> Royalties . . . . .			424,872			424,872
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
		3,838,991					
	<b>b</b> Less: rental expenses	605,899					
	<b>c</b> Rental income or (loss)	3,233,092					
	<b>d</b> Net rental income or (loss) . . . . .			3,233,092			3,233,092
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		106,202,000					
	<b>b</b> Less: cost or other basis and sales expenses	98,929,792					
	<b>c</b> Gain or (loss)	7,272,208					
	<b>d</b> Net gain or (loss) . . . . .			7,272,208			7,272,208
	<b>8a</b> Gross income from fundraising events (not including \$ 887,544 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>	176,411				
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>	361,595				
<b>c</b> Net income or (loss) from fundraising events . . . . .			-185,184			-185,184	
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>						
<b>b</b> Less: direct expenses . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . .							
Miscellaneous Revenue	Business Code						
<b>11a</b> MISCELLANEOUS REVENUE	900099	21,849,646	19,751,318	2,098,328			
<b>b</b> APPLICATION SERVICE PR	541519	1,981,805		1,981,805			
<b>c</b> ADVERTISING REVENUE	900099	9,708		9,708			
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			23,841,159				
<b>12 Total revenue.</b> See Instructions. . . . .			1,350,889,299	1,140,375,504	4,089,841	27,419,673	

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	15,847,547	15,847,547		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	396,040,692	396,040,692		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	2,106,838	2,106,838		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	6,818,038	1,472,577	4,247,465	1,097,996
<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)				
<b>7</b> Other salaries and wages	483,515,745	423,341,803	51,817,438	8,356,504
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	34,724,491	30,392,642	3,709,033	622,816
<b>9</b> Other employee benefits	62,980,942	52,939,027	8,905,179	1,136,736
<b>10</b> Payroll taxes	31,047,178	26,938,323	3,519,898	588,957
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management	1,025,050	1,025,050		
<b>b</b> Legal	4,461,264	1,706,528	2,753,928	808
<b>c</b> Accounting	1,571,479		1,571,479	
<b>d</b> Lobbying	678,325	621,405	56,920	
<b>e</b> Professional fundraising services. See Part IV, line 17	243,798			243,798
<b>f</b> Investment management fees	3,063,724		3,063,724	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	68,266,883	60,617,982	7,092,686	556,215
<b>12</b> Advertising and promotion	14,468,513	14,272,157	189,531	6,825
<b>13</b> Office expenses	54,060,778	49,800,918	3,611,635	648,225
<b>14</b> Information technology	24,013,994	20,223,204	3,257,221	533,569
<b>15</b> Royalties	1,550,848	1,550,848		
<b>16</b> Occupancy	77,214,239	60,179,457	17,033,881	901
<b>17</b> Travel	13,295,670	12,058,941	702,290	534,439
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	7,023,321	5,529,934	712,237	781,150
<b>20</b> Interest	15,194,735	13,629,804	1,564,931	
<b>21</b> Payments to affiliates	4,078,256	22,204	4,051,493	4,559
<b>22</b> Depreciation, depletion, and amortization	47,080,116	42,216,869	4,863,247	
<b>23</b> Insurance	21,189,202	17,540,759	3,364,441	284,002
<b>24</b> 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.)				
<b>a</b> BAD DEBT EXPENSE	23,029,624	22,032,160	997,464	
<b>b</b> HOSPITALITY	2,064,074	1,885,188	136,127	42,759
<b>c</b> LOSS ON DISPOSITION OF	1,901,145	1,807,889	93,256	
<b>d</b> UBIT EXPENSE	1,236,448	0	1,236,448	
<b>e</b> All other expenses	11,095,380	7,310,013	3,372,983	412,384
<b>25</b> Total functional expenses. Add lines 1 through 24e	1,430,888,337	1,283,110,759	131,924,935	15,852,643
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	85,446	<b>1</b>	90,409
	<b>2</b> Savings and temporary cash investments . . . . .	37,337,190	<b>2</b>	39,542,759
	<b>3</b> Pledges and grants receivable, net . . . . .	144,267,814	<b>3</b>	126,448,645
	<b>4</b> Accounts receivable, net . . . . .	118,917,801	<b>4</b>	64,758,983
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	8,180,787	<b>9</b>	9,144,742
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,484,662,191		
	<b>b</b> Less: accumulated depreciation	576,934,458		
	<b>11</b> Investments—publicly traded securities . . . . .	458,176,982	<b>11</b>	441,722,277
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	332,939,000	<b>12</b>	385,703,000
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	28,714,176	<b>13</b>	23,401,735
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	28,372,562	<b>15</b>	26,382,392
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	2,041,983,820	<b>16</b>	2,024,922,675	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	193,826,264	<b>17</b>	217,633,510
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	141,312,916	<b>19</b>	123,333,697
	<b>20</b> Tax-exempt bond liabilities . . . . .	404,980,897	<b>20</b>	425,986,669
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D . . . . .	55,686,367	<b>25</b>	64,688,129
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	795,806,444	<b>26</b>	831,642,005
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	643,206,586	<b>27</b>	577,554,979
	<b>28</b> Temporarily restricted net assets . . . . .	273,445,620	<b>28</b>	268,241,703
	<b>29</b> Permanently restricted net assets	329,525,170	<b>29</b>	347,483,988
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	1,246,177,376	<b>33</b>	1,193,280,670	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	2,041,983,820	<b>34</b>	2,024,922,675	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,350,889,299
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,430,888,337
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-79,999,038
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	1,246,177,376
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	27,102,332
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	1,193,280,670

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 23-1352630

**Name:** DREXEL UNIVERSITY

Form 990 (2018)

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## Form 990, Part III, Line 4a:

INSTRUCTION DREXEL IS A COMPREHENSIVE NATIONAL RESEARCH UNIVERSITY DEDICATED TO PROVIDING QUALITY UNDERGRADUATE, GRADUATE AND PROFESSIONAL EDUCATION FEATURING EXCELLENT ACADEMICS, STATE-OF-THE-ART TECHNOLOGY AND A FOCUS ON REAL-WORLD LEARNING AND SERVICE. THE UNIVERSITY'S RESEARCH ENTERPRISE WAS RECENTLY ELEVATED TO R1 STATUS IN THE CARNEGIE CLASSIFICATION OF INSTITUTIONS OF HIGHER EDUCATION--A RANK THAT DENOTES THE HIGHEST LEVEL OF RESEARCH ACTIVITY, HELD BY JUST 37 PRIVATE UNIVERSITIES AROUND THE COUNTRY. THE UNIVERSITY'S MISSION SERVES TRADITIONAL, ADULT AND ONLINE STUDENTS. DREXEL OFFERS NATIONALLY ACCREDITED PROGRAMS THAT MEET THE CHANGING NEEDS OF SOCIETY, INCLUDING MORE THAN 80 BACHELOR'S DEGREE PROGRAMS AND MORE THAN 120 GRADUATE AND PROFESSIONAL DEGREE PROGRAMS ORGANIZED IN 15 COLLEGES AND SCHOOLS: COLLEGE OF ARTS AND SCIENCES; SCHOOL OF BIOMEDICAL ENGINEERING, SCIENCE AND HEALTH SYSTEMS; BENNETT S. LEBOW COLLEGE OF BUSINESS; COLLEGE OF COMPUTING & INFORMATICS; SCHOOL OF EDUCATION; COLLEGE OF ENGINEERING; CHARLES D. CLOSE SCHOOL OF ENTREPRENEURSHIP; GRADUATE COLLEGE; PENNONI HONORS COLLEGE; THOMAS R. KLINE SCHOOL OF LAW; ANTOINETTE WESTPHAL COLLEGE OF MEDIA ARTS & DESIGN; COLLEGE OF MEDICINE; COLLEGE OF NURSING AND HEALTH PROFESSIONS; RICHARD C. GOODWIN COLLEGE OF PROFESSIONAL STUDIES AND DANA AND DAVID DORNSIFE SCHOOL OF PUBLIC HEALTH. DREXEL'S STRATEGIC EFFORTS FOCUS ON INVESTING FURTHER IN ACADEMIC EXCELLENCE, SERVING MORE STUDENTS WHILE IMPROVING THE STUDENT EXPERIENCE AND ENHANCING THE UNIVERSITY'S GLOBAL IMPACT. THESE EFFORTS PAY SPECIAL ATTENTION TO ENSURING THAT DREXEL'S ACADEMIC ENTERPRISE HELPS STRENGTHEN THE NEIGHBORHOODS AROUND ITS CAMPUSES. DREXEL IS THE LEAD ACADEMIC PARTNER IN THE APPLICATION AND IMPLEMENTATION PROCESS FOR THE FEDERAL PROMISE ZONE IN WEST PHILADELPHIA, ONE OF THE FIRST FIVE LOCATIONS CHOSEN FOR A WHITE HOUSE INITIATIVE TO DIRECT RESOURCES TO THE NATION'S MOST PERSISTENTLY POVERTY-STRICKEN COMMUNITIES. AS THE UNITED STATES TRANSITIONS TO AN INFORMATION ECONOMY, MANY JOBS REQUIRE THE CRITICAL THINKING AND PROBLEM-SOLVING SKILLS INSTILLED. FOR 100 YEARS, DREXEL HAS EQUIPPED STUDENTS FOR THE REAL WORLD THROUGH OUR RENOWNED COOPERATIVE EDUCATION PROGRAM. MOST RECENTLY, DREXEL ESTABLISHED THE DREXEL SOLUTIONS INSTITUTE THAT HAS BECOME THE NEW GATEWAY FOR INDUSTRY PARTNERSHIPS--CONNECTING DREXEL'S 1,600 CO-OP EMPLOYERS, AS WELL AS OTHER BUSINESSES AND NONPROFITS, TO DREXEL STUDENT TALENT, FACULTY EXPERTISE AND WORLD-CLASS RESOURCES. DREXEL HAS MADE A STRATEGIC COMMITMENT TO HELP IMPROVE THE NATION'S GLOBAL COMPETITIVENESS BY INCREASING STUDENTS' INTERNATIONAL ENGAGEMENT TO BUILD CULTURAL COMPETENCIES. IN RECENT YEARS, THE UNIVERSITY HAS GROWN THE NUMBER OF STUDY ABROAD OPPORTUNITIES BY MORE THAN A QUARTER AND THE NUMBER OF GLOBAL POSITIONS IN DREXEL'S SIGNATURE COOPERATIVE EDUCATION PROGRAM BY A THIRD, WHILE TRIPLING BOTH THE PROGRAMMING OF THE OFFICE OF INTERNATIONAL PROGRAMS AND THE TOTAL NUMBER OF INITIATIVES AT DREXEL THAT SUPPORT CROSS-CULTURAL EDUCATION AND ENGAGEMENT. UNDERGRADUATE ENROLLMENT FOR ACADEMIC YEAR 2018-2019 = 15,667 GRADUATE AND PROFESSIONAL ENROLLMENT FOR ACADEMIC YEAR 2018-2019 = 8,967 NUMBER OF DEGREES CONFERRED IN ACADEMIC YEAR 2018-2019: ASSOCIATE DEGREES = 0 BACHELOR'S DEGREES = 3,441 MASTER'S DEGREES = 2,239 DOCTORAL DEGREES = 680 CERTIFICATES AND OTHER = 365

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**Form 990, Part III, Line 4b:**

RESEARCHDREXEL RESEARCHERS WORK ACROSS DISCIPLINES TO INCREASE THE WORLD'S STORE OF KNOWLEDGE AND TRANSLATE THAT NEW KNOWLEDGE INTO SOLUTIONS WITH TREMENDOUS POSITIVE IMPACT ON SOCIETY. TYPICALLY, THE UNIVERSITY RECEIVES ABOUT \$110 MILLION PER YEAR IN RESEARCH EXPENDITURES, BUT ITS OUTPUT RIVALS THAT OF UNIVERSITIES THAT RECEIVE ANYWHERE FROM THREE TO FIVE TIMES THAT AMOUNT. DREXEL IS COMMITTED TO USING ITS RESEARCH AND TECHNOLOGICAL EXPERTISE TO BECOME AN EVEN MORE POWERFUL ECONOMIC ENGINE FOR GREATER PHILADELPHIA, HELPING TO CREATE NEW HIGH-TECH BUSINESSES AND JOBS. DREXEL LAUNCHED TWO NEW ACCELERATOR PROGRAMS IN 2015, IN COLLABORATION WITH THE STATE-FUNDED BEN FRANKLIN TECHNOLOGY PARTNERS OF SOUTHEASTERN PENNSYLVANIA AND THE CITY OF PHILADELPHIA, TO HELP GROW NEW BUSINESSES IN TECHNOLOGY AND MEDICAL DEVICES AND THERAPEUTICS. THESE ACCELERATORS ARE AMONG THE FIRST BUILDING BLOCKS OF SCHUYLKILL YARDS, A DREXEL AND BRANDYWINE REALTY TRUST INITIATIVE TO DRIVE UNIVERSITY CITY'S ASCENDANCY AS A GLOBAL INNOVATION DISTRICT. DREXEL'S RESEARCHERS CONTINUE TO BUILD PARTNERSHIPS THAT ARE CRITICAL TO CREATING 21ST-CENTURY SOLUTIONS TO AMERICA'S CHALLENGES. IN APRIL 2016, THE U.S. DEPARTMENT OF DEFENSE TAPPED DREXEL AS A KEY LEADER IN THE CREATION OF A \$75 MILLION NATIONAL RESEARCH INSTITUTE THAT WILL SUPPORT AMERICAN TEXTILE MANUFACTURERS IN BRINGING SOPHISTICATED NEW MATERIALS AND TEXTILES TO THE MARKETPLACE. THE INSTITUTE, CALLED ADVANCED FUNCTIONAL FABRICS OF AMERICA, WILL BE A NATIONAL MANUFACTURING RESOURCE CENTER FOR INDUSTRY AND GOVERNMENT TO DRAW ON ACADEMIC EXPERTISE IN NEW FIBERS AND TEXTILES. THE RESULT WILL BE FABRICS ENGINEERED TO SEE, HEAR, SENSE AND COMMUNICATE; SERVING AN ARRAY OF INDUSTRIES INCLUDING AEROSPACE, APPAREL, ARCHITECTURE AND HEALTH. IN 2019 OPENED THE CENTER FOR FUNCTIONAL FABRICS AND THE PENNSYLVANIA FABRIC DISCOVERY CENTER. THE LATTER WAS CREATED TO SUPPORT DREXEL'S ROLE AS THE REGIONAL LEADER OF ADVANCED FUNCTIONAL FABRICS OF AMERICA'S NETWORK OF FABRIC DISCOVERY CENTERS. DURING FY19, DREXEL UNIVERSITY CONDUCTED RESEARCH ON THE FOLLOWING RESEARCH GRANTS:FEDERALLY SPONSORED RESEARCH - 1,017 GRANTSSTATE OF PENNSYLVANIA SPONSORED RESEARCH - 125 GRANTSCITY OF PHILADELPHIA CONTRACTS - 37 GRANTSPRIVATE FOUNDATION SPONSORED RESEARCH - 404 GRANTSINDUSTRY SPONSORED RESEARCH - 244 GRANTS

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**Form 990, Part III, Line 4c:**

PATIENT CARE/PUBLIC SERVICE IS THE COLLEGE'S PATIENT CARE MISSION TO SERVE THE COMMUNITY THROUGH THE DELIVERY OF HIGH-QUALITY, COST-EFFECTIVE HEALTH CARE SERVICES, INCLUDING PROGRAMS OF HEALTH PROMOTION AND DISEASE PREVENTION. ALL CLINICAL SERVICES ARE PROVIDED WITH CAREFUL REGARD FOR THE INDIVIDUAL PATIENT AND THEIR FAMILY. DREXEL UNIVERSITY'S CLINICAL PRACTICES LEAD THE WAY IN PIONEERING TREATMENTS AND PROVIDE EXCEPTIONAL CARE IN 18 SPECIALTY AREAS, INCLUDING INFECTIOUS DISEASE, SLEEP DISORDERS, CARDIOVASCULAR DISEASE, AND WOMEN'S HEALTH.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RENEE AMOORE ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
CHRIS MCKENDRY ANDRADE ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
PETER AUSTEN ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
JEFFREY A BEACHELL ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
JAMES BEAN ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
SALLY J BELLET ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
GREGORY S BENTLEY ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
THOMAS E BERK ..... TRUSTEE (AS OF 5/8/19)	2.00 ..... 0.00	X						0	0	0
KAREN DOUGHERTY BUCHHOLZ ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
ELINOR HOSTERMAN BUCK ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0



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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RANDALL S BURKERT ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
THOMAS A CARAMANICO ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
R JOHN CHAPEL JR ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
HONORABLE IDA K CHEN ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
KATHLEEN P CHIMICLES ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
ABBIE DEAN ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
NICHOLAS DEBENEDICTIS ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
RICHARD J DEPIANO ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
GERIANNE TRINGALI DIPIANO ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
DOMENIC M DIPIERO III ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL J EDWARDS ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
THOMAS O FITZPATRICK ESQ ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
BRIAN R FORD ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
MICHAEL FORMAN ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
JOHN A FRY ..... PRESIDENT	40.00 ..... 7.00	X		X				2,024,282	0	406,999
KENNETH FULMER ..... TRUSTEE (AS OF 9/26/18)	2.00 ..... 0.00	X						0	0	0
SEAN J GALLAGHER ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
DAVID R GELTZER ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
RICHARD A GREENAWALT ..... CHAIR	2.00 ..... 0.00	X		X				0	0	0
MAURICIO GUTIERREZ ..... TRUSTEE (AS OF 5/8/19)	2.00 ..... 0.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RICHARD A HAYNE ..... VICE CHAIR	2.00 ..... 0.00	X		X				0	0	0
NINA HENDERSON ..... VICE CHAIR	2.00 ..... 0.00	X		X				0	0	0
RICHARD C ILL ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
PATRICIA H IMBESI ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
JOSEPH H JACOVINI ESQ ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
DAVID V KAGANOVSKY ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
THOMAS R KLINE ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
LAWRENCE M KORMAN ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
J MICHAEL LAWRIE ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
RAPHAEL C LEE ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES JOSEPH MAGUIRE JR ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
PATRICK MCGONIGAL ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
MATTHEW S NAYLOR ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
DENIS P O'BRIEN ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
KEVIN J O'HARA ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
RICHELLE P PARHAM ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
CHARLES P PIZZI ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
THOMAS M RAMPULLA ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
PHILIP L RINALDI ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
STANLEY W SILVERMAN ..... VICE CHAIR	2.00 ..... 0.00	X		X				0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOSEPH P UJOBAI ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
CHARLES K VALUTAS ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
MICHAEL J WILLIAMS ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
JANICE K MARINI ..... SECRETARY	40.00 ..... 0.00			X				224,130	0	33,221
HELEN Y BOWMAN ..... EXECUTIVE VP/TREASURER/COO	40.00 ..... 7.00			X				620,853	0	92,741
DAVID L UNRUH ..... SVP INST ADVANCEMENT	40.00 ..... 0.00				X			459,428	0	82,741
LORI N DOYLE ..... SVP UNIV COMMUNICATIONS	40.00 ..... 0.00				X			334,754	0	48,210
SUSAN C ALDRIDGE ..... SVP ONLINE LEARNING & PRES	40.00 ..... 0.00				X			376,049	0	38,959
BRIAN T KEECH ..... SVP GOV & COMMUNITY RELATI	40.00 ..... 0.00				X			260,896	0	45,265
RANDALL C DEIKE ..... SVP ENROLLMENT MGMT & STUD	40.00 ..... 0.00				X			519,307	0	87,486

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KEITH A ORRIS ..... SVP CORP RELATIONS & ECON	40.00 ..... 2.00				X			361,334	0	44,296
MICHAEL J EXLER ESQ ..... SVP AND GENERAL COUNSEL	40.00 ..... 2.00				X			410,988	0	48,241
M BRIAN BLAKE ..... PROVOST & EVP ACADEMIC AFF	40.00 ..... 2.00				X			584,688	0	92,741
DANIEL V SCHIDLAW ..... DEAN AND SVP, MEDICAL AFFA	40.00 ..... 0.00				X			687,782	0	31,687
DAVID STEIN ..... ASSOCIATE DEAN & COO, SURG	40.00 ..... 0.00					X		660,524	0	48,241
OWEN MONTGOMERY ..... CHAIR, OB/GYN CONTROL	40.00 ..... 0.00					X		472,524	0	31,072
ZACHARY SPIKER ..... HEAD COACH, MEN'S BASKETBALL	40.00 ..... 0.00					X		442,759	0	42,002
LIA LOGIO ..... PROFESSOR AND CHAIR, DEPT. OF MEDICINE	40.00 ..... 0.00					X		438,919	0	43,968
MATTHEW LAWRENCE ..... PROFESSOR, DEPT. OF SURGERY	40.00 ..... 0.00					X		431,867	0	36,022
JOSEPH B HUGHES ..... FORMER DEAN, COLLEGE OF EN	40.00 ..... 0.00						X	326,460	0	44,851

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DONNA MURASKO PHD ..... FORMER DEAN, COLLEGE OF ARTS & SC	40.00 ..... 0.00						X	379,695	0	44,296
MARK GREENBERG ..... FORMER PROVOST AND SVP, AC	40.00 ..... 0.00						X	395,057	0	40,891

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

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047  
**2018**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
DREXEL UNIVERSITY

**Employer identification number**  
23-1352630

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 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 33 1/3% 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 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . . \_\_\_\_\_
  - g Provide the following information about the supported organization(s).

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



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	167,363,697	180,378,244	147,223,454	191,291,661	179,004,281	865,261,337
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4 Total.</b> Add lines 1 through 3	167,363,697	180,378,244	147,223,454	191,291,661	179,004,281	865,261,337
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						58,792,590
<b>6 Public support.</b> Subtract line 5 from line 4.						806,468,747

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
<b>7</b> Amounts from line 4. . . . .	167,363,697	180,378,244	147,223,454	191,291,661	179,004,281	865,261,337
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	29,299,768	7,137,475	83,863,653	19,628,337	20,938,548	160,867,781
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	2,917,742	2,447,445	3,376,232	3,460,327	1,854,366	14,056,112
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . . . .						
<b>11 Total support.</b> Add lines 7 through 10						1,040,185,230
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	4,653,876,856

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

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	77.530 %
<b>15</b> Public support percentage for 2017 Schedule A, Part II, line 14 . . . . .	<b>15</b>	71.840 %

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . .						
<b>2</b>	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 . . .						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513 . . .						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge . . .						
<b>6</b>	<b>Total.</b> Add lines 1 through 5 . . .						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons . . .						
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. . .						
<b>c</b>	Add lines 7a and 7b. . .						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.) . . .						

**Section B. Total Support**

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

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

**Section C. Computation of Public Support Percentage**

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

**Section D. Computation of Investment Income Percentage**

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

**19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

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

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b>	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b>	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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b>	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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b>	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b>	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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b>	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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b>	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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?		
<b>b</b>	A family member of a person described in (a) above?		
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	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?		
<b>2</b>	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b>	Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b>	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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</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? <i>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.</i>		
<b>3</b>	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

- Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2018</b>	<b>(iii) Distributable Amount for 2018</b>
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018:			
<b>a</b> From 2013. . . . .			
<b>b</b> From 2014. . . . .			
<b>c</b> From 2015. . . . .			
<b>d</b> From 2016. . . . .			
<b>e</b> From 2017. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2014. . . . .			
<b>b</b> Excess from 2015. . . . .			
<b>c</b> Excess from 2016. . . . .			
<b>d</b> Excess from 2017. . . . .			
<b>e</b> Excess from 2018. . . . .			

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 23-1352630

**Name:** DREXEL UNIVERSITY

**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**

**SCHEDULE C**  
(Form 990 or 990-EZ)  
  
Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**  
For Organizations Exempt From Income Tax Under section 501(c) and section 527  
  
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
  
**2018**  
**Open to Public Inspection**

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

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

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

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

**If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization DREXEL UNIVERSITY	Employer identification number 23-1352630
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

**2** Political campaign activity expenditures (see instructions) ..... ▶ \$ \_\_\_\_\_

**3** Volunteer hours for political campaign activities (see instructions) .....

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

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

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

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

**4a** Was a correction made? .....  Yes  No

**b** If "Yes," describe in Part IV.

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

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

**2** Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_

**3** Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ \_\_\_\_\_

**4** Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				



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

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers? .....	Yes		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....		No	
<b>c</b> Media advertisements? .....		No	
<b>d</b> Mailings to members, legislators, or the public? .....	Yes		243,298
<b>e</b> Publications, or published or broadcast statements? .....		No	
<b>f</b> Grants to other organizations for lobbying purposes? .....		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	Yes		435,027
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		No	
<b>i</b> Other activities? .....		No	
<b>j</b> Total. Add lines 1c through 1i .....			678,325
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

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

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

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

**Part IV Supplemental Information**

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

Return Reference	Explanation
PART II-B, LINE 1:	LINE A - VOLUNTEERS: DREXEL UNIVERSITY HAS USED VOLUNTEERS TO HELP GET OUR MESSAGE TO ELECTED OFFICIALS. SPECIFICALLY, WE HAVE PARTICIPATED IN SUCH ACTIVITIES SUCH AS STUDENT LOBBYING DAY, SPONSORED BY THE ASSOCIATION FOR INDEPENDENT COLLEGES AND UNIVERSITIES, IN WHICH WE TAKE STUDENTS TO HARRISBURG TO MEET THEIR ELECTED OFFICIALS. THIS IS DONE IN COORDINATION WITH THE STUDENT GOVERNMENT ASSOCIATION AND THE OFFICE OF UNIVERSITY STUDENT LIFE. LINE D - MAILINGS TO MEMBERS, LEGISLATORS OR THE PUBLIC: IN CASES WHERE LEGISLATION MAY OR WILL AFFECT THE UNIVERSITY, ITS SUBSIDIARIES OR HIGHER EDUCATION AND HEALTH CARE IN GENERAL, WE MAKE CONTACT WITH LEGISLATORS THROUGH MAILINGS. THESE ARE PERSONALIZED MAILINGS AS OPPOSED TO DIRECT MAIL CAMPAIGNS. LINE G - DIRECT CONTACT WITH LEGISLATORS, THEIR STAFFS, GOVERNMENT OFFICIALS, OR A LEGISLATIVE BODY: WE HAVE DIRECT CONTACT WITH OUR LEGISLATORS, THEIR STAFFS, AND VARIOUS GOVERNMENT OFFICIALS THROUGHOUT THE YEAR VIA PHONE CALLS, WRITTEN CORRESPONDENCE, AND MEETINGS. THE FREQUENCY OF CONTACT DEPENDS ON THE ISSUES AT HAND.

**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047  
**2018**  
**Open to Public Inspection**

**Name of the organization**  
DREXEL UNIVERSITY

**Employer identification number**  
23-1352630

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

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

Preservation of land for public use (e.g., recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_ 10,583,421

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

a Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount |
|--|--------|
| <b>c</b> Beginning balance . . . . .             |        |
| <b>d</b> Additions during the year . . . . .     |        |
| <b>e</b> Distributions during the year . . . . . |        |
| <b>f</b> Ending balance . . . . .                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . .

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	717,995,000	639,825,000	589,106,075	585,577,000	421,686,000
<b>b</b> Contributions . . . . .	16,601,000	17,490,000	1,981,000	39,641,291	172,402,000
<b>c</b> Net investment earnings, gains, and losses	41,768,000	79,605,000	69,113,000	-13,919,159	14,441,000
<b>d</b> Grants or scholarships . . . . .	7,343,000	6,921,000	6,471,075	6,040,655	5,726,137
<b>e</b> Other expenditures for facilities and programs . . . . .	16,617,000	12,004,000	13,904,000	16,152,402	17,225,863
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	752,404,000	717,995,000	639,825,000	589,106,075	585,577,000

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 36.630 %
  - b** Permanent endowment ▶ 41.450 %
  - c** Temporarily restricted endowment ▶ 21.920 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| <b>(i)</b> unrelated organizations . . . . .   | 3a(i)  | No |
| <b>(ii)</b> related organizations . . . . .  | 3a(ii) | No |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | 3b     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		99,613,486		99,613,486
<b>b</b> Buildings . . . . .		1,044,854,425	347,685,718	697,168,707
<b>c</b> Leasehold improvements		102,773,522	57,302,273	45,471,249
<b>d</b> Equipment . . . . .		159,768,866	116,672,342	43,096,524
<b>e</b> Other . . . . .		77,651,892	55,274,125	22,377,767
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				907,727,733

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____ (A) INVESTMENT AT NAV (PRIVATE EQUITY, REAL ESTATE, HEDGE FUNDS, AND OTHER)	281,444,000	F
(B) REAL ESTATE & REAL ASSETS FUNDS	104,259,000	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	385,703,000	

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
DEPOSITS	28,644,056
GOVERNMENT ADVANCES FOR STUDENT LOANS	29,198,545
CAPITAL LEASE, ARMORY	6,845,528
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	64,688,129

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	

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

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

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 23-1352630

**Name:** DREXEL UNIVERSITY

## Supplemental Information

Return Reference	Explanation
PART III, LINE 4:	THE DREXEL COLLECTION, FOUNDED BY A.J. DREXEL IN 1892, CONSISTS OF APPROXIMATELY 6,000 WORKS OF ART. THE FOCUS OF THE COLLECTION IS PRIMARILY 19TH CENTURY EUROPEAN ART INCLUDING PAINTINGS, SCULPTURE, PRINTS AND DRAWINGS, PORCELAIN, SILVER AND FURNITURE. THE DREXEL COLLECTION IS DISPLAYED IN THREE GALLERIES - THE ANTHONY J. DREXEL PICTURE GALLERY, THE RINCLIFFE GALLERY AND THE GALLERY IN THE PAUL PECK ALUMNI CENTER. THE ANTHONY J. DREXEL PICTURE GALLERY DISPLAYS OUR PERMANENT COLLECTION OF PRIMARILY 19TH CENTURY EUROPEAN PAINTINGS AND IS USED DAILY FOR TOURS OF THE UNIVERSITY. THE RINCLIFFE AND PAUL PECK ALUMNI GALLERIES ARE ROTATING EXHIBITION SPACES THAT INCORPORATE BOTH INTERNAL COLLECTIONS AND LOAN ITEMS AND BOTH ARE USED AS A TEACHING TOOL ABOUT EXHIBITION PLANNING AND PROGRAMMING FOR STUDENTS IN THE MUSEUM LEADERSHIP AND ARTS MANAGEMENT PROGRAMS. THE GALLERIES ARE FREE AND OPEN TO THE STUDENTS, FACULTY, STAFF AND THE PUBLIC. OBJECTS FROM THE DREXEL COLLECTION ARE ALSO DISPLAYED THROUGHOUT THE MAIN BUILDING AND UNIVERSITY CITY, CENTER CITY AND QUEEN LANE CAMPUSES. THE DISPLAYS INTERPRET THE ARTWORK TO MAKE THEM MORE RELEVANT TO THE STUDENTS, FACULTY AND STAFF. THE COLLECTION OBJECTS ARE ALSO USED FOR WORKSHOPS AND CLASSES TO DESIGN AND IMPLEMENT PUBLIC EXHIBITIONS, RESEARCH PROJECTS AND PRACTICUMS FOR STUDENTS STUDYING MUSEUM LEADERSHIP AND ART MANAGEMENT.



## Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	DREXEL UNIVERSITY HAD AN ENDOWMENT SPENDING RULE THAT LIMITED THE SPENDING OF ENDOWMENT RE SOURCES TO 4.75% OF THE AVERAGE MARKET VALUE OF THE POOLED ENDOWMENT PORTFOLIO FOR THE PRI OR SEVEN FISCAL YEARS. TO THE EXTENT THAT CURRENT YIELD IS INADEQUATE TO MEET THE SPENDING RULE, A PORTION OF CUMULATIVE REALIZED NET GAINS IS AVAILABLE FOR CURRENT USE. ENDOWMENT RESOURCES ARE USED TO FUND OPERATIONS, SCHOLARSHIPS, ACADEMIC PROGRAMS AND PROFESSORSHIPS.

**Supplemental Information**

Return Reference	Explanation
PART X, LINE 2:	THE UNIVERSITY HAS BEEN GRANTED TAX-EXEMPT STATUS AS A NON-PROFIT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND, ACCORDINGLY, FILES FEDERAL TAX FORM 990 (RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX) ANNUALLY. THE UNIVERSITY FILES U.S. FEDERAL, STATE AND LOCAL INFORMATIONAL RETURNS. THE STATUTE OF LIMITATIONS ON THE UNIVERSITY'S U.S. FEDERAL INFORMATION RETURNS REMAINS OPEN FOR THREE YEARS FOLLOWING THE YEAR THEY ARE FILED. THE UNIVERSITY AND ITS AFFILIATES ENGAGE IN ACTIVITIES THAT ARE SUBJECT TO UNRELATED BUSINESS INCOME TAXES FOR WHICH APPROPRIATE INCOME TAX RETURNS ARE FILED. THE FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB") ISSUED ACCOUNTING STANDARDS CODIFICATION ("ASC") NO.740-10, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH REQUIRES THAT A TAX POSITION BE RECOGNIZED OR DERECOGNIZED BASED ON A "MORE LIKELY THAN NOT" THRESHOLD. THE UNIVERSITY DOES NOT BELIEVE THERE ARE ANY UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS.

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

# Schools

OMB No. 1545-0047

## 2018

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**  
▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for the latest instructions.**

Department of the Treasury  
Name of the organization  
DREXEL UNIVERSITY

**Employer identification number**  
23-1352630

**Part I**

	YES	NO
<b>1</b> 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? . . . . .	Yes	
<b>2</b> 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	
<b>3</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space use Part II. . . . .	Yes	
<b>4</b> Does the organization maintain the following?		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	Yes	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	Yes	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	Yes	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? . . . . . If you answered "No" to any of the above, please explain. If you need more space, use Part II.	Yes	
<b>5</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges? . . . . .		No
<b>b</b> Admissions policies? . . . . .		No
<b>c</b> Employment of faculty or administrative staff? . . . . .		No
<b>d</b> Scholarships or other financial assistance? . . . . .		No
<b>e</b> Educational policies? . . . . .		No
<b>f</b> Use of facilities? . . . . .		No
<b>g</b> Athletic programs? . . . . .		No
<b>h</b> Other extracurricular activities? . . . . . If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		No
<b>6a</b> Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	Yes	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? . . . . . If you answered "Yes" to either line 6a or line 6b, explain on Part II.		No
<b>7</b> Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II. . . . .	Yes	

**Part II Supplemental Information.** 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	DREXEL UNIVERSITY INCLUDES ITS RACIALLY NONDISCRIMINATORY POLICY IN NEWSPAPER AND MAGAZINE ADVERTISING DURING REGISTRATION PERIODS AND IN STUDENT BROCHURES.
SCHEDULE E, PART I, LINE 5	DREXEL UNIVERSITY WAS FOUNDED UPON THE PRINCIPLE OF DIVERSITY AS AN EDUCATIONAL GOAL AND REMAINS COMMITTED TO THAT PRINCIPLE TODAY. IN 1892, NOTED FINANCIER, PHILANTHROPIST, AND ADVISOR TO U.S. PRESIDENTS, ANTHONY J. DREXEL CREATED THE DREXEL INSTITUTE OF ART, SCIENCE AND INDUSTRY TO PROVIDE HIGHER EDUCATION TO MEN AND WOMEN OF THE WORKING CLASS WHO WERE NOT WELCOME IN THE COLLEGES AND UNIVERSITIES OF THAT DAY. A.J. DREXEL ENVISIONED A LEARNING ENVIRONMENT IN WHICH YOUNG MEN AND WOMEN WOULD LEARN SKILLS AND ACQUIRE KNOWLEDGE IN SUBJECTS THAT WOULD PREPARE THEM FOR REWARDING CAREERS. DREXEL'S CO-OPERATIVE EDUCATION PROGRAM ENCOURAGES STUDENTS TO LEARN HOW TO WORK TOGETHER BY PLACING THEM IN REAL BUSINESS SETTINGS THAT ARE INCREASINGLY DIVERSE. WE HAVE EMBRACED DIVERSITY BECAUSE WE KNOW THERE IS NO OTHER WAY TO ENSURE OUR STUDENTS ARE PREPARED FOR A DIVERSE WORLD. WE WILL CONTINUE TO HONOR OUR FOUNDERS' VISIONS, CREATING A DIVERSE STUDENT COMMUNITY AS AN ESSENTIAL PART OF OUR MISSION.
SCHEDULE E, PART I, LINE 6	DREXEL UNIVERSITY RECEIVES FUNDS FROM VARIOUS FEDERAL AND STATE GOVERNMENTAL AGENCIES UNDER THEIR RESPECTIVE STUDENT FINANCIAL AID ASSISTANCE PROGRAMS. FEDERAL PROGRAMS INCLUDE THE PELL GRANT PROGRAM, SUPPLEMENTAL EDUCATION OPPORTUNITY GRANT (SEOG) PROGRAM, COLLEGE WORK STUDY (CWS) PROGRAM AND PERKINS LOAN PROGRAM. THE STATE PROGRAM IS THE PENNSYLVANIA HIGHER EDUCATION ASSISTANCE PROGRAM FOR STUDENTS. THE UNIVERSITY RECEIVES FUNDS FROM VARIOUS FEDERAL AND STATE GOVERNMENTAL AGENCIES FOR SPONSORED RESEARCH AND OTHER PROJECT GRANTS, INCLUDING NSF AND HHS. APPROPRIATIONS ARE RECEIVED FROM THE COMMONWEALTH OF PENNSYLVANIA FOR THE MD PROGRAM, GENERAL MAINTENANCE OF THE COLLEGE, STUDENT AID, MINORITY EDUCATION AND RECRUITMENT, PEDIATRIC SERVICES AND OTHER OPERATING EXPENSES THAT FURTHER OUR MISSION AND OBJECTIVES OF EDUCATION AND RESEARCH.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

# Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

# 2018

**Open to Public Inspection**

Name of the organization  
DREXEL UNIVERSITY

**Employer identification number**  
23-1352630

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

- For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
<b>3a</b> Sub-total . . . . .	0	0			33,451
<b>b</b> Total from continuation sheets to Part I . . . . .					4,622,391
<b>c Totals</b> (add lines 3a and 3b)	0	0			4,655,842

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

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

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 14

3 Enter total number of other organizations or entities . . . . . ▶ 0

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Region	<b>(c)</b> Number of recipients	<b>(d)</b> Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of non-cash assistance	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
See Add'l Data							

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . .  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* . . . . .  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . . . . .  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . .  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* . . . . .  Yes  No



**Part V Supplemental Information**

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

**990 Schedule F, Supplemental Information**

Return Reference	Explanation
PART I, LINE 2:	<p>DREXEL'S OFFICE OF RESEARCH HAS RESPONSIBILITY FOR OVERSEEING GRANTS (TYPICALLY SUBAWARDS) TO FOREIGN ORGANIZATIONS. THE OFFICE OF RESEARCH BEGINS WITH A "PRE-AWARD PROCESS," WHICH INVOLVES GATHERING BACKGROUND INFORMATION ABOUT THE POTENTIAL GRANTEE, CONDUCTING A RISK ASSESSMENT WITH RESPECT TO THE POTENTIAL GRANTEE, DEVELOPING APPROPRIATE TERMS FOR THE GRANTS, AND ENTERING INTO A WRITTEN AGREEMENT WITH THE GRANTEE. ONCE A GRANT HAS BEEN APPROVED IN PRINCIPLE, THE OFFICE OF RESEARCH FOCUSES ON THE "OPERATIONS AND COMPLIANCE PROCESS," WHICH INVOLVES USING VISUAL COMPLIANCE TO SCREEN PAYEES AGAINST THE "SPECIALLY DESIGNATED NATIONALS" LIST OF THE TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSET CONTROL AND SIMILAR WATCH LISTS. ONCE THE GRANTEE HAS PASSED THIS SCREENING AND THERE IS A WRITTEN GRANT AGREEMENT, THE OFFICE OF RESEARCH MOVES TO THE "POST-AWARD PROCESS AND EXPENSES MONITORING." THIS INVOLVES REVIEWING PROPOSED GRANT PAYMENTS TO ENSURE THAT THE GRANTEE HAS PROVIDED APPROPRIATE DOCUMENTATION FOR THE GRANT EXPENSES AND THAT SUCH EXPENSES FALL WITHIN THE CATEGORY OF "ALLOWABLE EXPENSES" UNDER THE PARTICULAR PRIME GRANT OR CONTRACT. DREXEL ALSO REQUIRES THE PRINCIPAL INVESTIGATOR OF THE PRIME GRANT OR CONTRACT (WHO IS TYPICALLY A DREXEL PROFESSOR OR RESEARCHER) TO APPROVE THE PROPOSED PAYMENTS AND DOCUMENTATION OF THE SERVICES RENDERED PRIOR TO MAKING PAYMENT. IF THERE ARE QUESTIONS ABOUT THE USE OF FUNDS BY A GRANTEE, DREXEL CONDUCTS AN INVESTIGATION AND WITHHOLDS ANY FURTHER PAYMENT PENDING RESOLUTION OF THE INVESTIGATION.</p>

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 23-1352630

**Name:** DREXEL UNIVERSITY

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
MIDDLE EAST AND NORTH AFRICA			BUSINESS		8,876
NORTH AMERICA			BUSINESS		1,314

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC			BUSINESS		1,619
EUROPE			BUSINESS		1,807

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA			FUNDRAISING		917
EAST ASIA AND THE PACIFIC			FUNDRAISING		3,679

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE			FUNDRAISING		14,354
MIDDLE EAST & NORTH AFRICA			FUNDRAISING		885

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA			PROGRAM SERVICES	ATHLETICS	3,107
EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	ATHLETICS	14,236

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH AMERICA			PROGRAM SERVICES	ATHLETICS	1,100
EUROPE			PROGRAM SERVICES	ATHLETICS	112,121

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE			PROGRAM SERVICES	CONFERENCES/TRAVEL	190,523
EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	CONFERENCES/TRAVEL	81,108



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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH AMERICA			PROGRAM SERVICES	CONFERENCES/TRAVEL	16,860
NORTH AMERICA			PROGRAM SERVICES	CONFERENCES/TRAVEL	128,413

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA			PROGRAM SERVICES	CONFERENCES/TRAVEL	9,756
SOUTH ASIA			PROGRAM SERVICES	CONFERENCES/TRAVEL	36,705

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH ASIA			PROGRAM SERVICES	RECRUITING	4,952
SUB-SAHARAN AFRICA			PROGRAM SERVICES	RECRUITING	140

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE			PROGRAM SERVICES	RECRUITING	28,813
EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	RECRUITING	36,934

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA			PROGRAM SERVICES	RECRUITING	38,002
MIDDLE EAST & NORTH AFRICA			PROGRAM SERVICES	RECRUITING	3,780

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
RUSSIA			PROGRAM SERVICES	RESEARCH	7,679
SUB-SAHARAN AFRICA			PROGRAM SERVICES	RESEARCH	628,974

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH ASIA			PROGRAM SERVICES	RESEARCH	3,934
SOUTH AMERICA			PROGRAM SERVICES	RESEARCH	321,830

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	RESEARCH	90,672
CENTRAL AMERICA			PROGRAM SERVICES	RESEARCH	125,792



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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
MIDDLE EAST & NORTH AFRICA			PROGRAM SERVICES	RESEARCH	9,961
NORTH AMERICA			PROGRAM SERVICES	RESEARCH	216,848

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE			PROGRAM SERVICES	RESEARCH	395,539
NORTH AMERICA			PROGRAM SERVICES	STUDY ABROAD	10,379

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA			PROGRAM SERVICES	STUDY ABROAD	8,354
SOUTH AMERICA			PROGRAM SERVICES	STUDY ABROAD	11,677

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH ASIA			PROGRAM SERVICES	STUDY ABROAD	4,178
EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	STUDY ABROAD	13,962

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA			PROGRAM SERVICES	STUDY ABROAD	167,884
EUROPE			PROGRAM SERVICES	STUDY ABROAD	1,860,140

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA			PROGRAM SERVICES	CONFERENCES/TRAVEL	8,403
RUSSIA			PROGRAM SERVICES	CONFERENCES/TRAVEL	2,607

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
MIDDLE EAST & NORTH AFRICA			PROGRAM SERVICES	CONFERENCES/TRAVEL	14,369
MIDDLE EAST & NORTH AFRICA			PROGRAM SERVICES	STUDY ABROAD	12,659

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	RESEARCH	13,334	WIRE	0		
		NORTH AMERICA	RESEARCH	24,687	WIRE	0		



**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	RESEARCH	26,058	WIRE	0		
		SOUTH AMERICA	RESEARCH	39,207	WIRE	0		

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	RESEARCH	93,921	WIRE	0		
		CENTRAL AMERICA AND THE CARIBBEAN	RESEARCH	96,790	WIRE	0		

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	RESEARCH	101,428	WIRE	0		
		SOUTH AMERICA	RESEARCH	127,694	WIRE	0		

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	RESEARCH	130,460	WIRE	0		
		SOUTH AMERICA	RESEARCH	135,761	WIRE	0		

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	RESEARCH	150,841	WIRE	0		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	202,602	WIRE	0		

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	RESEARCH	226,186	WIRE	0		
		SUB-SAHARAN AFRICA	RESEARCH	229,885	WIRE	0		

**Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S**

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
SCHOLARSHIPS	EAST ASIA AND THE PACIFIC	45	245,500	CHECK			
SCHOLARSHIPS	EUROPE	27	165,000	CHECK			

**Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S**

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
SCHOLARSHIPS	SUB-SAHARAN AFRICA	7	30,103	CHECK			
SCHOLARSHIPS	NORTH AMERICA	1	6,000	CHECK			



**Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S**

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
SCHOLARSHIPS	SOUTH AMERICA	2	16,500	CHECK			
SCHOLARSHIPS	MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	4	36,000	CHECK			

**Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S**

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
SCHOLARSHIPS	RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN, BELARUS,	1	6,000	CHECK			

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization  
DREXEL UNIVERSITY

**Employer identification number**  
23-1352630

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a**  Mail solicitations
  - b**  Internet and email solicitations
  - c**  Phone solicitations
  - d**  In-person solicitations
  - e**  Solicitation of non-government grants
  - f**  Solicitation of government grants
  - g**  Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
RUFFALO NOEL LEVITZ 1025 KIRKWOOD PARKWAY SW  CEDAR RAPIDS, IA 52404	PHONE SOLICITATION PROGRAM		No	95,909	243,798	-147,889
<b>Total</b>				95,909	243,798	-147,889

**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.

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

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

Revenue		(a)Event #1	(b) Event #2	(c)Other events	(d)
		<b>BUSINESS LEADER LUNCH 2019</b> (event type)	<b>IWHL - WOMEN ONE EVENT</b> (event type)	<b>5</b> (total number)	Total events (add col. (a) through col. (c))
<b>1</b>	Gross receipts . . . . .	491,250	119,570	453,135	1,063,955
<b>2</b>	Less: Contributions . . . . .	452,100	116,495	318,949	887,544
<b>3</b>	Gross income (line 1 minus line 2) . . . . .	39,150	3,075	134,186	176,411
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .			4,113	4,113
	<b>6</b> Rent/facility costs . . . . .	467	1,080	107,090	108,637
	<b>7</b> Food and beverages . . . . .	24,460	29,803	63,171	117,434
	<b>8</b> Entertainment . . . . .			3,058	3,058
	<b>9</b> Other direct expenses . . . . .	74,716	28,886	24,751	128,353
	<b>10</b>	Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶			
<b>11</b>	Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-185,184

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

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

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

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

**b** If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

**b** If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

**13** Indicate the percentage of gaming activity conducted in:

<b>a</b> The organization's facility	<b>13a</b>	%
<b>b</b> An outside facility	<b>13b</b>	%

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

Name ▶ .....

Address ▶ .....

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

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

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

Name ▶ .....

Address ▶ .....

**16** Gaming manager information:

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

- Director/officer                       Employee                       Independent contractor

**17** Mandatory distributions:

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

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

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

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

Schedule I (Form 990)

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization DREXEL UNIVERSITY

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.

Employer identification number 23-1352630

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 103
3 Enter total number of other organizations listed in the line 1 table 8

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS	22207	393,365,974		BOOK	
(2) AWARDS	236	156,135		BOOK	
(3) FELLOWSHIPS	114	2,518,583		BOOK	
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	THE PRINCIPAL INVESTIGATOR HAVING RESPONSIBILITY FOR THE GRANT MONITORS SUBCONTRACTOR PERFORMANCE BASED ON THE PROGRAM'S TASKS AND GOALS. THE PRINCIPAL INVESTIGATOR REVIEWS THE PERFORMANCE BEFORE AUTHORIZING THE SUBCONTRACTOR'S INVOICE FOR PAYMENT.

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 23-1352630  
**Name:** DREXEL UNIVERSITY

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF SOUTH FLORIDA RESEARCH PROJECTS RECEIVABLES PO BOX 864568 ORLANDO, FL 32886	59-3102112	115	11,159				RESEARCH
TEXAS A&M UNIVERSITY OFFICE OF SPONSORED RESEARCH SERVICES 400 HARVEY MITCHELL PKWY S COLLEGE STATION, TX 77845	74-6000531	115	18,891				RESEARCH



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF ARIZONA SPONSORED PROJECTS SERVICES 1303 E UNIVERSITY BLVD BOX 3 TUCSON, AZ 85719	74-2652689	115	19,740				RESEARCH
UNIVERSITY OF HAWAII OFFICE OF RESEARCH SERVICES 2440 CAMPUS ROAD BOX 368 HONOLULU, HI 96822	99-6000354	115	22,858				RESEARCH

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF NORTH DAKOTA GRANTS CONTRACTS ADMINISTRATION 264 CENTENNIAL DRIVE TWAMLEY HALL ROOM GRAND FORKS, ND 58202	45-6002491	115	29,698				RESEARCH
COLORADO STATE UNIVERSITY COLORADO STATE UNIVERSITY OFFICE OF SPONSORED PROGRAMS 2002 CAMPUS DELI FORT COLLINS, CO 80523	84-6000545	115	48,927				RESEARCH

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF MARYLAND OFFICE OF THE COMPTROLLER ROOM 4101 CHESAPEAKE BLDG COLLEGE PARK, MD 20742	52-6002033	115	114,431				RESEARCH
UNIVERSITY OF SOUTH CAROLINA CONTRACT GRANT ACCOUNTING 1600 HAMPTON ST STE 612 COLUMBIA, SC 29208	57-6001153	115	168,994				RESEARCH

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF WASHINGTON GRANT CONTRACT ACCOUNTING 12455 COLLECTIONS DR CHICAGO, IL 60693	91-6001537	115	210,450				RESEARCH
PA LEADERSHIP CHARTER SCHOOL 1332 ENTERPRISE DRIVE WEST CHESTER, PA 19380	35-2225538	501(C)(3)	12,393				RESEARCH

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF MIAMI OFFICE OF RESEARCH ADMINISTRATON PO BOX 405803 ATLANTA, GA 30384	59-0624458	501(C)(3)	13,344				RESEARCH
UNIVERSITY OF LOUISIANA LAFAYETTE SPFAC PO BOX 42570 LAFAYETTE, LA 70504	72-6000820	115	15,186				RESEARCH

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SEQUOIA FOUNDATION 2166 AVENIDA DE LA PLAYA SUITE D LA JOLLA, CA 92037	91-1178052	501(C)(3)	16,606				RESEARCH
CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER ACCOUNTING DEPT MLC4900 3333 BURNET AVE CINCINNATI, OH 45229	31-0833936	501(C)(3)	20,893				RESEARCH

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIV OF TEXAS HEALTH SCI CTR HOUSTON FINANCIAL ADMINSTRATIVE SUPPORT PO BOX 301418 DALLAS, TX 75303	74-1761309	501(C)(3)	21,330				RESEARCH
REGENTS OF THE UNIVERSITY OF CALIFORNIA ADMINISTRATIVE MAIN CASHIER OFFICE BOX 957089 1125 MURPHY HALL 405 HIL LOS ANGELES, CA 90095	94-3067788	501(C)(3)	22,758				RESEARCH

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NEW YORK UNIVERSITY SPONSORED PROGRAMS ACCTG P O BOX 5166 NEW YORK, NY 10087	13-5562308	501(C)(3)	24,091				RESEARCH
COMMUNITY COLLEGE OF PHILADELPHIA 1700 SPRING GARDEN ST C1- 34 PHILADELPHIA, PA 19130	23-6391672	115	29,106				RESEARCH



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHILDREN'S LITERACY INITIATIVE THIRD FLOOR 990 SPRING GARDEN STREET SUITE 400 PHILADELPHIA, PA 19123	23-2515768	501(C)(3)	32,500				RESEARCH
TRUSTEES OF PRINCETON UNIVERSITY SPONSORED RESEARCH ACCOUNTING 701 CARNEGIE CENTER SUITE 443 PRINCETON, NJ 08540	21-0634501	501(C)(3)	36,701				RESEARCH

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BROWN UNIVERSITY CASHIERS OFFICE 69 BROWN STREET 2ND FL BOX 1997 PROVIDENCE, RI 02912	05-0258809	501(C)(3)	37,612				RESEARCH
GEORGIA STATE UNIVERSITY RESEARCH FOUNDATION PO BOX 3999 ATLANTA, GA 30302	58-1845423	501(C)(3)	37,816				RESEARCH

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ARTISTYEAR 2114 DELANCEY STREET PHILADELPHIA, PA 19103	81-1281053	501(C)(3)	41,861				RESEARCH
NEBRASKA MEDICAL CENTER ACCOUNTS RECEIVABLE 985045 NEBRASKA MEDICAL CENTER OMAHA, NE 68198	91-1858433	501(C)(3)	42,574				RESEARCH

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GEORGE WASHINGTON UNIVERSITY GCAS DIRECTOR PO BOX 829896 REFCCNS21908F / AR149065 PHILADELPHIA, PA 19182	53-0196584	501(C)(3)	44,289				RESEARCH
ROCHESTER GENERAL HEALTH SYSTEM 100 KINGS HIGHWAY S ROCHESTER, NY 14617	22-2551509	501(C)(3)	44,671				RESEARCH

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF NEBRASKA AT OMAHA MANAGER OF GRANTS ACCOUNTING 6001 DODGE ST EAB208 OMAHA, NE 68182	47-0049123	501(C)(3)	51,559				RESEARCH
CENTRAL SUSQUEHANNA INTERMEDIATE UNIT 90 LAWTON LANE MILTON, PA 17847	23-2181209	501(C)(3)	54,294				RESEARCH

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHEYNEY UNIVERSITY 1837 UNIVERSITY CIRCLE P O BOX 200 CHEYNEY, PA 19319	23-2478688	115	57,912				RESEARCH
PHILADELPHIA EDUCATION FUND FINANCE DEPARTMENT 1709 BENJAMIN FRANKLIN PARKWAY SUITE 700 PHILADELPHIA, PA 19103	22-2567982	501(C)(3)	63,558				RESEARCH

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL OFFICE OF SPONSORED RESEARCH BANK OF AMERICA LOCKBOX SVC P O BOX 4024 ATLANTA, GA 30384	56-6001393	501(C)(3)	150,541				RESEARCH
21ST CENTURY PARTNERSHIP FOR STEM EDUCATION 375 EAST ELM STREET SUITE 215 CONSHOHOCKEN, PA 19428	26-1164919	501(C)(3)	98,544				RESEARCH

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
RUTGERS UNIVERSITY DIVISION OF GRANT AND CONTRACT ACCOUNTING RUTGERS THE STATE UNIVER PISCATAWAY, NJ 08854	22-6001086	501(C)(3)	101,813				RESEARCH
WISTAR INSTITUTE OF ANATOMY AND BIOLOGY 3601 SPRUCE ST PHILADELPHIA, PA 19104	23-6434390	501(C)(3)	123,814				RESEARCH



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LINCOLN UNIVERSITY GRANT ACCOUNTING OFFICE OF THE CONTROLLER 1570 BALTIMORE PIKE LINCOLN UNIVERSITY, PA 19352	23-1352655	501(C)(3)	128,770				RESEARCH
KAISER FOUNDATION RESEARCH INSTITUTE KFRI FINANCIAL SERVICES 1800 HARRISON ST 16TH FLOOR OAKLAND, CA 94612	94-1105628	501(C)(3)	135,261				RESEARCH

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HARVARD UNIVERSITY P O BOX 415649 BOSTON, MA 02241	04-2103580	501(C)(3)	139,084				RESEARCH
ST JUDE CHILDRENS RESEARCH HOSPITAL PO BOX 1000 DEPARTMENT 949 MEMPHIS, TN 38148	62-0646012	501(C)(3)	140,055				RESEARCH

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WASHINGTON UNIVERSITY IN ST LOUIS SPONSORED PROJECTS ACCOUNTING CB 1034 700 ROSEDALE AVENUE ST LOUIS, MO 63112	43-0653611	501(C)(3)	140,530				RESEARCH
TNTP INC 500 SEVENTH AVENUE 8TH FLOOR NEW YORK, NY 10018	13-3850158	501(C)(3)	144,462				RESEARCH

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOARD OF TRUSTEES FOR THE UNIVERSITY OF ALABAMA GRANTS CONTRACT ACCOUNTING 1720 SECOND AVE SOUTH BIRMINGHAM, AL 35294	63-6001138	501(C)(3)	147,855				RESEARCH
UNIVERSITY OF CHICAGO FINANCIAL SERVICES 6054 S DREXEL AVE STE 300 CHICAGO, IL 60637	36-2177139	501(C)(3)	180,435				RESEARCH

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NEW JERSEY INSTITUTE OF TECHNOLOGY UNIVERSITY HEIGHTS NEWARK, NJ 07102	22-6000910	115	196,273				RESEARCH
UNIVERSITY OF COLORADO DEVER OFFICE OF GRANTS AND CONTRACTS-F428 PO BOX 910238 DENVER, CO 80291	84-6000555	501(C)(3)	206,756				RESEARCH

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHILDREN'S HOSPITAL OF PHILADELPHIA LOCKBOX 1457 PO BOX 8500 PHILADELPHIA, PA 19178	23-1352166	501(C)(3)	216,891				RESEARCH
DANA-FARBER CANCER INSTITUTE RESEARCH ACCOUNTING MAIL STOP BP437 450 BROOKLINE AVE BOSTON, MA 02215	04-2263040	501(C)(3)	224,648				RESEARCH

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHILDRENS HOSPITAL LOS ANGELES SPONSORED PROJECTS THE SABAN RESEARCH INSTITUTE 4650 W SUNSET BL LOS ANGELES, CA 90027	95-1690977	501(C)(3)	324,856				RESEARCH
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI DIRECTOR- SPONSORED PROJECTS FINANCE ONE GUSTAVE LEVY PL ONE GUS NEW YORK, NY 10029	13-6171197	501(C)(3)	329,142				RESEARCH

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF DELAWARE CASHIERS OFFICE 116 STUDENT SERVICES BUILDING NEWARK, DE 19716	51-6000297	501(C)(3)	367,641				RESEARCH
SALK INSTITUTE FOR BIOLOGICAL STUDIES 10010 N TORREY PINES RD LA JOLLA, CA 92037	95-2160097	501(C)(3)	371,196				RESEARCH



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
JOHNS HOPKINS UNIVERSITY CENTRAL LOCKBOX BANK OF AMERICA 12529 COLLECTIONS CENTER DR CHICAGO, IL 60693	52-0595110	501(C)(3)	386,581				RESEARCH
CASE WESTERN RESERVE UNIVERSITY GRANTS ACCOUNTING CONTROLLERS OFFICE 10900 EUCLID AVE CLEVELAND, OH 44106	34-1018992	501(C)(3)	464,969				RESEARCH

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PUBLIC HEALTH MANAGEMENT CORPORATION 1500 MARKET STREET PHILADELPHIA, PA 19102	23-7221025	501(C)(3)	209,700				RESEARCH
YALE UNIVERSITY OFFICE OF GRANT CONTRACT FINANCIAL ADMIN PO BOX 1873 NEW HAVEN, CT 06508	06-0646973	501(C)(3)	512,224				RESEARCH

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TEMPLE UNIVERSITY RESEARCH ACCTG SERVICES PO BOX 824242 PHILADELPHIA, PA 19182	23-1365971	501(C)(3)	566,281				RESEARCH
TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK SPONSORED PROJECTS FINANCE PO BOX 29789 GENERAL POST OFFICE NEW YORK, NY 10087	13-5598093	501(C)(3)	686,023				RESEARCH

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA P O BOX 785541 PHILADELPHIA, PA 19178	23-1352685	501(C)(3)	1,164,552				RESEARCH
REGENTS OF UNIVERSITY OF CALIFORNIA DAVIS CASHIERS OFFICE PO BOX 989062 WEST SACRAMENTO, CA 95798	94-6036494	501(C)(3)	1,415,931				RESEARCH

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
EDESIGN DYNAMICS 402 W 40TH ST NEW YORK, NY 10018	45-0511045	FOR-PROFIT	7,318				RESEARCH
KUJAWSKI CONSULTING 223 S CHESTER RD SWARTHMORE, PA 19081	57-9044732	FOR-PROFIT	10,880				RESEARCH

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FAB YOUTH PHILLY 1928 E ARIZONA ST PHILADELPHIA, PA 19125	46-3447591	FOR-PROFIT	150,412				RESEARCH
HAZLETON AREA SCHOOL DISTRICT 1515 W 23RD ST HAZLETON, PA 18202	23-1667968	GOVT	5,029				RESEARCH

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WILKES-BARRE AREA SCHOOL DISTRICT 730 S MAIN STREET WILKESBARRE, PA 18711	23-2478225	GOVT	5,029				RESEARCH
REGENTS OF THE UNIVERSITY OF MINNESOTA REGENTS OF THE UNIV PO BOX 1450 MINNEAPOLIS, MN 55485	41-6007513	501(C)(3)	9,532				RESEARCH

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AGRICULTURAL RESEARCH SERVICE NATIONAL FINANCE CENTER PO BOX 979099 SAINT LOUIS, MO 63197	72-0564834	GOVT	12,236				RESEARCH
THE VILLAGE OF ARTS AND HUMANITIES 2544 GERMANTOWN AVENUE PHILADELPHIA, PA 19133	22-3045318	501(C)(3)	15,000				RESEARCH



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF PITTSBURGH 500 ROSS STREET PITTSBURGH, PA 15262	25-0965591	501(C)(3)	15,357				RESEARCH
READING AREA COMMUNITY COLLEGE PO BOX 1706 10 S 2ND STREET READING, PA 19603	23-1745816	115	15,996				RESEARCH

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOARD OF REGENTS UNIV OF WISCONSIN 800 UNIVERSITY BAY DR SUITE 210 MADISON, WI 53705	39-6006492	115	16,114				RESEARCH
WEST CHESTER UNIVERSITY OFFICE OF RESTRICTED FUNDS 201 CARTER DRIVE SUITE 200 WEST CHESTER, PA 19383	23-2417773	115	16,124				RESEARCH

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
RESEARCH TRIANGLE INSTITUTE PO BOX 900002 RALEIGH, NC 27675	56-0686338	501(C)(3)	16,198				RESEARCH
EASTERN UNIVERSITY 1300 EAGLE RD ST DAVIDS, PA 19087	23-1409675	501(C)(3)	16,481				RESEARCH

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MANOR COLLEGE 700 FOX CHASE ROAD JENKINTOWN, PA 19046	23-1608264	501(C)(3)	16,500				RESEARCH
US MEXICO BORDER HEALTH COMMISSION PO BOX 431401 SAN YSIDRO, CA 92143		GOVT	17,318				RESEARCH

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SISTERS RETURNING HOME 302 WEST SCHOOL HOUSE FLOOR 2 PHILADELPHIA, PA 19144	27-2213450	501(C)(3)	20,243				RESEARCH
MARSHFIELD CLINIC INC 1000 N OAK AVE - 1R3 MARSHFIELD, WI 54449	39-0452970	501(C)(3)	21,939				RESEARCH

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
EMORY UNIVERSITY P O BOX 935084 ATLANTA, GA 31193	58-0566256	501(C)(3)	22,212				RESEARCH
PLACENTAL ANALYTICS LLC 187 OVERLOOK CIRCLE NEW ROCHELLE, NY 10804	35-2311739	FOR-PROFIT	23,842				RESEARCH

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COOPER UNION FOR ADVANCEMENT OF SCIENCE & ART 30 COOPER SQUARE 7TH FLOOR NEW YORK, NY 10003	13-5562985	501(C)(3)	25,000				RESEARCH
TRUSTEES OF BOSTON UNIVERSITY BOSTON UNIVERSITY GRANTS RECEIVABLE PO BOX 28763 NEW YORK, NY 10087	04-2103547	501(C)(3)	25,012				RESEARCH

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DELAWARE COUNTY COMMUNITY COLLEGE 901 MEDIA LINE RD MEDIA, PA 19063	23-1685591	115	27,604				RESEARCH
UNIV OF MEMPHIS PO BOX 1000 DET 313 MEMPHIS, TN 38148	62-0648618	115	34,385				RESEARCH



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AUGUSTA UNIVERSITY RESEARCH INSTITUTE INC PO BOX 945552 ATLANTA, GA 30394	58-1418202	501(C)(3)	37,316				RESEARCH
PLAYWORKS EDUCATION ENERGIZED 380 WASHINGTON ST OAKLAND, CA 94607	94-3251867	501(C)(3)	40,000				RESEARCH

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

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APEX MILLS CORPORATION 168 DOUGHTY BLVD PO BOX 960670 INWOOD, NY 11096	13-1809350	FOR-PROFIT	40,629				RESEARCH
CENTRAL TEXAS VETERANS RESEARCH FOUNDATION 1901 VETERANS MEMORIAL BLVD BLDG 205 RM 1R06 TEMPLE, TX 76504	74-2623309	501(C)(3)	44,159				RESEARCH

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

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UNIVERSITY OF WISCONSIN SYSTEM UW MADISON GAR ACCOUNT OFFICE FOR RESEARCH AND SPONSORED PROGRAMS DRA MILWAUKEE, WI 53278	39-1805963	115	49,728				RESEARCH
BELMONT CHARTER SCHOOL 1301 BELMONT AVENUE PHILADELPHIA, PA 19104	37-1437182	501(C)(3)	50,000				RESEARCH

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
META GLOBAL LLC 30 S 15TH STREET 15TH FLOOR PHILADELPHIA, PA 19102	20-8325487	FOR-PROFIT	50,000				RESEARCH
KANSAS STATE UNIVERSITY SPONSORED PROGRAMS DIVISION OF FINANCIAL SERVICES 2323 ANDERSON AV MANHATTAN, KS 66502	48-0771751	501(C)(3)	51,306				RESEARCH

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PHILADELPHIA RESEARCH AND EDUCATION FOUNDATION MEDICAL RESEARCH SERVICES 151 BSV 3900 WOODLAND AVENUE PHILADELPHIA, PA 19104	23-3066002	501(C)(3)	60,000				RESEARCH
COLORADO SCHOOL OF MINES RESEARCH ACCOUNTING PO BOX 911911 DENVER, CO 80291	51-0174188	501(C)(3)	65,123				RESEARCH

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ENVIRONMENTAL SCIENCE POLICY AND RESEARCH INSTITUTE PO BOX 250 SAINT ALBANS BAY, VT 05481	81-1347753	501(C)(3)	86,895				RESEARCH
LOCAL INITIATIVES SUPPORT CORPORATION SUITE 500S 718 ARCH ST PHILADELPHIA, PA 19106	13-3030229	501(C)(3)	99,484				RESEARCH

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIV OF TEXAS HEALTH SCI CTR TYLER ACCT 28000 4471 BY07 11937 U S HIGHWAY 271 TYLER, TX 75708	75-6001354	115	113,536				RESEARCH
REGENTS OF THE UNIV OF MICHIGAN BOX 223131 PITTSBURGH, PA 15251	38-6006309	501(C)(3)	119,843				RESEARCH

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
REGENTS OF THE UNIVERSITY OF CALIFORNIA SANTA BARBARA CASHIERS OFFICE SAASB BUILDING ROOM 1212 SANTA BARBARA, CA 93106	95-6006145	501(C)(3)	140,074				RESEARCH
KENNEDY KRIEGER INSTITUTE INC HUGO W MOSER RESEARCH 707 N BROADWAY BALTIMORE, MD 21205	52-1524965	501(C)(3)	140,655				RESEARCH



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THOMAS JEFFERSON UNIV 170 S INDEPENDENCE MALL WEST SUITE 925E BOX 21 PHILADELPHIA, PA 19106	23-1352294	501(C)(3)	143,509				RESEARCH
STEPPINGSTONE SCHOLARS INC 1301 CECIL B MOORE AVE RITTER ANNEX 456 PHILADELPHIA, PA 19122	42-1612131	501(C)(3)	153,000				RESEARCH

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FIRST UP 1608 WALNUT STREET SUITE 300 PHILADELPHIA, PA 19103	23-6438144	501(C)(3)	180,854				RESEARCH
ROWAN UNIVERSITY 201 MULLICA HILL RD GLASSBORO, NJ 08028	22-2764819	115	181,564				RESEARCH

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
REGENTS OF UNIV OF CALIFORNIA BERKELEY CONTRACTS GRANT ACCOUNTING 2195 HEARST AVE RM130 MC1103 BERKELEY, CA 94720	94-6002123	501(C)(3)	218,134				RESEARCH
DELAWARE STATE UNIV 1200 N DUPONT HWY DOVER, DE 19901	51-0305893	501(C)(3)	238,220				RESEARCH

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PEOPLE'S EMERGENCY CENTER 325 N 39TH ST PHILADELPHIA, PA 19104	23-2017882	501(C)(3)	261,522				RESEARCH
SCHOOL DISTRICT OF PHILADELPHIA OFFICE OF GRANT FISCAL SERVICES 440 N BROAD STREET STE 341 PHILADELPHIA, PA 19130	23-6004102	GOVT	334,235				RESEARCH

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF CONNECTICUT OFFICE OF THE VP FOR RESEARCH SPONSORED PROG SVCS 438 WHITNEY RD STORRS, CT 06269	06-1066510	501(C)(3)	652,355				RESEARCH
PPG INDUSTRIES INC 4325 ROSANNA DRIVE ALLISON PARK, PA 15101	25-1612585	FOR-PROFIT	1,076,114				RESEARCH

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF TENNESSEE OFFICE OF FINANCE ADMIN 1200 VOLUNTEER BLVD KNOXVILLE, TN 37996	62-6001636	501(C)(3)	10,000				AWARD
INSPIRA HEALTH NETWORK LIFE INC 2445 SOUTH DELSEA DR VINELAND, NJ 08360	26-4827936	501(C)(3)	10,000				AWARD

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
OUTLAND ANALYTICS LLC 92 BESEMER ROAD ITHACA, NY 14850	83-1556262	FOR-PROFIT	12,500				AWARD

**Schedule J**  
(Form 990)

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
DREXEL UNIVERSITY

Employer identification number  
23-1352630

**Part I Questions Regarding Compensation**

		Yes	No
<b>1a</b>	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input checked="" type="checkbox"/>	First-class or charter travel		
<input checked="" type="checkbox"/>	Travel for companions		
<input type="checkbox"/>	Tax idemnification and gross-up payments		
<input type="checkbox"/>	Discretionary spending account		
<input checked="" type="checkbox"/>	Housing allowance or residence for personal use		
<input type="checkbox"/>	Payments for business use of personal residence		
<input checked="" type="checkbox"/>	Health or social club dues or initiation fees		
<input checked="" type="checkbox"/>	Personal services (e.g., maid, chauffeur, chef)		
<b>b</b>	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		No
<b>2</b>	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	Yes	
<b>3</b>	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/>	Compensation committee		
<input checked="" type="checkbox"/>	Independent compensation consultant		
<input checked="" type="checkbox"/>	Form 990 of other organizations		
<input checked="" type="checkbox"/>	Written employment contract		
<input checked="" type="checkbox"/>	Compensation survey or study		
<input checked="" type="checkbox"/>	Approval by the board or compensation committee		
<b>4</b>	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b>	Receive a severance payment or change-of-control payment?		No
<b>b</b>	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
<b>c</b>	Participate in, or receive payment from, an equity-based compensation arrangement?		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
	<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b>	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b>	The organization?		No
<b>b</b>	Any related organization?		No
	If "Yes," on line 5a or 5b, describe in Part III.		
<b>6</b>	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b>	The organization?		No
<b>b</b>	Any related organization?		No
	If "Yes," on line 6a or 6b, describe in Part III.		
<b>7</b>	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		No
<b>8</b>	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		No
<b>9</b>	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		





**Part III Supplemental Information**

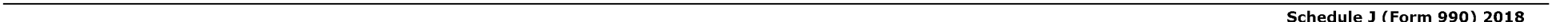
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 1A	<p>UNIVERSITY POLICY AUTHORIZES BUSINESS OR FIRST-CLASS TRAVEL FOR ALL EMPLOYEES WHEN FLIGHTS EXCEED FIVE HOURS IN DURATION WITH THE APPROPRIATE APPROVAL IN ADVANCE. GENERALLY, THE UNIVERSITY DOES NOT PAY FOR OR REIMBURSE THE TRAVEL-RELATED OR ENTERTAINMENT EXPENSES OF AN EMPLOYEE'S OR OTHER AUTHORIZED PERSON'S SPOUSE/COMPANION. SPOUSAL/COMPANION TRAVEL IS PAID FOR OR REIMBURSED BY THE UNIVERSITY ON RARE OCCASIONS, AND ONLY IF SUCH TRAVEL MEETS EXCEPTIONS OUTLINED IN THE UNIVERSITY'S SPOUSAL/COMPANION POLICY. TO QUALIFY FOR AN EXCEPTION, THERE MUST BE A DOCUMENTED AND BONA FIDE BUSINESS PURPOSE DIRECTLY BENEFITING THE UNIVERSITY, AND THE PRESENCE OF THE SPOUSE/COMPANION MUST BE ESSENTIAL TO THE UNIVERSITY EMPLOYEE OR OTHER AUTHORIZED PERSONNEL. THE PRESIDENT IS PROVIDED A MONTHLY HOUSING ALLOWANCE, WHICH IS INCLUDED IN HIS TAXABLE INCOME. THE PRESIDENT IS ALSO PROVIDED A DRIVER TO ATTEND UNIVERSITY RELATED EVENTS, THE VALUE OF WHICH IS NOT INCLUDED IN TAXABLE INCOME. THE PRESIDENT RECEIVES SOCIAL CLUB MEMBERSHIPS FOR BUSINESS-RELATED ACTIVITIES. THE PRESIDENT IS REQUIRED TO REPORT ANY PERSONAL USE OF SOCIAL CLUB MEMBERSHIPS, AND SUCH USE IS INCLUDED IN TAXABLE INCOME. SOCIAL CLUB DUES FOR BUSINESS-RELATED ACTIVITIES WERE PROVIDED FOR SENIOR VICE PRESIDENTS AND DEANS, AND ARE TREATED AS NON-TAXABLE COMPENSATION. SENIOR VICE PRESIDENTS AND DEANS ARE REQUIRED TO REPORT ANY PERSONAL USE OF SOCIAL CLUB MEMBERSHIPS, AND SUCH USE IS INCLUDED IN TAXABLE INCOME.</p>

<b>Return Reference</b>	<b>Explanation</b>
PART I, LINE 1B	HOUSING ALLOWANCES AND SOCIAL CLUB MEMBERSHIPS WERE APPROVED BY THE PRESIDENT OR PROVOST.

<b>Return Reference</b>	<b>Explanation</b>
PART I, LINE 4B	THE UNIVERSITY PROVIDES MR. FRY WITH CERTAIN SUPPLEMENTAL RETIREMENT AND DEATH BENEFITS, EFFECTIVE AS OF JULY 1, 2012. THE ANNUAL ALLOCATION AMOUNT IS CONDITIONED ON MR. FRY'S CONTINUED EMPLOYMENT THROUGH THE END OF THE IMMEDIATELY PRECEDING FISCAL YEAR (OR UPON THE DATE OF DEATH, TOTAL DISABILITY, OR INVOLUNTARY TERMINATION, IF EARLIER). THIS ANNUAL ALLOCATION AMOUNT IS EQUAL TO 11% OF THE PREVIOUS FISCAL YEAR TOTAL BASE AND BONUS COMPENSATION PAID TO MR. FRY THAT EXCEEDS THE COMPENSATION LIMIT UNDER INTERNAL REVENUE CODE SECTION 401(A)(17).

Return Reference	Explanation
PART II:	<p>THE UNIVERSITY PROVIDES JOHN FRY, HELEN BOWMAN, RANDY DEIKE, DAVID UNRUH AND BRIAN BLAKE WITH DEFERRED COMPENSATION ARRANGEMENTS. THE UNIVERSITY WILL CREDIT MR. FRY WITH \$300,000 ON JUNE 30, 2019, AND ON EACH FOLLOWING JUNE 30 THROUGH 2023 WHILE HE REMAINS EMPLOYED BY THE UNIVERSITY AS PRESIDENT AND CHIEF EXECUTIVE OFFICER. THE AMOUNT CREDITED ON JUNE 30, 2023 WILL ALSO INCLUDE INVESTMENT EARNINGS, GAINS, AND LOSSES, PROVIDED MR. FRY IS EMPLOYED BY THE UNIVERSITY ON THAT DATE. IN THE EVENT MR. FRY VOLUNTARILY TERMINATES HIS EMPLOYMENT WITHOUT GOOD REASON WITH THE UNIVERSITY PRIOR TO JUNE 30, 2023, OR THE UNIVERSITY TERMINATES MR. FRY'S EMPLOYMENT FOR CAUSE, THE DEFERRED COMPENSATION SHALL BE FORFEITED. THE UNIVERSITY PAID JOHN FRY DEFERRED COMPENSATION OF \$619,824.91 ON JUNE 30, 2018, PER A DEFERRED COMPENSATION AGREEMENT THAT BEGAN ON JULY 1, 2015. MR. FRY HAD BEEN CREDITED \$200,000 ON JUNE 30, 2016, AND ON EACH FOLLOWING JUNE 30 THROUGH 2018. IN ADDITION, THE DEFERRED COMPENSATION WAS CREDITED WITH EARNINGS BASED ON INVESTMENT OPTIONS SELECTED BY MR. FRY. MR. FRY BECAME FULLY VESTED IN THE DEFERRED COMPENSATION ON JUNE 30, 2018, WHEN THE JULY 1, 2015 AGREEMENT WAS REPLACED WITH A SUBSEQUENT AGREEMENT. THE UNIVERSITY WILL CREDIT MS. BOWMAN WITH \$50,000 ON EACH SEPTEMBER 1, BEGINNING WITH SEPTEMBER 1, 2016 AND ENDING SEPTEMBER 1, 2020. INTEREST ACCRUED WILL ALSO BE PAID IF SHE REMAINS EMPLOYED WITH THE UNIVERSITY. MS. BOWMAN WILL BECOME FULLY VESTED IN THE BALANCE OF HER ACCOUNT UPON THE EARLIEST OF THE FOLLOWING: (I) SEPTEMBER 1, 2020, (II) HER INVOLUNTARY TERMINATION BY THE UNIVERSITY FOR ANY REASON OTHER THAN CAUSE, (III) DEATH, OR (IV) TERMINATION DUE TO TOTAL AND PERMANENT DISABILITY. IF MS. BOWMAN RESIGNS OR IS TERMINATED BY THE UNIVERSITY FOR CAUSE BEFORE THE ACCOUNT IS VESTED, THE ENTIRE ACCOUNT WILL BE FORFEITED. THE UNIVERSITY WILL CREDIT DR. DEIKE WITH \$50,000 ON EACH SEPTEMBER 1, BEGINNING WITH SEPTEMBER 1, 2015 AND ENDING SEPTEMBER 1, 2019. INTEREST ACCRUED WILL ALSO BE PAID IF HE REMAINS EMPLOYED WITH THE UNIVERSITY. DR. DEIKE WILL BECOME FULLY VESTED IN THE BALANCE OF HIS ACCOUNT UPON THE EARLIEST OF THE FOLLOWING: (I) SEPTEMBER 1, 2019, (II) HIS INVOLUNTARY TERMINATION BY THE UNIVERSITY FOR ANY REASON OTHER THAN CAUSE, (III) DEATH, OR (IV) TERMINATION DUE TO TOTAL AND PERMANENT DISABILITY. IF DR. DEIKE RESIGNS OR IS TERMINATED BY THE UNIVERISTY FOR CAUSE BEFORE THE ACCOUNT IS VESTED, THE ENTIRE ACCOUNT WILL BE FORFEITED. THE UNIVERSITY WILL CREDIT MR. UNRUH WITH \$40,000 ON EACH JULY 1, BEGINNING WITH JULY 1, 2015 AND ENDING JULY 1, 2019. INTEREST ACCRUED WILL ALSO BE PAID IF HE REMAINS EMPLOYED WITH THE UNIVERSITY. MR. UNRUH WILL BECOME FULLY VESTED IN THE BALANCE OF HIS ACCOUNT UPON THE EARLIEST OF THE FOLLOWING: (I) JULY 1, 2019, (II) HIS INVOLUNTARY TERMINATION BY THE UNIVERSITY FOR ANY REASON OTHER THAN CAUSE, (III) DEATH, OR (IV) TERMINATION DUE TO TOTAL AND PERMANENT DISABILITY. IF MR. UNRUH RESIGNS OR IS TERMINATED BY THE UNIVERSITY FOR CAUSE BEFORE THE ACCOUNT IS VESTED, THE ENTIRE ACCOUNT WILL BE FORFEITED. THE UNIVERSITY WILL CREDIT DR. BLAKE WITH \$50,000 ON EACH SEPTEMBER 1, BEGINNING WITH SEPTEMBER 1, 2017 AND ENDING SEPTEMBER 1, 2022. INTEREST ACCRUED WILL ALSO BE PAID IF HE REMAINS EMPLOYED WITH THE UNIVERSITY. DR. BLAKE WILL BECOME FULLY VESTED IN THE BALANCE OF HIS ACCOUNT UPON THE EARLIEST OF THE FOLLOWING: (I) SEPTEMBER 1, 2022, (II) HIS INVOLUNTARY TERMINATION BY THE UNIVERSITY FOR ANY REASON OTHER THAN CAUSE, (III) DEATH, OR (IV) TERMINATION DUE TO TOTAL AND PERMANENT DISABILITY. IF DR. BLAKE RESIGNS OR IS TERMINATED BY THE UNIVERSITY FOR CAUSE BEFORE THE ACCOUNT IS VESTED, THE ENTIRE ACCOUNT WILL BE FORFEITED.</p>





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

**Schedule K (Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

OMB No. 1545-0047

**2018**

▶ 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](http://www.irs.gov/Form990) for the latest information.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
DREXEL UNIVERSITY

Employer identification number

23-1352630

**Part I Bond Issues**

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
<b>A</b>	PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY 2012	23-2243852	70917SCB7	11-01-2012	33,242,964	REFUNDING OF 2002 SERIES A AND SERIES 2003		X		X		X
<b>B</b>	PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY 2011A	23-2243852	70917RX75	05-16-2011	160,304,025	NEW CONSTR/BLDG RENOV/REFUNDING OF 1997, 1998, 1998-2, 2003B	X			X		X
<b>C</b>	PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY 2007B	23-2243852	70917RNP6	10-04-2007	30,000,000	SCIENCE BLDG/DORMITORY/WELLNESS CENTER		X		X		X
<b>D</b>	PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY 2005A&B	23-2243852	70917N3B8	02-16-2005	61,312,145	CAPITAL IMPROVEMENT/EQUIPMENT/ADV REFUNDING OF 1997/1999 BONDS	X			X		X

**Part II Proceeds**

		A		B		C		D	
<b>1</b>	Amount of bonds retired . . . . .	18,155,000		20,905,000		6,705,000		7,640,000	
<b>2</b>	Amount of bonds legally defeased . . . . .			128,425,000				24,490,000	
<b>3</b>	Total proceeds of issue . . . . .	33,242,964		161,954,495		30,572,813		63,310,555	
<b>4</b>	Gross proceeds in reserve funds . . . . .								
<b>5</b>	Capitalized interest from proceeds . . . . .					2,700,000			
<b>6</b>	Proceeds in refunding escrows . . . . .								
<b>7</b>	Issuance costs from proceeds . . . . .	415,332		1,386,270		285,425		833,218	
<b>8</b>	Credit enhancement from proceeds . . . . .					11,508		879,260	
<b>9</b>	Working capital expenditures from proceeds . . . . .								
<b>10</b>	Capital expenditures from proceeds . . . . .			101,472,529		27,575,880		31,998,378	
<b>11</b>	Other spent proceeds . . . . .	32,827,632		59,095,696				29,599,699	
<b>12</b>	Other unspent proceeds . . . . .								
<b>13</b>	Year of substantial completion . . . . .	2012		2014		2012		2012	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b>	Were the bonds issued as part of a current refunding issue? . . . . .	X		X			X		X
<b>15</b>	Were the bonds issued as part of an advance refunding issue? . . . . .		X		X		X	X	
<b>16</b>	Has the final allocation of proceeds been made? . . . . .	X		X		X		X	
<b>17</b>	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X		X	

**Part III Private Business Use**

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



**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X		X		X	
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X	X		X	
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?						X		X
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶		0.280 %		0.030 %		0 %		0.180 %
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶		0 %		0.020 %		0 %		0.810 %
<b>6</b> Total of lines 4 and 5 . . . . .		0.280 %		0.050 %		0 %		0.990 %
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X		X		X		X
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X		X		X
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X		X		X		X	

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X		X		X	X	
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .		X		X		X		
<b>b</b> Exception to rebate? . . . . .	X			X		X		
<b>c</b> No rebate due? . . . . .	X		X		X			
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .		X		X	X		X	
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X	X	
<b>b</b> Name of provider . . . . .								WELLS FARGO BANK
<b>c</b> Term of hedge . . . . .								1980.0000000000 %
<b>d</b> Was the hedge superintegrated? . . . . .								X
<b>e</b> Was the hedge terminated? . . . . .								X

**Part IV Arbitrage** (Continued)

	A		B		C		D		
	Yes	No	Yes	No	Yes	No	Yes	No	
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X	X		
<b>b</b> Name of provider . . . . .								ROYAL BANK OF CANADA	
<b>c</b> Term of GIC . . . . .								250.0000000000 %	
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .							X		
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X		X		X	X		
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . . .	X		X		X		X		

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

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

Return Reference	Explanation
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME: PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY 2012 DATE THE REBATE COMPUTATION WAS PERFORMED: 06/05/2013 ISSUER NAME: PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY 2011A DATE THE REBATE COMPUTATION WAS PERFORMED: 06/02/2014 ISSUER NAME: PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY 2007B DATE THE REBATE COMPUTATION WAS PERFORMED: 08/16/2012 ISSUER NAME: PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY 2016 DATE THE REBATE COMPUTATION WAS PERFORMED: 12/04/2017

Return Reference	Explanation
<p>SCHEDULE K SUPPLEMENTAL INFORMATION</p>	<p>PART II, LINE 3, COLUMN A: THE TOTAL PROCEEDS EXCEED THE ISSUE PRICE BY THE INVESTMENT EARNINGS ON THE PROJECT FUND PART II, LINE 11, COLUMNS A &amp; B: THE OTHER SPENT PROCEEDS ARE THE REFUNDING PROCEEDS OF THE ISSUE PART IV, LINE 2C, COLUMN A: THE FINAL REBATE REPORT WAS COMPLETED ON 6/7/2013 PART IV, LINE 2C, COLUMN B: THE FINAL REBATE REPORT WAS COMPLETED ON 6/5/2013, WHICH WAS DETERMINED THE ISSUE MET THE 6 MONTH SPENDING EXCEPTION PART IV, LINE 2C, COLUMN C: THE FINAL REBATE REPORT WAS COMPLETED ON 8/16/2012 PART IV, LINE 2C, COLUMN D: THE FINAL REBATE REPORT WAS COMPLETED ON 09/20/2010 PART II, LINE 3: THE TOTAL PROCEEDS EXCEED THE ISSUE PRICE BY THE INVESTMENT EARNINGS ON THE PROJECT FUND PART II, LINE 11, COLUMNS A &amp; B: THE OTHER SPENT PROCEEDS ARE THE REFUNDING PROCEEDS OF THE ISSUE PART IV, LINE 2C, COLUMN A: A REBATE CALCULATION WAS PERFORMED AS OF 10/01/2015 PART IV, LINE 2C, COLUMN B: THE FINAL REBATE REPORT WAS PERFORMED AS OF 08/16/2012</p>

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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization DREXEL UNIVERSITY

Employer identification number

23-1352630

Part I Bond Issues

Table with 10 columns: (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased (Yes/No), (h) On behalf of issuer (Yes/No), (i) Pool financing (Yes/No). Rows include Pennsylvania Higher Educational Facilities Authority 2016 and 2017.

Part II Proceeds

Table with 13 rows and 10 columns. Columns 1-4: Description, A, B, C. Columns 5-10: 2016 (Yes/No), 2017 (Yes/No). Rows include amounts of bonds retired, legally defeased, total proceeds, reserve funds, capitalized interest, escrows, issuance costs, credit enhancement, working capital, capital expenditures, other spent/unspent proceeds, and year of substantial completion.

Part III Private Business Use

Table with 2 rows and 10 columns. Columns 1-4: Description, A, B, C. Columns 5-10: 2016 (Yes/No), 2017 (Yes/No). Rows include partner in partnership/LLC and lease arrangements for private business use.

**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X					
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X	X					
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?				X				
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶		0.180 %		0.870 %				
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶		0.290 %		0 %				
<b>6</b> Total of lines 4 and 5 . . . . .		0.470 %		0.870 %				
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X		X				
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X				
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X		X					

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X		X				
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .		X		X				
<b>b</b> Exception to rebate? . . . . .		X	X					
<b>c</b> No rebate due? . . . . .	X			X				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .		X		X				
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								

**Part IV Arbitrage** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X		X				
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . . .	X		X					

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X					

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

**Schedule L**  
(Form 990 or 990-EZ)

**Transactions with Interested Persons**

OMB No. 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
 ▶ **Attach to Form 990 or Form 990-EZ.**  
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

**2018**

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Department of the Treasury  
Internal Revenue Service

Name of the organization DREXEL UNIVERSITY	Employer identification number 23-1352630
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**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

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

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

**Part II Loans to and/or From Interested Persons.**  
 Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

**Part III Grants or Assistance Benefiting Interested Persons.**  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)		13,910	MERIT SCHOLARSHIP	EDUCATIONAL
(2)		95,086	TUITION REMISSION	EDUCATIONAL

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) NEWPORT CAPITAL GROUP LLC	>35% TRUSTEE OWNED	154,129	CONSULTING FEE		No
(2) KIERA MURASKO-BLANK	FAMILY OF FORMER KEY EMP	81,940	EMPLOYMENT		No

**Part V Supplemental Information**

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

Return Reference	Explanation



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2018**

▶ **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](http://www.irs.gov/Form990) for the latest information.**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
DREXEL UNIVERSITY

Employer identification number  
23-1352630

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
<b>1</b> Art—Works of art . . . . .	X	13	72,300	FAIR MARKET VALUE
<b>2</b> Art—Historical treasures . . . . .				
<b>3</b> Art—Fractional interests . . . . .				
<b>4</b> Books and publications . . . . .				
<b>5</b> Clothing and household goods . . . . .				
<b>6</b> Cars and other vehicles . . . . .				
<b>7</b> Boats and planes . . . . .				
<b>8</b> Intellectual property . . . . .	X	1	8,995	FAIR MARKET VALUE
<b>9</b> Securities—Publicly traded . . . . .	X	48	1,187,581	FAIR MARKET VALUE
<b>10</b> Securities—Closely held stock . . . . .				
<b>11</b> Securities—Partnership, LLC, or trust interests . . . . .				
<b>12</b> Securities—Miscellaneous . . . . .				
<b>13</b> Qualified conservation contribution—Historic structures . . . . .				
<b>14</b> Qualified conservation contribution—Other . . . . .				
<b>15</b> Real estate—Residential . . . . .				
<b>16</b> Real estate—Commercial . . . . .				
<b>17</b> Real estate—Other . . . . .				
<b>18</b> Collectibles . . . . .				
<b>19</b> Food inventory . . . . .				
<b>20</b> Drugs and medical supplies . . . . .				
<b>21</b> Taxidermy . . . . .				
<b>22</b> Historical artifacts . . . . .				
<b>23</b> Scientific specimens . . . . .				
<b>24</b> Archeological artifacts . . . . .				
<b>25</b> Other ▶ ( _____ )				
<b>26</b> Other ▶ ( _____ )				
<b>27</b> Other ▶ ( _____ )				
<b>28</b> Other ▶ ( _____ )				

**29** Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **6**

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

**Part II Supplemental Information.**

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

Return Reference	Explanation
PART I, COLUMN (B):	THE ORGANIZATION IS REPORTING THE NUMBER OF ITEMS IN COLUMN (B), NOT THE NUMBER OF CONTRIBUTIONS.

**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018****Open to Public Inspection**

Department of the Treasury

Name of the organization  
DREXEL UNIVERSITY

Employer identification number

23-1352630

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART V, LINES 7G & 7H:	NOT APPLICABLE

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 2	MICHAEL C. FORMAN AND JOHN A. FRY - BUSINESS RELATIONSHIP MICHAEL C. FORMAN AND BRIAN R. FORD - BUSINESS RELATIONSHIP MICHAEL C. FORMAN AND CHARLES P. PIZZI - BUSINESS RELATIONSHIP MICHAEL C. FORMAN AND JOSEPH P. UJOBAL - BUSINESS RELATIONSHIP DENIS P. O'BRIEN, NICHOLAS DEBENEDICTIS AND CHARLES P. PIZZI - BUSINESS RELATIONSHIP

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 IS PREPARED BY THE TAX OFFICE AND SUBMITTED TO THE EXECUTIVE VICE PRESIDENT, TREASURER AND CHIEF OPERATING OFFICER FOR REVIEW AND SIGNING. PRIOR TO FILING, FORM 990 AND ALL REQUIRED SCHEDULES ULTIMATELY FILED WITH THE INTERNAL REVENUE SERVICE WERE AVAILABLE TO EACH MEMBER OF THE BOARD OF TRUSTEES FOR THEIR REVIEW AND COMMENT.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 12C	<p>DREXEL UNIVERSITY'S CONFLICT OF INTEREST POLICY APPLIES TO ALL EMPLOYEES (WHETHER A KEY EMPLOYEE OR NOT), OFFICERS, AND TRUSTEES OF THE UNIVERSITY. THE CONFLICT OF INTEREST POLICY IS INTENDED TO SATISFY COMPLIANCE REQUIREMENTS AND GUIDE UNIVERSITY PERSONNEL IN AVOIDING THOSE SITUATIONS THAT CAN RESULT IN A CONFLICT OF INTEREST OR COMMITMENT. THE KEY TO AVOIDING THOSE SITUATIONS THAT CAN RESULT IN A CONFLICT OF INTEREST OR COMMITMENT IS TO MAKE CONSTITUENTS AWARE OF WHAT CONSTITUTES A CONFLICT OF INTEREST AND FOR THEM TO DISCLOSE POTENTIAL SITUATIONS BEFORE THE ACTIVITY IS UNDERTAKEN. THE FORMAT FOR THE DISCLOSURE IS FOR EACH EMPLOYEE, OFFICER OR TRUSTEE TO COMPLETE A QUESTIONNAIRE ANNUALLY. THE COMPLETED QUESTIONNAIRE IS SUBMITTED TO THE HUMAN RESOURCES DEPARTMENT IN THE CASE OF EMPLOYEES REVIEWED AS REQUIRED BY THE COMPLIANCE, PRIVACY AND INTERNAL AUDIT OFFICER. COMPLETED QUESTIONNAIRES FOR OFFICERS AND TRUSTEES ARE SUBMITTED DIRECTLY TO THE OFFICE OF THE GENERAL COUNSEL FOR REVIEW. AFTER REVIEW A DETERMINATION IS MADE AS TO WHETHER A CONFLICT OF INTEREST EXISTS AND AT WHAT LEVEL. THOSE EMPLOYEE CONFLICTS THAT ARE DETERMINED TO BE DETRIMENTAL TO THE UNIVERSITY ARE DISCUSSED WITH THE EMPLOYEE AND THE EMPLOYEE IS ENCOURAGED TO TERMINATE THE ACTIVITY. EMPLOYEES WHO WILLINGLY OR OTHERWISE CONTINUE TO VIOLATE THE CONFLICT OF INTEREST POLICY ARE SUBJECT TO DISCIPLINARY ACTION UP TO AND INCLUDING SUSPENSION WITHOUT PAY, DEMOTION OR TERMINATION OF EMPLOYMENT. IN THE CASE OF TRUSTEES, A CONFLICT OF INTEREST QUESTIONNAIRE IS MAILED ANNUALLY. TRUSTEES ARE REQUIRED TO COMPLETE THE QUESTIONNAIRE AND DISCLOSE ANY INTERESTS IN ANY CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION IN WHICH THEY OWN OR CONTROL 5% OR MORE OF THE ENTITY.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 15	DREXEL IS COMMITTED TO COMPENSATING ITS EXECUTIVE TEAM AT A FAIR AND COMPETITIVE LEVEL. TO MEET THIS GOAL, DREXEL UNIVERSITY'S HUMAN RESOURCES DEPARTMENT PREPARES AN EXECUTIVE COMPENSATION ANALYSIS ANNUALLY USING THE COLLEGE AND UNIVERSITY PROFESSIONAL ASSOCIATION OF HUMAN RESOURCES (CUPA) SURVEY AND IRS FORM 990 INFORMATION AS THEY RELATE TO THE UNIVERSITY'S PEER GROUPS. POSITIONS INCLUDED IN THE ANALYSIS WERE THE PRESIDENT, EXECUTIVE VICE PRESIDENTS, SENIOR VICE PRESIDENTS, AND HIGHLY-COMPENSATED DEANS. USING THE EXECUTIVE COMPENSATION ANALYSIS, A THIRD-PARTY ADVISOR PREPARED A REPORT AND SUBMITTED THE REPORT TO THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES (THE "COMMITTEE") ALONG WITH CERTAIN PERFORMANCE CRITERIA. THE COMPENSATION ANALYSIS SERVED AS THE BASIS FOR THE PRESIDENT'S RECOMMENDATIONS FOR UNIVERSITY EXECUTIVES. THE THIRD-PARTY ADVISOR PROVIDED THE COMMITTEE WITH A LETTER ON THE APPROPRIATENESS OF THE DECISION-MAKING PROCESS AND REASONABLENESS OF THE PROPOSED COMPENSATION. ALL COMPENSATION WAS APPROVED BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES PRIOR TO BECOMING EFFECTIVE ON JULY 1, 2019.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	DREXEL UNIVERSITY MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC IN A VARIETY OF WAYS. THE CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE ON ITS WEBSITE, AND ITS GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XII, LINE 2C:	THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES HAS RESPONSIBILITY FOR SELECTING THE INDEPENDENT ACCOUNTANT AND OVERSEEING THE AUDIT. THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
PART VI, SECTION B, LINE 16B:	THE UNIVERSITY IMPLEMENTED A WRITTEN PROCEDURE, WHICH WAS APPROVED BY THE PRESIDENT'S CABINET, FOR EVALUATION OF JOINT VENTURE ARRANGEMENTS TO ENSURE THAT SUCH ARRANGEMENTS ARE CONSISTENT WITH THE UNIVERSITY'S TAX-EXEMPT PURPOSE.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Name of the organization  
DREXEL UNIVERSITY

**Employer identification number**  
23-1352630

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
<b>(1)</b> DRAGON RISK LIMITED CO 3201 ARCH STREET STE 420 PHILADELPHIA, PA 19104 47-1086093	LIABILITY INSURANCE	VT	480,433	13,319,474	DREXEL UNIVERSITY
<b>(2)</b> DUC LLC 3201 ARCH STREET STE 420 PHILADELPHIA, PA 19104 46-4944473	DEVELOPMENT AND INVESTMENT	PA	0	0	DREXEL UNIVERSITY
<b>(3)</b> DREXEL GLOBAL INITIATIVES LLC 3201 ARCH STREET STE 420 PHILADELPHIA, PA 19104 47-1829445	EDUCATIONAL	PA	0	0	DREXEL UNIVERSITY
<b>(4)</b> DREXEL UNIVERSITY ONLINE LLC 3201 ARCH STREET STE 420 PHILADELPHIA, PA 19104 47-3606161	EDUCATIONAL	DE	23,714,457	12,245,478	DREXEL UNIVERSITY

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
<b>(1)</b> ACADEMIC ASSETS INC 3201 ARCH STREET SUITE 420 PHILADELPHIA, PA 19104 23-2455915	HOLDING COMPANY	PA	501(C)(3)	12C, III-FI	DREXEL UNIVERSITY	Yes	
<b>(2)</b> ACADEMIC PROPERTIES INC 3201 ARCH STREET SUITE 420 PHILADELPHIA, PA 19104 23-2411680	STUDENT HOUSING	PA	501(C)(3)	12C, III-FI	ACADEMIC ASSETS INC		No
<b>(3)</b> THE ACADEMY OF NATURAL SCIENCES OF PHILADELPHIA 1900 BENJAMIN FRANKLIN PARKWAY PHILADELPHIA, PA 19103 23-1352000	MUSEUM	PA	501(C)(3)	11	DREXEL UNIVERSITY	Yes	
<b>(4)</b> 11TH STREET FAMILY HEALTH SERVICES INC 3201 ARCH STREET SUITE 420 PHILADELPHIA, PA 19104 46-4233500	PROVIDES FACILITIES USE FOR DREXEL UNIVERSITY	PA	501(C)(3)	12C, III-FI	DREXEL UNIVERSITY	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
<b>(1)</b> 3509 SPRING GARDEN LP 3201 ARCH ST STE 420 PHILADELPHIA, PA 19104 46-2116704	REAL ESTATE	PA						No			No	
<b>(2)</b> 3509 SPRING GARDEN MT LP 3201 ARCH ST STE 420 PHILADELPHIA, PA 19104 46-3273473	REAL ESTATE	PA						No			No	
<b>(3)</b> DREXEL UNIVERSITY CITY DEVELOPMENT LLC 3201 ARCH ST STE 420 PHILADELPHIA, PA 19104 46-4883724	REAL ESTATE INVESTMENT	PA						No			No	
<b>(4)</b> 1200 CHESTNUT STREET I LP 3201 ARCH ST STE 420 PHILADELPHIA, PA 19104 81-4692503	REAL ESTATE	PA						No			No	
<b>(5)</b> 3205 LANCASTER AVE I LLC 3201 ARCH ST STE 420 PHILADELPHIA, PA 19104 82-4365047	REAL ESTATE	PA						No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
<b>(1)</b> 3509 SPRING GARDEN GP INC 3201 ARCH STREET STE 420 PHILADELPHIA, PA 19104 46-2117383	REAL ESTATE	PA	DREXEL UNIVERSITY	C	1,558	2,375,305	100.000 %	Yes	
<b>(2)</b> 3509 SPRING GARDEN MT MANAGER INC 3201 ARCH STREET STE 420 PHILADELPHIA, PA 19104 46-2121349	REAL ESTATE	PA	DREXEL UNIVERSITY	C	4	100	100.000 %	Yes	
<b>(3)</b> 1200 CHESTNUT STREET GP INC 3201 ARCH STREET STE 420 PHILADELPHIA, PA 19104 81-4705625	REAL ESTATE	PA	DREXEL UNIVERSITY	C		23,517,647	100.000 %	Yes	
<b>(4)</b> 3205 LANCASTER AVE INC 3201 ARCH STREET STE 420 PHILADELPHIA, PA 19104 82-4364098	REAL ESTATE	PA	DREXEL UNIVERSITY	C			100.000 %	Yes	

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

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

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>Yes</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		<b>No</b>
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		<b>No</b>
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		<b>No</b>
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>Yes</b>	
<b>f</b> Dividends from related organization(s) . . . . .		<b>No</b>
<b>g</b> Sale of assets to related organization(s) . . . . .		<b>No</b>
<b>h</b> Purchase of assets from related organization(s) . . . . .		<b>No</b>
<b>i</b> Exchange of assets with related organization(s) . . . . .		<b>No</b>
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		<b>No</b>
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>Yes</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>Yes</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>Yes</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		<b>No</b>
<b>o</b> Sharing of paid employees with related organization(s) . . . . .		<b>No</b>
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		<b>No</b>
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>Yes</b>	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>Yes</b>	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		<b>No</b>

**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.

See Additional Data Table

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

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

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

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

**Part VII**      **Supplemental Information**

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

<b>Return Reference</b>	<b>Explanation</b>

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 23-1352630  
**Name:** DREXEL UNIVERSITY

## Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1) ACADEMIC PROPERTIES INC	K	4,081,000	BOOK AMOUNT
(1) ACADEMIC PROPERTIES INC	M	152,000	BOOK AMOUNT
(2) THE ACADEMY OF NATURAL SCIENCES OF PHILADELPHIA	Q	58,000	BOOK AMOUNT
(3) THE ACADEMY OF NATURAL SCIENCES OF PHILADELPHIA	L	1,270,000	BOOK AMOUNT
(4) 11TH STREET FAMILY SERVICES INC	K	560,000	BOOK AMOUNT
(5) 3509 SPRING GARDEN LP	K	277,000	BOOK AMOUNT
(6) 3509 SPRING GARDEN MT LP	K	343,000	BOOK AMOUNT
(7) 1200 CHESTNUT STREET I LP	E	152,000	BOOK AMOUNT
(8) 1200 CHESTNUT STREET I LP	A	2,360,000	BOOK AMOUNT
(9) 1200 CHESTNUT STREET GP INC	R	558,000	BOOK AMOUNT
(10) 3509 SPRING GARDEN LP	Q	644,000	BOOK AMOUNT