

990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

14

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

- Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2014 calendar year, or tax year beginning 07/01, 2014, and ending 06/30, 2015

Form 990 header section including: B Check if applicable, C Name of organization (SETON HALL UNIVERSITY), D Employer identification number (22-1500645), E Telephone number ((973) 761-9318), F Name and address of principal officer (A. GABRIEL ESTEBAN), G Gross receipts (\$654,880,000), H(a) Is this a group return for subordinates? (Yes), H(b) Are all subordinates included? (Yes), I Tax-exempt status (501(c)(3)), J Website (WWW.SHU.EDU), K Form of organization (Corporation), L Year of formation (1856), M State of legal domicile (NJ).

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Mission statement, 2-7 Governance metrics, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

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.

Signature of officer: Stephen Graham, Date: 5/2/2016, Title: VP FOR FINANCE/CFO

Preparer information: DANIEL ROMANO, Preparer's signature, Date: 5/2/2016, Firm: GRANT THORNTON, LLP, Firm's EIN: 36-6055558, Firm's address: 757 THIRD AVE, 4TH FLOOR NEW YORK, NY 10017-2013

For Paperwork Reduction Act Notice, see the separate instructions. 990

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] 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 [X] 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 \$ 238,767,000. including grants of \$ 109,277,000. ) (Revenue \$ 322,151,000. )

EDUCATIONAL - SETON HALL UNIVERSITY OPERATES TO PROVIDE BACCALAUREATE, MASTERS, AND DOCTORAL DEGREES. IT ENROLLS 9,600 UNDERGRADUATE AND GRADUATE STUDENTS. THE UNIVERSITY IS COMPOSED OF TEN SCHOOLS LOCATED ON TWO CAMPUSES, INCLUDING ITS LAW SCHOOL LOCATED IN NEWARK, NEW JERSEY. DAY AND EVENING SESSIONS ACCOMMODATE BOTH COMMUTER AND RESIDENTIAL STUDENTS ON A PART-TIME AND FULL TIME BASIS.

4b (Code: ) (Expenses \$ 82,404,000. including grants of \$ 10,811,000. ) (Revenue \$ 4,700,000. )

ACADEMIC SUPPORT AND STUDENT SERVICES - ACADEMIC SUPPORT PROVIDES SUPPORT SERVICES, SUCH AS LIBRARIES, ACADEMIC TECHNOLOGY, FACULTY CURRICULUM DEVELOPMENT, FOR ITS PRIMARY MISSIONS OF INSTRUCTION, RESEARCH AND PUBLIC SERVICE. STUDENT SERVICES PROVIDE VARIOUS SERVICES TO STUDENTS, WHICH CONTRIBUTE TO THE STUDENTS' EMOTIONAL AND PHYSICAL WELL-BEING AND TO THEIR INTELLECTUAL, CULTURAL AND SOCIAL DEVELOPMENT OUTSIDE THE CONTEXT OF THE UNIVERSITY'S FORMAL INSTRUCTIONAL PROGRAMS.

4c (Code: ) (Expenses \$ 10,073,000. including grants of \$ 216,000. ) (Revenue \$ 884,000. )

RESEARCH, TRAINING & PUBLIC SERVICES - ENABLES FACULTY TO EXPLORE NEW AREAS OF EDUCATION, LEARNING AND KNOWLEDGE AND PROVIDES NON-INSTRUCTIONAL SERVICES TO INDIVIDUALS AND GROUPS EXTERNAL TO THE UNIVERSITY. THE UNIVERSITY ALSO OFFERS FINANCIAL SUPPORT TO STUDENTS THROUGH ACADEMIC SCHOLARSHIPS AND WORK-STUDY PROGRAMS, WHICH ARE FUNDED BY FEDERAL, STATE AND PRIVATE GRANTS.

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 331,244,000.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> . . . . .	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> . . . . .		X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> . . . . .	X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i> . . . . .		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> . . . . .		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> . . . . .		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> . . . . .	X	
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> . . . . .		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> . . . . .	X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> . . . . .	X	
<b>b</b> Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> . . . . .	X	
<b>c</b> Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> . . . . .		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> . . . . .		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> . . . . .	X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> . . . . .	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i> . . . . .	X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i> . . . . .		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> . . . . .	X	
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	X	
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i> . . . . .	X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i> . . . . .		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i> . . . . .		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions). . . . .		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> . . . . .	X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> . . . . .		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> . . . . .		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .	X	
<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> . . . . .	X	
<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> . . . . .	X	
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	X	
<b>24c</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? . . . . .		X
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		X
<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> . . . . .		X
<b>25b</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> . . . . .		X
<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> . . . . .		X
<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> . . . . .		X
<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>28a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .	X	
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .	X	
<b>28c</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> . . . . .	X	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .	X	
<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> . . . . .	X	
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .		X
<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> . . . . .		X
<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> . . . . .		X
<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> . . . . .	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
<b>35b</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> . . . . .		
<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> . . . . .		X
<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> . . . . .		X
<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. . . . .	X	

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 1a through 14b regarding IRS filings and tax compliance.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (43), 1b (33), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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:▶

STEPHEN A. GRAHAM 400 SOUTH ORANGE AVENUE SOUTH ORANGE, NJ 07079

973 761 9003



**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, and 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			
(1) A GABRIEL ESTEBAN, PH.D. PRESIDENT/REGENT/TRUSTEE	45.00 0	X		X				644,031.	0	103,112.
(2) MOST REVEREND JOHN J. MYERS REGENT/TRUSTEE	1.00 0	X						0	0	0
(3) MOST REV. PAUL G. BOOTKOSKI REGENT	1.00 0	X						0	0	0
(4) MOST REV. ARTHUR J. SERRATELLI REGENT/TRUSTEE	1.00 0	X						0	0	0
(5) MOST REV. DENNIS J. SULLIVAN REGENT	1.00 0	X						0	0	0
(6) MOST REV. KURT R. BURNETTE REGENT	1.00 0	X						0	0	0
(7) MONSIGNOR ROBERT COLEMAN REGENT/TRUSTEE	45.00 0	X						40,662.	0	63,059.
(8) MONSIGNOR THOMAS P. NYDEGGER REGENT/TRUSTEE	5.00 10.00	X						3,700.	11,141.	18,566.
(9) MONSIGNOR JOSEPH R. REILLY TRUSTEE	45.00 0	X						34,339.	0	114,749.
(10) MONSIGNOR ROBERT J. WISTER TRUSTEE	45.00 5.00	X						32,679.	1,000.	58,259.
(11) MOST REVEREND BERNARD A. HEBDA REGENT/TRUSTEE	1.00 0	X						0	0	0
(12) PATRICK M. MURRAY REGENT/TRUSTEE	1.00 0	X						0	0	0
(13) REVEREND MARK O'MALLEY TRUSTEE	45.00 0	X						26,238.	0	36,649.
(14) PAMELA M. SWARTZBERG, ESQ. TRUSTEE	1.00 0	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15) WILLIAM B. AIMETTI ----- REGENT	1.00 ----- 0	X					0	0	0	
( 16) ROBERT E. BALDINI ----- REGENT/TRUSTEE	1.00 ----- 0	X					0	0	0	
( 17) HENRY F. D'ALESSANDRO ----- REGENT/TRUSTEE	1.00 ----- 0	X					0	0	0	
( 18) MARK E. GANTON ----- REGENT	1.00 ----- 0	X					0	0	0	
( 19) PHILLIP N. MAISANO ----- REGENT/TRUSTEE	1.00 ----- 0	X					0	0	0	
( 20) DONNA M. O'BRIEN ----- REGENT/TRUSTEE	1.00 ----- 0	X					0	0	0	
( 21) JOSEPH SHERIDAN ----- REGENT	1.00 ----- 0	X					0	0	0	
( 22) EUN-SOOK (LUCY) CHO-LEE, M.D. ----- REGENT	1.00 ----- 0	X					0	0	0	
( 23) DAVID B. GERSTEIN ----- REGENT	1.00 ----- 0	X					0	0	0	
( 24) JAMES E. COLLINS ----- REGENT	1.00 ----- 0	X					0	0	0	
( 25) RICHARD F. LIEBLER ----- REGENT	1.00 ----- 0	X					0	0	0	
<b>1b Sub-total</b> .....							781,649.	12,141.	394,394.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							6,362,395.	0	944,513.	
<b>d Total (add lines 1b and 1c)</b> .....							7,144,044.	12,141.	1,338,907.	

**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 ► 234

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 76



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26) MICHAEL J. LUCCIOLA ----- REGENT	1.00 ----- 0	X					0	0	0	
( 27) FRANCIS J. HAGER ----- REGENT/TRUSTEE	1.00 ----- 0	X					0	0	0	
( 28) DR. MICHAEL LOEVEN ----- REGENT	1.00 ----- 0	X					0	0	0	
( 29) RICHARD MANDELBAUM ----- REGENT	1.00 ----- 0	X					0	0	0	
( 30) JOHN D. HAYES ----- REGENT	1.00 ----- 0	X					0	0	0	
( 31) ROBERT S. BASSO ----- REGENT	1.00 ----- 0	X					0	0	0	
( 32) JAMES T. BOYLE, JR. ----- REGENT	1.00 ----- 0	X					0	0	0	
( 33) STEPHEN G. WALDIS ----- REGENT	1.00 ----- 0	X					0	0	0	
( 34) ROBERT B. BUDELMAN, ESQ. ----- REGENT	1.00 ----- 0	X					0	0	0	
( 35) MARY ANN CHRISTOPHER ----- REGENT	1.00 ----- 0	X					0	0	0	
( 36) BEATRIZ M. MANETTA ----- REGENT	1.00 ----- 0	X					0	0	0	
<b>1b Sub-total</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

**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 **▶** 234

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 37) HELEN LERNER ----- REGENT	1.00 ----- 0	X					0	0	0	
( 38) ROBERT A. LEY ----- REGENT	1.00 ----- 0	X					0	0	0	
( 39) JAMES L. ORSINI ----- REGENT	1.00 ----- 0	X					0	0	0	
( 40) RICHARD C. MCMAHON ----- REGENT	1.00 ----- 0	X					0	0	0	
( 41) WILLIAM M. STAATS ----- REGENT	1.00 ----- 0	X					0	0	0	
( 42) EDWARD C. CERNY ----- REGENT	1.00 ----- 0	X					0	0	0	
( 43) MARK D. BENJAMIN ----- REGENT	1.00 ----- 0	X					0	0	0	
( 44) LARRY A. ROBINSON, ED.D. ----- PROVOST & EXECUTIVE V.P.	45.00 ----- 0			X			435,418.	0	53,792.	
( 45) DAVID J. BOHAN, MBA ----- V.P. UNIVERSITY ADVANCEMENT	45.00 ----- 0			X			342,476.	0	55,594.	
( 46) DENNIS J. GARBINI, MBA ----- V.P. ADMINISTRATION	45.00 ----- 0			X			251,406.	0	44,793.	
( 47) TRACY H. GOTTLIEB, PH.D. ----- V.P. STUDENT SERVICES	45.00 ----- 0			X			212,951.	0	59,631.	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**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 **▶** 234

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 48 ) STEPHEN A. GRAHAM, MBA VP FINANCE/CFO	45.00 0			X				230,248.	0	45,963.
( 49 ) CATHERINE A. KIERNAN, JD V.P. GENERAL COUNSEL	45.00 0			X				257,863.	0	52,963.
( 50 ) ALYSSA MCCLOUD, PH.D. V.P. ENROLLMENT MANAGEMENT	45.00 0			X				312,984.	0	32,522.
( 51 ) MONSIGNOR ANTHONY ZICCARDI, STD V.P. MISSION & MINISTRY	45.00 0			X				57,277.	0	58,259.
( 52 ) MICHAEL S. ZAVADA, PH.D. DEAN COLLEGE OF ARTS & SCIENCE	45.00 0				X			167,417.	0	35,458.
( 53 ) PATRICK E. HOBBS, JD, LLM DEAN SCHOOL OF LAW	45.00 0				X			480,724.	0	67,837.
( 54 ) JOYCE A. STRAWSER, PH.D. DEAN SCHOOL OF BUSINESS	45.00 0				X			232,793.	0	65,967.
( 55 ) KEVIN WILLARD HEAD COACH MEN'S BASKETBALL	45.00 0					X		1,492,509.	0	67,870.
( 56 ) ANTHONY J. BOZZELLA HEAD COACH WOMEN'S BASKETBALL	45.00 0					X		371,957.	0	73,234.
( 57 ) BRIAN B. SHULMAN, PH.D. DEAN SCHOOL OF HEALTH & MED.	45.00 0					X		262,321.	0	35,858.
( 58 ) ANDREA BARTOLI, PH.D. DEAN SCHOOL OF DIPLOMACY	45.00 0					X		259,736.	0	53,075.
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

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 **▶** 234

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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



**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>						
	<b>b</b> Membership dues . . . . .	<b>1b</b>						
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	514,000.					
	<b>d</b> Related organizations . . . . .	<b>1d</b>						
	<b>e</b> Government grants (contributions), . . . . .	<b>1e</b>	29,517,000.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	12,819,000.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ . . . . .		645,000.					
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶			42,850,000.				
<b>Program Service Revenue</b>				<b>Business Code</b>				
	<b>2a</b> TUITION & FEES . . . . .		900099	286,746,000.	286,746,000.			
	<b>b</b> ROOM AND BOARD . . . . .		900099	30,614,000.	30,614,000.			
	<b>c</b> FEES AND CONTRACTS FROM GOVERNMENT AGENCY . . . . .		900099	884,000.	884,000.			
	<b>d</b> MEDICAL RESIDENCY PROGRAM . . . . .		900004	1,334,000.	1,334,000.			
	<b>e</b> . . . . .							
	<b>f</b> All other program service revenue . . . . .							
<b>g Total.</b> Add lines 2a-2f . . . . . ▶			319,578,000.					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts). . . . . ▶			5,467,000.		-4,000.	5,471,000.	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . . ▶			5,000.			5,000.	
	<b>5</b> Royalties . . . . . ▶			312,000.		225,000.	87,000.	
	<b>6a</b> Gross rents . . . . .	(i) Real	276,000.					
		(ii) Personal						
		<b>b</b> Less: rental expenses . . . . .		34,000.				
		<b>c</b> Rental income or (loss) . . . . .		242,000.				
	<b>d</b> Net rental income or (loss) . . . . . ▶			242,000.			242,000.	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	275,336,000.					
		(ii) Other						
		<b>b</b> Less: cost or other basis and sales expenses . . . . .		265,325,000.	2,209,000.			
		<b>c</b> Gain or (loss) . . . . .		10,011,000.	-2,209,000.			
	<b>d</b> Net gain or (loss) . . . . . ▶			7,802,000.			7,802,000.	
	<b>8a</b> Gross income from fundraising events (not including \$ 514,000. of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>		485,000.				
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>		505,000.			
<b>c</b> Net income or (loss) from fundraising events. . . . . ▶				-20,000.			-20,000.	
<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. . . . . ▶			0			0	
<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. . . . . ▶			0			0	
<b>Miscellaneous Revenue</b>				<b>Business Code</b>				
<b>11a</b> NCAA/CONFERENCE DISTRIBUTIONS . . . . .			900099	2,981,000.	2,981,000.			
	<b>b</b> ATHLETICS TICKET SALES . . . . .		900099	1,719,000.	1,719,000.			
	<b>c</b> PARKING . . . . .		812930	1,462,000.			1,462,000.	
	<b>d</b> All other revenue . . . . .		611430	4,409,000.	3,457,000.	286,000.	666,000.	
<b>e Total.</b> Add lines 11a-11d . . . . . ▶				10,571,000.				
<b>12 Total revenue.</b> See instructions . . . . . ▶				386,807,000.	327,735,000.	507,000.	15,715,000.	

**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>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	1,559,000.	1,559,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	118,745,000.	118,745,000.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0			
4 Benefits paid to or for members . . . . .	0			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	4,446,000.	2,203,000.	1,504,000.	739,000.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	653,000.	653,000.		
7 Other salaries and wages . . . . .	113,666,000.	96,371,000.	14,443,000.	2,852,000.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,902,000.	5,851,000.	878,000.	173,000.
9 Other employee benefits . . . . .	23,883,000.	19,067,000.	4,015,000.	801,000.
10 Payroll taxes . . . . .	8,084,000.	6,860,000.	1,022,000.	202,000.
11 Fees for services (non-employees):				
a Management . . . . .	175,000.	150,000.	25,000.	
b Legal . . . . .	1,040,000.	682,000.	358,000.	
c Accounting . . . . .	222,000.		222,000.	
d Lobbying . . . . .	130,000.		130,000.	
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees . . . . .	2,437,000.		2,430,000.	7,000.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	24,945,000.	22,078,000.	2,646,000.	221,000.
12 Advertising and promotion . . . . .	1,315,000.	981,000.	277,000.	57,000.
13 Office expenses . . . . .	8,156,000.	6,378,000.	1,460,000.	318,000.
14 Information technology . . . . .	5,218,000.	2,175,000.	3,043,000.	
15 Royalties . . . . .	0			
16 Occupancy . . . . .	7,797,000.	7,491,000.	306,000.	
17 Travel . . . . .	7,756,000.	6,909,000.	601,000.	246,000.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings . . . . .	2,848,000.	2,191,000.	511,000.	146,000.
20 Interest . . . . .	5,469,000.	5,385,000.	84,000.	
21 Payments to affiliates . . . . .	0			
22 Depreciation, depletion, and amortization . . . . .	15,510,000.	14,568,000.	892,000.	50,000.
23 Insurance . . . . .	2,066,000.	39,000.	2,027,000.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a REPAIRS AND MAINTENANCE -----	7,084,000.	5,618,000.	1,309,000.	157,000.
b BOOKS AND SUBSCRIPTIONS -----	3,123,000.	3,049,000.	29,000.	45,000.
c BAD DEBT PROVISION -----	1,846,000.		1,846,000.	
d MEMBERSHIPS -----	1,204,000.	847,000.	340,000.	17,000.
e All other expenses -----	1,630,000.	1,394,000.	222,000.	14,000.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>377,909,000.</b>	<b>331,244,000.</b>	<b>40,620,000.</b>	<b>6,045,000.</b>
<b>26 Joint costs.</b> 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) . . . . .	0			

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	28,273,000.	<b>1</b>	21,184,000.
	<b>2</b> Savings and temporary cash investments	3,025,000.	<b>2</b>	2,378,000.
	<b>3</b> Pledges and grants receivable, net	14,014,000.	<b>3</b>	9,093,000.
	<b>4</b> Accounts receivable, net	3,909,000.	<b>4</b>	4,058,000.
	<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	0	<b>5</b>	0
	<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	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net	14,054,000.	<b>7</b>	13,911,000.
	<b>8</b> Inventories for sale or use	0	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges	11,684,000.	<b>9</b>	10,332,000.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 514,322,000.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 232,802,000.	270,932,000.	<b>10c</b> 281,520,000.
	<b>11</b> Investments - publicly traded securities	<b>ATCH 2</b>	212,971,000.	<b>11</b> 198,324,000.
	<b>12</b> Investments - other securities. See Part IV, line 11		82,080,000.	<b>12</b> 92,473,000.
	<b>13</b> Investments - program-related. See Part IV, line 11		0	<b>13</b> 0
	<b>14</b> Intangible assets		0	<b>14</b> 0
	<b>15</b> Other assets. See Part IV, line 11		11,136,000.	<b>15</b> 5,814,000.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)		652,078,000.	<b>16</b> 639,087,000.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	46,079,000.	<b>17</b>	37,964,000.
	<b>18</b> Grants payable	0	<b>18</b>	0
	<b>19</b> Deferred revenue	14,346,000.	<b>19</b>	12,982,000.
	<b>20</b> Tax-exempt bond liabilities	134,879,000.	<b>20</b>	127,983,000.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0	<b>21</b>	0
	<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	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	0	<b>24</b>	0
	<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	28,298,000.	<b>25</b>	27,688,000.
	<b>26 Total liabilities.</b> Add lines 17 through 25	223,602,000.	<b>26</b>	206,617,000.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	256,535,000.	<b>27</b>	257,821,000.
	<b>28</b> Temporarily restricted net assets	86,503,000.	<b>28</b>	87,010,000.
	<b>29</b> Permanently restricted net assets	85,438,000.	<b>29</b>	87,639,000.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>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	428,476,000.	<b>33</b>	432,470,000.
	<b>34</b> Total liabilities and net assets/fund balances	652,078,000.	<b>34</b>	639,087,000.



**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>	386,807,000.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	377,909,000.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	8,898,000.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	428,476,000.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-3,806,000.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0
<b>7</b>	Investment expenses	<b>7</b>	0
<b>8</b>	Prior period adjustments	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-1,098,000.
<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>	432,470,000.

**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>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

Name of the organization

SETON HALL UNIVERSITY

Employer identification number

22-1500645

**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 11, 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.)
- 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 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.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - 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 1-9 above or IRC section (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		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<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. . . . .						
<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). . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<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 . . . . .						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2013 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3% support test - 2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b 33 1/3% support test - 2013.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test - 2014.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test - 2013.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.  
 If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 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 Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First five years.</b> 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 <b>stop here</b> . . . . . ► <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2014</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2013</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

- 19a 33 1/3% support tests - 2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►
- b 33 1/3% support tests - 2013.** 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 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
1 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>		
2 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>		
3a 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 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>		
c 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>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a 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>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?		
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 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).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
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
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11 a			
b	A family member of a person described in (a) above?		
11 b			
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		
11 c			

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1			

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

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
2			
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
3			

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

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a			
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b			
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .		
3a			
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		
3b			

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

**1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other 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 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>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 Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<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 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 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>		

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



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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013 . . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 <b>Excess distributions carryover to 2015.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013 . . . . .			
e Excess from 2014 . . . . .			

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**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

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

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

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

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

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

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

Name of organization SETON HALL UNIVERSITY	Employer identification number 22-1500645
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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.
- 2 Political expenditures . . . . . ▶ \$ \_\_\_\_\_
- 3 Volunteer hours . . . . . \_\_\_\_\_

**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) 2011	(b) 2012	(c) 2013	(d) 2014	(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)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total. Add lines 1c through 1i; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

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

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."

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

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.

SEE PAGE 4

**Part IV** Supplemental Information (continued)

## PART II-B, LINE 1(I) OTHER LOBBYING ACTIVITIES

SETON HALL UNIVERSITY LOBBIED STATE LEGISLATORS REGARDING ANNUAL INDEPENDENT COLLEGE APPROPRIATIONS, ZONING REGULATIONS, STUDENT HEALTH INSURANCE, STUDENT AID FOR INDEPENDENT COLLEGE STUDENTS. EFFORTS CONSISTED OF DIRECT MAILINGS, PHONE CALLS AND PERSONAL MEETINGS. MEMBERS OF CONGRESS WERE CONTACTED REGARDING STUDENT AID AND GRANTS FOR VARIOUS UNIVERSITY PROGRAMS. THE UNIVERSITY'S STAFF IS INVOLVED IN LOBBYING EFFORTS. THE VALUE OF THAT STAFF TIME IS APPROXIMATELY \$27,872. THOSE COSTS HAVE BEEN REPORTED ON LINE 7 (OTHER SALARIES AND WAGES) AND NOT SEPARATELY IDENTIFIED ON LINE 11 (D) IN PART IX, STATEMENT OF FUNCTIONAL EXPENSES.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

SETON HALL UNIVERSITY

Employer identification number

22-1500645

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

Part II Conservation Easements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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. (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register), 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?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, 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)?, 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" to Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 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 in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in 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" to 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>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 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" to 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	272,174,000.	241,466,000.	227,198,000.	234,593,000.	166,196,000.
<b>b</b> Contributions	3,227,000.	3,576,000.	899,000.	679,000.	2,398,000.
<b>c</b> Net investment earnings, gains, and losses	10,750,000.	41,387,000.	25,222,000.	2,077,000.	78,428,000.
<b>d</b> Grants or scholarships	2,742,000.	2,658,000.	2,785,000.	2,611,000.	2,614,000.
<b>e</b> Other expenditures for facilities and programs	15,988,000.	10,262,000.	8,285,000.	7,591,000.	6,875,000.
<b>f</b> Administrative expenses	3,473,000.	1,335,000.	783,000.	-51,000.	2,940,000.
<b>g</b> End of year balance	263,948,000.	272,174,000.	241,466,000.	227,198,000.	234,593,000.

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

- a** Board designated or quasi-endowment  41.6000 %
  - b** Permanent endowment  33.2000 %
  - c** Temporarily restricted endowment  25.2000 %
- The percentages in 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	X	
<b>(ii)</b> related organizations		X
<b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		

**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" to 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		3,022,000.		3,022,000.
<b>b</b> Buildings		444,523,000.	182,568,000.	261,955,000.
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		59,623,000.	50,234,000.	9,389,000.
<b>e</b> Other		7,154,000.		7,154,000.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				281,520,000.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (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) OUTSIDE TRUST	8,803,000.	FMV
(B) HEDGE FUNDS	25,808,000.	FMV
(C) COMMINGLED FUNDS	36,058,000.	FMV
(D) PRIVATE EQUITY	10,668,000.	FMV
(E) VENTURE CAPITAL	2,928,000.	FMV
(F) PRINCIPAL GLOBAL REAL ESTATE	8,208,000.	FMV
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	92,473,000.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: 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" to 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" to 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	
(2) REFUNDABLE U.S. GOV'T GRANTS	12,785,000.
(3) CONDITIONAL ASSET RETIRE OBLIG	8,312,000.
(4) INTEREST RATE SWAP AGREEMENTS	5,574,000.
(5) ACCRUED POSTRETIREMENT BENEFIT	1,017,000.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	27,688,000.

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" to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	267,179,000.
<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> -3,806,000.		
<b>b</b>	Donated services and use of facilities	<b>2b</b> 493,000.		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b> 36,000.		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	-3,277,000.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	270,456,000.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b> 2,437,000.		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b> 113,914,000.		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	116,351,000.
<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>	386,807,000.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	263,185,000.
<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> 493,000.		
<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> 1,677,000.		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	2,170,000.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	261,015,000.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b> 2,437,000.		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b> 114,457,000.		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	116,894,000.
<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>	377,909,000.

**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.

SEE PAGE 5

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

PART III, LINE 4

COLLECTIONS ARE COMPOSED OF: A MURAL, ANCIENT GREEK AND ROMAN COINS, BOOK COLLECTIONS, PAINTINGS, WILD LIFE ART COLLECTIONS, AND A SPECIAL COLLECTION OF RESEARCH PAPERS. COLLECTIONS ARE UTILIZED BY STUDENTS, FACULTY, ADMINISTRATORS AND THE GENERAL PUBLIC. THEIR USAGE HELPS ACHIEVE THE ULTIMATE GOAL OF ADVANCING THE EDUCATIONAL AND RESEARCH MISSION OF THE UNIVERSITY.

PART V, LINE 4

ENDOWMENT FUNDS SUPPORT THE UNIVERSITY'S MISSION BY PROVIDING A SUSTAINABLE FLOW OF FUNDS TO ANNUAL OPERATIONS. THIS SUPPORT INCLUDES FUNDS FOR SCHOLARSHIPS AND FOR SPECIFIC ACADEMIC PROGRAMS. THE UNIVERSITY HAS ADOPTED AN ENDOWMENT SPENDING POLICY DESIGNED TO PROVIDE A PREDICTABLE FLOW OF FUNDS TO OPERATIONS. THE POLICY IS INTENDED TO BALANCE CURRENT SPENDING NEEDS AND PRESERVE THE ENDOWMENT'S FUTURE PURCHASING POWER. THE UNIVERSITY APPLIES A 4.5% SPENDING RATE TO A THREE-YEAR MOVING AVERAGE OF ENDOWMENT INVESTMENT FUNDS. THE BOARD OF REGENTS SETS THE SPENDING RATE. THE PURPOSE OF USING A MOVING AVERAGE IS TO SMOOTH OUT ANY WIDE FLUCTUATIONS IN THE MARKET VALUE. ENDOWMENT EARNINGS IN EXCESS OF THE SPENDING RATE ARE ADDED BACK TO THE PRINCIPAL OF THE ENDOWMENT INVESTMENTS. IN YEARS WHEN YIELD EXCEEDS THE AMOUNT APPROPRIATED UNDER THE SPENDING POLICY THE EXCESS IS RETURNED TO PRINCIPAL AS APPRECIATION. WHEN ANNUAL YIELD IS INSUFFICIENT TO SUPPORT SPENDING APPROPRIATIONS, THE BALANCE IS PROVIDED FROM ACCUMULATED APPRECIATION. SPECIAL ALLOCATIONS ARE MADE FOR CERTAIN PURPOSES IN ADDITION TO THE SPENDING RATE, AS APPROVED BY THE UNIVERSITY'S BOARD OF REGENTS, ANNUALLY.

**Part XIII** Supplemental Information (continued)

PART X, LINE 1: OTHER LIABILITIES - INCOME TAXES

THE FASB ASC TOPIC 740 ESTABLISHED CRITERION THAT AN INDIVIDUAL TAX POSITION MUST MEET FOR SOME OR ALL OF THE BENEFITS OF THAT POSITION TO BE RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS. THIS STANDARD REQUIRED THE UNIVERSITY TO DETERMINE WHETHER A TAX POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPLICABLE TAXING AUTHORITY, INCLUDING RESOLUTION OF ANY RELATED APPEALS OR LITIGATION PROCESSES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE UNIVERSITY HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED INCOME; DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS; AND TO REVIEW OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. THE TAX YEARS ENDING 2012, 2013, 2014, AND 2015 REMAIN OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES. THIS STANDARD WAS EFFECTIVE FOR THE UNIVERSITY ON JULY 1, 2008, AND DID NOT HAVE AN IMPACT ON THE UNIVERSITY'S FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER

CHANGE IN VALUE OF INTEREST RATE SWAP AGREEMENTS OF \$36,000.

PART XI, LINE 4B - OTHER

FINANCIAL AID OF \$114,457,000, LESS LIMITED PARTNERSHIP LOSS OF \$4,000, LESS RENTAL EXPENSE OF \$34,000, AND LESS SPECIAL EVENTS EXPENSES OF \$505,000.

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

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PART XII, LINE 2D - OTHER

PROVISION FOR UNCOLLECTIBLE CONTRIBUTIONS RECEIVABLE OF \$1,138,000, PLUS  
SPECIAL EVENTS EXPENSE OF \$505,000 AND RENTAL EXPENSE OF \$34,000.

PART XII, LINE 4B - OTHER

FINANCIAL AID OF \$114,457,000.

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

**Schools**

OMB No. 1545-0047

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

▶ Attach to Form 990 or Form 990-EZ.

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

**2014**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SETON HALL UNIVERSITY

Employer identification number  
22-1500645

**Part I**

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

**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).

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PART I, LINE:3

THE UNIVERSITY'S RACIALLY NONDISCRIMINATORY POLICY APPEARS IN ITS UNDERGRADUATE AND GRADUATE CATALOGS, AS WELL AS IN THE ADMISSION PROSPECTUS. IT IS ALSO IN ALL NEWSPAPER ADVERTISEMENTS AND THE UNIVERSITY'S WEBSITE.

LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID

THE UNIVERSITY PARTICIPATES IN VARIOUS FEDERAL AND STATE FINANCIAL AID PROGRAMS, WHICH INCLUDE, BUT ARE NOT LIMITED TO THE FOLLOWING PROGRAMS: FEDERAL DIRECT LENDING PROGRAM, FEDERAL PELL GRANT, FEDERAL COLLEGE WORK STUDY, FEDERAL SUPPLEMENTAL EDUCATION OPPORTUNITY GRANT, N.J STATE TUITION ASSISTANCE GRANT AND N.J. STATE EDUCATION OPPORTUNITY FUND.



**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

SETON HALL UNIVERSITY

Employer identification number

22-1500645

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

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No

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

**3 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
(1) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		32,590,000.
(2) EAST ASIA AND THE PACIFIC	1.	1.	PROGRAM SERVICES	STUDENT RECRUITMENT	55,000.
(3) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	MBA PROGRAM	8,000.
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total . . . . .	1.	1.			32,653,000.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)	1.	1.			32,653,000.

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

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

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**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 file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* . . . . .  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 file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* . . . . .  Yes  No

**Part V Supplemental Information**

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

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PART I, LINE 3, (1)

BY VIRTUE OF ITS INVESTMENTS IN VARIOUS LIMITED PARTNERSHIP INVESTMENTS, SETON HALL UNIVERSITY MAY INVEST IN PASSIVE FOREIGN INVESTMENT COMPANIES AND/OR FOREIGN PARTNERSHIPS; TO THE EXTENT THE UNIVERSITY IS REQUIRED TO FILE THE FORMS 926, 5471, 8621, OR 8865, THOSE FOREIGN FORMS WERE ATTACHED TO THE UNIVERSITY'S FORM 990-T.

PART I, LINES 2 & 3

SUPPORT FOR STUDENT RECRUITMENT AND ACADEMIC EXCHANGE PROGRAM DEVELOPMENTS. IN JULY 2014, THE STILLMAN SCHOOL LAUNCHED AN EXECUTIVE-STYLE MBA PROGRAM IN COLLABORATION WITH VIAGOLD INTERNATIONAL EDUCATION MANAGEMENT GROUP IN ZHUHAI, CHINA. STUDENTS ARE TAUGHT IN MANDARIN BY A COMBINATION OF STILLMAN FACULTY AND FACULTY EMPLOYED BY CHINESE UNIVERSITIES, AND THE STUDENTS SPEND A WEEK DURING THEIR FINAL SEMESTER AT SETON HALL'S SOUTH ORANGE CAMPUS TO COMPLETE THE MBA PROGRAM AND PARTICIPATE IN GRADUATE COMMENCEMENT.



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		SEMINARY GOLF	SON LATINOGALA	9.	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts . . . . .	148,000.	117,000.	734,000.	999,000.
	<b>2</b> Less: Contributions . . . . .	47,000.	22,000.	445,000.	514,000.
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	101,000.	95,000.	289,000.	485,000.
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .	5,000.		2,000.	7,000.
	<b>6</b> Rent/facility costs . . . . .			16,000.	16,000.
	<b>7</b> Food and beverages . . . . .	37,000.	33,000.	233,000.	303,000.
	<b>8</b> Entertainment . . . . .		5,000.	48,000.	53,000.
	<b>9</b> Other direct expenses . . . . .	9,000.	11,000.	106,000.	126,000.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				505,000.
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . .				-20,000.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<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: \_\_\_\_\_

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

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

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	<b>13a</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 ▶ \_\_\_\_\_

- 15 a 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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Provide the explanation 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).

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**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

SETON HALL UNIVERSITY

Employer identification number

22-1500645

**Part I General Information on Grants and Assistance**

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) VILLAGE OF SOUTH ORANGE, N.J. 101 SOUTH ORANGE AVENUE	226002309	115	25,000.				SEE PART IV.
(2) ESSEX COUNTY PARK 115 CLIFTON AVE NEWARK, NJ 07104	226002433	115	1,500,000.				SEE PART IV
(3) SAINT PAUL'S OUTREACH 110 CRUSADER AVE WEST ST ST. PAUL, MN	411621192	501(C)(3)	25,000.				GENERAL PURPOSE
(4) MATER DEI PREP HIGH SCHOOL 538 CHURCH ST. MIDDLETOWN, NJ 07748	210680607	501(C)(3)		9,000.	FMV	USED COMPUTERS	GENERAL PURPOSE
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 4.

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

**Part III Grants and Other Assistance to Individuals in the United States.** 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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 FEDERAL AWARDS	2,118.	10,609,000.			
2 STATE OF NEW JERSEY AWARDS	1,752.	12,213,000.			
3 INSTITUTIONAL SUPPORT	9,658.	95,923,000.			
4					
5					
6					
7					

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2

ALL UNIVERSITY SPENDING MUST BE APPROVED BY A MANAGER OR HIGHER LEVEL, DEPENDING ON THE AMOUNT OF THE EXPENDITURE. ANY EXPENDITURE OF \$1,000 OR ABOVE WOULD HAVE TO BE APPROVED BY A DEAN OR OTHER BUDGET CENTER MANAGER. AN EXPENDITURE IN EXCESS OF \$10,000 MUST BE APPROVED BY A VICE PRESIDENT (OR THAT PERSON'S DESIGNEE) OR THE PRESIDENT. GRANTS OR ASSISTANCE TO OUTSIDE ORGANIZATIONS ARE SEGREGATED IN THE UNIVERSITY'S FINANCIAL ACCOUNTING SYSTEM THROUGH THE USE OF A SEPARATE ACCOUNT CODE, WHICH ALLOWS FOR REVIEW BY UNIVERSITY'S CENTRAL FINANCE DEPARTMENT. SCHOLARSHIPS ARE PROVIDED TO STUDENTS WHO ARE REQUIRED TO MATRICULATE IN

**Part III Grants and Other Assistance to Individuals in the United States.** 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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

THE UNIVERSITY, THEREBY ENSURING THAT THE FUNDS ARE EXPENDED FOR THE  
INTENDED PURPOSES.

PART II, LINE 1, (H) PURPOSE OF GRANT ASSISTANCE:

VILLAGE OF SOUTH ORANGE - CONSTRUCTION OF SOUTH ORANGE PERFORMING ARTS  
CENTER.

ESSEX COUNTY PARK - IMPROVEMENTS TO THE IVY HILL PARK SOFTBALL FIELD.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

SETON HALL UNIVERSITY

**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.

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

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Employer identification number

22-1500645

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions          | <input type="checkbox"/> Payments for business use of personal residence            |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on 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

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
  - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
  - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
  - b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
  - b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in 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

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1a</b>		
<b>1b</b>		X
<b>2</b>	X	
<b>3</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>	X	
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

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

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

	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
			(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	A GABRIEL ESTEBAN, PH.D. PRESIDENT/REGENT/TRUSTEE	(i)	482,167.	146,250.	15,614.	20,800.	82,312.	747,143.	0
		(ii)	0	0	0	0	0	0	0
2	LARRY A. ROBINSON, ED.D. PROVOST & EXECUTIVE V.P.	(i)	325,094.	100,000.	10,324.	20,800.	32,992.	489,210.	0
		(ii)	0	0	0	0	0	0	0
3	DAVID J. BOHAN, MBA V.P. UNIVERSITY ADVANCEMENT	(i)	284,710.	50,000.	7,766.	20,800.	34,794.	398,070.	0
		(ii)	0	0	0	0	0	0	0
4	DENNIS J. GARBINI, MBA V.P. ADMINISTRATION	(i)	242,631.	0	8,775.	19,975.	24,818.	296,199.	0
		(ii)	0	0	0	0	0	0	0
5	TRACY H. GOTTLIEB, PH.D. V.P. STUDENT SERVICES	(i)	204,496.	0	8,455.	16,732.	42,899.	272,582.	0
		(ii)	0	0	0	0	0	0	0
6	STEPHEN A. GRAHAM, MBA VP FINANCE/CFO	(i)	222,837.	0	7,411.	18,133.	27,830.	276,211.	0
		(ii)	0	0	0	0	0	0	0
7	CATHERINE A. KIERNAN, JD V.P. GENERAL COUNSEL	(i)	249,610.	0	8,253.	20,496.	32,467.	310,826.	0
		(ii)	0	0	0	0	0	0	0
8	ALYSSA MCCLOUD, PH.D. V.P. ENROLLMENT MANAGEMENT	(i)	250,542.	55,000.	7,442.	20,194.	12,328.	345,506.	0
		(ii)	0	0	0	0	0	0	0
9	MICHAEL S. ZAVADA, PH.D DEAN COLLEGE OF ARTS & SCIENCE	(i)	166,471.	0	946.	13,599.	21,859.	202,875.	0
		(ii)	0	0	0	0	0	0	0
10	JOAN F. GUETTI, PH.D. FORMER DEAN ARTS & SCIENCES	(i)	173,650.	0	987.	14,011.	10,354.	199,002.	0
		(ii)	0	0	0	0	0	0	0
11	PATRICK E. HOBBS, JD, LLM DEAN SCHOOL OF LAW	(i)	362,364.	112,155.	6,205.	20,800.	47,037.	548,561.	0
		(ii)	0	0	0	0	0	0	0
12	KATHLEEN BOOZANG, JD, LLM FORMER VICE PROVOST	(i)	205,253.	0	832.	16,889.	15,922.	238,896.	0
		(ii)	0	0	0	0	0	0	0
13	JOYCE A. STRAWSER, PH.D. DEAN SCHOOL OF BUSINESS	(i)	232,279.	0	514.	18,956.	47,011.	298,760.	0
		(ii)	0	0	0	0	0	0	0
14	KEVIN WILLARD HEAD COACH MEN'S BASKETBALL	(i)	1,343,767.	115,000.	33,742.	20,800.	47,070.	1,560,379.	0
		(ii)	0	0	0	0	0	0	0
15	ANTHONY J. BOZZELLA HEAD COACH WOMEN'S BASKETBALL	(i)	256,675.	17,500.	97,782.	20,200.	53,034.	445,191.	0
		(ii)	0	0	0	0	0	0	0
16	BRIAN B. SHULMAN, PH.D. DEAN SCHOOL OF HEALTH & MED.	(i)	241,307.	20,000.	1,014.	19,780.	16,078.	298,179.	0
		(ii)	0	0	0	0	0	0	0

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ANDREA BARTOLI, PH.D. DEAN SCHOOL OF DIPLOMACY	(i)	251,478.	0	8,258.	20,606.	32,469.	312,811.	0
	(ii)	0	0	0	0	0	0	0
2 KAREN E. BOROFF, PH.D. FORMER DEAN SCHOOL OF BUSINESS	(i)	179,143.	0	1,015.	14,244.	21,161.	215,563.	0
	(ii)	0	0	0	0	0	0	0
3 PATRICK G. LYONS DIR. OF ATHLETICS & REC. SVCS.	(i)	331,589.	80,000.	21,846.	20,800.	28,316.	482,551.	0
	(ii)	0	0	0	0	0	0	0
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

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

PART I, LINE 1A

AS A CONDITION OF EMPLOYMENT AT THE UNIVERSITY, THE UNIVERSITY PROVIDED HOUSING AND RELATED SERVICES AT NO CHARGE TO ITS PRESIDENT, A GABRIEL ESTEBAN, AND ITS PROVOST & EXECUTIVE VICE PRESIDENT, LARRY A. ROBINSON. IN ADDTION, HOUSING AND RELATED SERVICES WERE PROVIDED AT NO CHARGE TO MEMBERS OF ITS PRIEST COMMUNITY WHICH INCLUDED AN OFFICER, ALONG WITH CERTAIN REGENTS AND TRUSTEES LISTED IN FORM 990, PART VII (MONSIGNOR ANTHONY ZICCARDI, MONSIGNOR JOSEPH R. REILLY, MONSIGNOR ROBERT COLEMAN, MONSIGNOR THOMAS P. NYDEGGER, MONSIGNOR ROBERT J. WISTER AND REVEREND MARK O'MALLEY). THE VALUE OF THE HOUSING AND RELATED BENEFITS ARE INCLUDED IN PART VII, COLUMN F, AND, FOR THE PRESIDENT AND PROVOST, THEY ARE ALSO INCLUDED IN SCHEDULE J, PART II.

THE PRESIDENT'S SPOUSE ACCOMPANIED HIM ON CERTAIN BUSINESS TRIPS, AND SHE PROVIDED BUSINESS SERVICES AS A VOLUNTEER FOR THE UNIVERSITY ON THOSE TRIPS. THE COST TO THE UNIVERSITY WAS APPROXIMATELY \$3,705. IT IS INCLUDED IN NONTAXABLE BENEFITS IN SCHEDULE J, PART II.

THE UNIVERSITY PAID MEMBERSHIP FEES TO A COUNTRY CLUB FOR ITS MEN'S

**Part III Supplemental Information**

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

BASKETBALL COACH, KEVIN WILLARD, WOMEN'S BASKETBALL COACH ANTHONY J. BOZZELLA, AND DIRECTOR OF ATHLETICS & RECREATIONAL SERVICES, PATRICK LYONS. THEIR ATTENDANCE AT THESE ORGANIZATIONS WERE EXCLUSIVELY BUSINESS RELATED IN ORDER TO ASSIST UNIVERSITY ADVANCEMENT WITH DONOR CULTIVATION AND FUNDRAISING EFFORTS. SUCH FEES TOTALED \$14,963, \$22,097, AND \$26,103, RESPECTIVELY. THEY ARE INCLUDED IN NONTAXABLE BENEFITS IN SCHEDULE J, PART II.

PART I, LINE 5A

PATRICK G.LYONS, DIRECTOR OF ATHLETICS & RECREATION SERVICES, RECEIVED \$25,000 OF INCENTIVE COMPENSATION FOR REACHING CERTAIN PROGRESS GOALS ASSOCIATED WITH ATHLETIC DEPARTMENT REVENUE.

DAVID J. BOHAN, V.P. ADVANCEMENT, RECEIVED \$50,000 OF INCENTIVE COMPENSATION FOR REACHING CERTAIN FUNDRAISING GOALS.

PART I, LINE 7

ALYSSA MCCLOUD, V.P. ENROLLMENT MANAGEMENT, RECEIVED A \$55,000 PERFORMANCE BASED BONUS APPROVED BY MANAGEMENT. SHE DID NOT HAVE INPUT



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**Part III Supplemental Information**

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

---

INTO HER BONUS.

**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Name of the organization

SETON HALL UNIVERSITY

Employer identification number

22-1500645

**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) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> NJEFA - SETON HALL ISSUES 2008 D & E	221829511	646065WZ1	12/11/2008	73,939,881.	SEE PART VI		X		X		X
<b>B</b> NJEFA - SETON HALL - CIF 2004 A & 2006 A & 2014D	221829511	64605LNM6	04/14/2004	7,805,700.	SEE PART VI		X		X	X	
<b>C</b> NJEFA - SETON HALL - ISSUE 2011 A	221829511	646065U83	06/10/2011	37,578,532.	SEE PART VI		X		X		X
<b>D</b> NJEFA - SETON HALL - CIF 2014B	221829511	646066DG2	04/29/2014	19,369,367.	SEE PART VI		X		X	X	

**Part II Proceeds**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
<b>1</b> Amount of bonds retired	7,135,000.		1,359,108.		21,610,000.			
<b>2</b> Amount of bonds legally defeased								
<b>3</b> Total proceeds of issue	74,633,251.		7,805,700.		37,578,532.		19,369,367.	
<b>4</b> Gross proceeds in reserve funds	1,848,863.							
<b>5</b> Capitalized interest from proceeds			78,458.					
<b>6</b> Proceeds in refunding escrows								
<b>7</b> Issuance costs from proceeds	1,054,021.		56,467.		411,094.		113,339.	
<b>8</b> Credit enhancement from proceeds	156,565.		59,024.					
<b>9</b> Working capital expenditures from proceeds								
<b>10</b> Capital expenditures from proceeds	685,153.		7,611,751.				1,014,830.	
<b>11</b> Other spent proceeds	70,880,432.				37,167,438.			
<b>12</b> Other unspent proceeds								
<b>13</b> Year of substantial completion	2008		2005		2011		2015	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<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**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<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
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property?				X				X

**SCHEDULE K  
(Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

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

▶ **Attach to Form 990.**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SETON HALL UNIVERSITY

Employer identification number  
22-1500645

**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) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> NJEFA - SETON HALL - ELF ISSUE 2014B	221829511	6460658J4	01/30/2014	8,131,497.	SEE PART VI		X		X	X	
<b>B</b> NJEFA - SETON HALL - ISSUE 2013D	221829511	6460656D9	07/10/2013	43,935,728.	SEE PART VI		X		X		X
<b>C</b>											
<b>D</b>											

**Part II Proceeds**

	A		B		C		D	
<b>1</b> Amount of bonds retired	25,253.		820,000.					
<b>2</b> Amount of bonds legally defeased								
<b>3</b> Total proceeds of issue	8,131,497.		43,935,728.					
<b>4</b> Gross proceeds in reserve funds								
<b>5</b> Capitalized interest from proceeds			2,405,009.					
<b>6</b> Proceeds in refunding escrows								
<b>7</b> Issuance costs from proceeds	54,772.		522,077.					
<b>8</b> Credit enhancement from proceeds								
<b>9</b> Working capital expenditures from proceeds								
<b>10</b> Capital expenditures from proceeds	330,900.		33,208,335.					
<b>11</b> Other spent proceeds			7,800,307.					
<b>12</b> Other unspent proceeds								
<b>13</b> Year of substantial completion	2015		2014					
	Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b> Were the bonds issued as part of a current refunding issue?		X	X					
<b>15</b> Were the bonds issued as part of an advance refunding issue?		X		X				
<b>16</b> Has the final allocation of proceeds been made?	X		X					
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds?	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				
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				

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

I

	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? . . . . .								
<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? . . . . .								
<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 . . . . . ▶		%		%		%		%
<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 . . . . . ▶		%	1.4800	%		%	.5900	%
<b>6</b> Total of lines 4 and 5 . . . . .		%	1.4800	%		%	.5900	%
<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 non-governmental 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		X		X
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .		X	X			X	X	
<b>b</b> Exception to rebate? . . . . .		X		X	X			X
<b>c</b> No rebate due? . . . . .	X			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 . . . . .	CITIBANK, N.A.							
<b>c</b> Term of hedge . . . . .	22.000							
<b>d</b> Was the hedge superintegrated? . . . . .		X						
<b>e</b> Was the hedge terminated? . . . . .		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				
<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? . . . . .								
<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? . . . . .								
<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 . . . . . ▶								
<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 . . . . . ▶		.6700 %		1.1900 %				
<b>6</b> Total of lines 4 and 5 . . . . .		.6700 %		1.1900 %				
<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 non-governmental 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 VI** **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions) *(Continued)*

PART IV, LINE 2C

REBATE COMPUTATIONS WERE PERFORMED THROUGH JUNE 30, 2015 FOR ALL SETON HALL UNIVERSITY BOND ISSUES LISTED IN PART I. THERE IS NO REBATE LIABILITY RELATED TO ANY BOND ISSUE AS OF JUNE 30, 2015.

PART I, COLUMN(F) DESCRIPTION OF PURPOSE

1. SETON HALL UNIVERSITY ISSUES, 2008 SERIES D & E, (CUSIP NUMBERS 646065WZ1 AND 646065XQ0) WERE ISSUED BY THE NEW JERSEY EDUCATIONAL FACILITIES AUTHORITY (NJFEFA) TO CURRENTLY REFUND SETON HALL UNIVERSITY ISSUES, 2005 SERIES C AND 2006 SERIES A. THE 2005 SERIES C ISSUE WAS ISSUED ON AUGUST 18, 2005 BY THE NJFEFA TO FINANCE CAPITAL IMPROVEMENTS AT THE UNIVERSITY. THE 2006 SERIES A ISSUE WAS ISSUED ON JUNE 1, 2006. IT REFUNDED THE UNIVERSITY'S 1996 SERIES E ISSUE, WHICH WAS FOR CAPITAL IMPROVEMENTS AND FOR REFUNDING THE UNIVERSITY'S 1989 SERIES C ISSUE, WHICH WAS FOR CAPITAL IMPROVEMENTS. THE 2008 SERIES D & E ISSUES WERE TREATED AS A SINGLE ISSUE FOR TAX PURPOSES. AMOUNTS REPORTED IN SCHEDULE K HEREIN ARE FOR THE COMBINED ISSUE. ALL PROCEEDS DEPOSITED IN THE REFUNDING ESCROWS HAVE BEEN SPENT. THE ISSUE PRICE IN PART I, COLUMN E, OF \$73,939,881 PLUS \$8,217 OF INTEREST EARNINGS AT THE TIME OF ISSUE AND \$685,153 OF PROJECT FUNDS REMAINING FROM THE 2005 AND 2006 BONDS AT THE TIME OF THE REFUNDING, WHICH WERE TRANSFERRED TO THE 2008 SERIES D & E



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

BONDS, EQUALS THE PART II, LINE 3, TOTAL PROCEEDS OF THE ISSUE OF \$74,633,251. ALL OF THE \$685,153 HAS BEEN USED FOR CAPITAL EXPENDITURES. IN 2005, THE UNIVERSITY ENTERED INTO TWO LONG-TERM INTEREST RATE SWAP AGREEMENTS WITH CITIBANK, N.A. IN ORDER TO HEDGE INTEREST RATE EXPOSURE RELATED TO THEIR 2005 SERIES C AND 2006 SERIES A ISSUES. FOLLOWING THE REFUNDING OF THE 2005 AND 2006 ISSUES WITH 2008 SERIES D & E, THE INTEREST RATE SWAP AGREEMENTS REMAINED IN PLACE, FOLLOWING AN AMENDMENT, IN ORDER TO HEDGE INTEREST RATE EXPOSURE FOR THE 2008 SERIES D ISSUE. THE SWAP AGREEMENTS EXPIRE CONCURRENTLY WITH THE MATURITY OF THE 2008 SERIES D BONDS, THE LAST OF WHICH MATURE ON JULY 1, 2037.

2. SETON HALL UNIVERSITY ISSUE, 2011 SERIES A, (CUSIP NUMBER 646065U83) WAS ISSUED BY THE NJEFA TO CURRENTLY REFUND SETON HALL UNIVERSITY'S 1999 REFUNDING, 2001 SERIES A, 2001 SERIES B, AND 2001 SERIES G BOND ISSUES. THE 1999 REFUNDING ISSUE WAS ISSUED IN JULY 1999 TO REFUND THE UNIVERSITY'S 1991 SERIES D AND 1989 SERIES C ISSUES. THE 1991 SERIES D AND THE 1989 SERIES C ISSUES WERE ISSUED TO FINANCE CAPITAL IMPROVEMENTS. THE 2001 SERIES A ISSUE WAS ISSUED IN JUNE 2001 TO REFUND THE UNIVERSITY'S 1991 SERIES A ISSUE WHICH REFUNDED THE UNIVERSITY'S 1985 SERIES A ISSUE WHICH WAS ISSUED TO FINANCE CAPITAL IMPROVEMENTS. THE 2001 SERIES B ISSUE WAS ISSUED IN JUNE 2001 TO REFUND THE UNIVERSITY'S 1991

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

SERIES B ISSUE WHICH WAS ISSUED TO REFUND THE UNIVERSITY'S 1988 SERIES B ISSUE WHICH WAS ISSUED TO REFUND THE UNIVERSITY'S 1976 SERIES A ISSUE AND TO FINANCE CAPITAL IMPROVEMENTS. THE 1976 SERIES A ISSUE WAS ISSUED TO FINANCE CAPITAL IMPROVEMENTS. THE 2001 SERIES G ISSUE WAS ISSUED IN JUNE 2001 TO FINANCE CAPITAL IMPROVEMENTS.

3. ON APRIL 14, 2004, THE NJEFA ISSUED CAPITAL IMPROVEMENT FUND ("CIF")SERIES 2004A BONDS PURSUANT TO A PROGRAM OF THE STATE OF NEW JERSEY TO FINANCE CAPITAL IMPROVEMENTS AT INSTITUTIONS OF HIGHER EDUCATION. THE BONDS WERE ISSUED IN THE PRINCIPAL AMOUNT OF \$76,725,000 WHICH WAS ALLOCATED TO A TOTAL OF SEVEN INSTITUTIONS IN NEW JERSEY, THREE PUBLIC AND FOUR PRIVATE. AN 8038 WAS FILED FOR THE PORTION OF THE ISSUE ALLOCATED TO PRIVATE INSTITUTIONS AND A SEPARATE 8038-G WAS FILED FOR THE PORTION ALLOCATED TO PUBLIC INSTITUTIONS. SETON HALL'S APPORTIONED AMOUNT, AFTER \$115,491 OF APPORTIONED ISSUANCE AND CREDIT ENHANCEMENT COSTS, WAS \$7,690,209. OF THIS AMOUNT \$78,458 WAS ALLOCATED TO CAPITALIZED INTEREST. THE REMAINDER THAT WAS RECEIVED BY SETON HALL WAS \$7,611,751, OF WHICH \$3,805,875 WAS A GRANT AND \$3,805,876 WAS DEBT REPAYABLE OVER 20 YEARS. BONDS ISSUED TO FINANCE GRANTS MUST BE APPROVED BY THE STATE TREASURER AND ARE REPAYABLE BY THE STATE SUBJECT TO APPROPRIATION. THE BONDS ARE SOLD BASED ON THE CREDIT OF THE STATE. EACH

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

GRANTEE ENTERED INTO A GRANT AGREEMENT OBLIGATING THE GRANTEE TO PAY 1/2 OF THE DEBT SERVICE ON THE BONDS ALLOCABLE TO THE GRANT.

ON OCTOBER 26, 2006, NJEFA ISSUED CIF BONDS, SERIES 2006 A TO PARTIALLY ADVANCE REFUND THE 2004 A BONDS AND OTHER SERIES OF CIF BONDS. AT THAT TIME, THE AMOUNTS PAYABLE BY EACH GRANTEE WERE ADJUSTED TO TAKE ACCOUNT OF ALLOCABLE DEBT SERVICE SAVINGS. THE CUSIP NUMBER AND ISSUE DATE SHOWN IN PART I OF SCHEDULE K ARE FOR THE SERIES 2004 A BONDS. THE NJEFA HAS FURTHER INFORMATION ABOUT THE TOTAL BOND ISSUE. SETON HALL SPENT THE ENTIRE AMOUNT OF BOND PROCEEDS ALLOCATED TO IT ON CAPITAL IMPROVEMENTS ON THE UNIVERSITY'S CAMPUS. SETON HALL UNIVERSITY DOES NOT USE ANY OF THE DEBT FINANCED PROPERTY TO UNDERTAKE A NON-EXEMPT ACTIVITY. THE AMOUNTS REPORTED ON SCHEDULE K, PART III, LINE 5 REPRESENT THE BOND ISSUANCE AND CREDIT ENHANCEMENT COSTS FROM SCHEDULE K, PART II, LINES 7 AND 8 DIVIDED BY THE AMOUNT ON PART II, LINE 3, TOTAL PROCEEDS OF ISSUE.

ON APRIL 29, 2014 THE NJEFA ISSUED CIF BONDS, SERIES 2014 B, AND ADVANCE REFUNDING CIF BONDS, SERIES 2014 D, PURSUANT TO A PROGRAM OF THE STATE OF NEW JERSEY TO FINANCE CAPITAL IMPROVEMENTS AT INSTITUTIONS OF HIGHER EDUCATION. ONE FORM 8038 WAS FILED BY THE NJEFA COVERING BOTH ISSUES, UNDER CUSIP NUMBER 646066DG2. GROSS PROCEEDS FROM BOTH ISSUES WERE

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

\$19,369,367 WITH THE 2014 B PORTION BEING \$15,493,539 AND THE 2014 D PORTION BEING \$3,875,828. THE SERIES 2014 D ISSUE PARTIALLY ADVANCE REFUNDED THE 2004A BONDS RELATED TO THREE PRIVATE INSTITUTIONS OF HIGHER EDUCATION. AS A RESULT OF THIS ADVANCE REFUNDING, AMOUNTS PAYABLE BY EACH INSTITUTION, INCLUDING THE UNIVERSITY, WAS ADJUSTED TO TAKE INTO ACCOUNT ALLOCABLE DEBT SERVICE SAVINGS.

4. AS NOTED ABOVE, ON APRIL 29, 2014 THE NJEFA ISSUED CIF BONDS, SERIES 2014 B, PURSUANT TO A PROGRAM OF THE STATE OF NEW JERSEY TO FINANCE CAPITAL IMPROVEMENTS AT INSTITUTIONS OF HIGHER EDUCATION. THE GROSS PROCEEDS OF THIS ISSUANCE WERE \$15,493,539. THE PROCEEDS WERE ALLOCATED TO SIX PRIVATE INSTITUTIONS OF HIGHER EDUCATION. SETON HALL'S APPORTIONED AMOUNT WAS \$2,192,165. AFTER \$12,165 OF APPORTIONED ISSUANCE COSTS, THE REMAINDER THAT WAS RECEIVED BY SETON HALL WAS \$2,180,000, OF WHICH \$1,165,170 WAS A GRANT AND \$1,014,830 WAS DEBT REPAYABLE OVER 20 YEARS. BONDS ISSUED TO FINANCE GRANTS MUST BE APPROVED BY THE STATE TREASURER AND ARE REPAYABLE BY THE STATE SUBJECT TO APPROPRIATION. THE BONDS WERE SOLD BASED ON THE CREDIT OF THE STATE. EACH INSTITUTION ENTERED INTO A GRANT AGREEMENT OBLIGATING THE GRANTEE TO PAY A PORTION OF THE DEBT SERVICE ON THE BONDS ALLOCABLE TO THE GRANT. SETON HALL SPENT THE ENTIRE AMOUNT OF THE DEBT PROCEEDS ALLOCATED TO IT ON CAPITAL IMPROVEMENTS. THE

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

AMOUNT REPORTED ON SCHEDULE K, PART III, LINE 5 REPRESENTS THE BOND  
ISSUANCE COSTS FROM SCHEDULE K, PART II, LINE 7 DIVIDED BY THE AMOUNT ON  
PART II, LINE 3, TOTAL PROCEEDS OF ISSUE.

5. SETON HALL UNIVERSITY ISSUE, 2013 D, (CUSIP 6460656D9) WAS ISSUED BY  
THE NJEFA TO CURRENTLY REFUND SETON HALL UNIVERSITY'S 2009 C BONDS SOLD  
DIRECTLY TO CAPITAL ONE, N.A., FINANCE A PORTION OF THE COST OF  
TERMINATING THE UNIVERSITY'S INTEREST RATE SWAP AGREEMENT WITH CITIBANK,  
N.A. THAT HEDGED INTEREST RATE EXPOSURE RELATED TO THE 2009 C BONDS, AND  
TO FINANCE CAPITAL IMPROVEMENTS. THE UNIVERSITY'S 2009 SERIES C BONDS  
REFUNDED THE UNIVERSITY ISSUE, 1998 SERIES F, ISSUED ON JUNE 29, 1998 BY  
THE NJEFA TO REFUND A 1991 SERIES D SETON HALL UNIVERSITY ISSUE THAT  
FINANCED CAPITAL IMPROVEMENTS AT THE UNIVERSITY. THE PORTION OF THE 2013  
D TOTAL PROCEEDS OF \$43,935,728 THAT WAS USED TO REFUND THE 2009 C BONDS  
AND TO FINANCE A PORTION OF THE COST TO TERMINATE THE RELATED SWAP  
AGREEMENT WAS \$7,800,307. THE REMAINDER OF \$36,135,421 WAS USED TO PAY  
COSTS OF ISSUANCE OF \$522,077, PAY \$2,405,009 OF CAPITALIZED INTEREST,  
AND DEPOSIT \$33,208,335 INTO A CONSTRUCTION FUND FOR CAPITAL  
IMPROVEMENTS. THE AMOUNT REPORTED ON SCHEDULE K, PART III, LINE 5  
REPRESENTS THE BOND ISSUANCE COSTS FROM SCHEDULE K, PART II, LINE 7  
DIVIDED BY THE AMOUNT ON PART II, LINE 3, TOTAL PROCEEDS OF ISSUE.

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

6. ON JANUARY 30, 2014 THE NJEFA ISSUED HIGHER EDUCATION EQUIPMENT LEASING FUND ("ELF") PROGRAM BONDS, SERIES 2014 B, PURSUANT TO A PROGRAM OF THE STATE OF NEW JERSEY TO FINANCE CAPITAL IMPROVEMENTS AT INSTITUTIONS OF HIGHER EDUCATION. THE ELF 2014 B ISSUE IS ALLOCATED TO EQUIPMENT PURCHASES AT SIX PRIVATE INSTITUTIONS OF HIGHER EDUCATION. THE GROSS PROCEEDS OF THIS ISSUANCE WERE \$8,131,497. SETON HALL'S APPORTIONED AMOUNT WAS \$1,522,184. AFTER \$10,253 OF APPORTIONED ISSUANCE COSTS, THE REMAINDER THAT WAS RECEIVED BY SETON HALL WAS \$1,511,931, OF WHICH \$1,181,031 WAS A GRANT AND \$330,900 WAS DEBT REPAYABLE OVER 9 YEARS. BONDS ISSUED TO FINANCE GRANTS MUST BE APPROVED BY THE STATE TREASURER AND ARE REPAYABLE BY THE STATE SUBJECT TO APPROPRIATION. THE BONDS WERE SOLD BASED ON THE CREDIT OF THE STATE. EACH INSTITUTION ENTERED INTO A GRANT AGREEMENT OBLIGATING THE GRANTEE TO PAY A PORTION OF THE DEBT SERVICE ON THE BONDS ALLOCABLE TO THE GRANT. SETON HALL SPENT THE ENTIRE AMOUNT OF THE DEBT PROCEEDS ALLOCATED TO IT ON EQUIPMENT. THE AMOUNT REPORTED ON SCHEDULE K, PART III, LINE 5 REPRESENTS THE BOND ISSUANCE COSTS FROM SCHEDULE K, PART II, LINE 7 DIVIDED BY THE AMOUNT ON PART II, LINE 3, TOTAL PROCEEDS OF ISSUE.

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

**Transactions With Interested Persons**

OMB No. 1545-0047

**2014**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Open To Public Inspection**

Name of the organization  
SETON HALL UNIVERSITY

Employer identification number  
22-1500645

**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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the 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.

1	(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
				(1)									
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
<b>Total</b> . . . . .							\$						

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

1	(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)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) MARY ANN CHRISTOPHER	BROTHER OF REGENT	89,411.	LEGAL SERVICES		X
(2) WILLIAM M. STAATS	REGENT	612,000.	BANKING SERVICES		X
(3) LARRY A. ROBINSON	DAUGHTER OF OFFICER	69,649.	COMPENSATION & BENEFITS		X
(4) TRACY H. GOTTLIEB	SISTER OF OFFICER	112,717.	COMPENSATION & BENEFITS		X
(5) TRACY H. GOTTLIEB	SISTER OF OFFICER	60,658.	COMPENSATION & BENEFITS		X
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

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

PART IV BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS

THE BROTHER OF MARY ANN CHRISTOPHER, REGENT, IS A PARTNER IN THE LAW FIRM OF GIBBONS P.C. SETON HALL UNIVERSITY PAID GIBBONS P.C. \$89,411 FOR LEGAL SERVICES IN THE YEAR ENDED JUNE 30, 2015, WITH ONE TRANSACTION IN EXCESS OF \$10,000.

WILLIAM M. STAATS, REGENT, IS A MANAGING DIRECTOR AT US TRUST, A BUSINESS UNIT OF BANK OF AMERICA. FOR THE YEAR ENDED JUNE 30, 2015, THE COST INCURRED BY SETON HALL UNIVERSITY FOR BANKING SERVICES PROVIDED BY BANK OF AMERICA WAS APPROXIMATELY \$612,000.

A DAUGHTER OF DR. LARRY A ROBINSON, PROVOST & EXECUTIVE V.P., SERVED AS AN EMPLOYEE OF THE UNIVERSITY. IN FISCAL YEAR 2015, SHE RECEIVED TOTAL COMPENSATION AND BENEFITS OF \$69,649.

TWO SISTERS OF DR. TRACY H. GOTTLIEB, V.P. FOR STUDENT SERVICES, SERVED AS EMPLOYEES OF THE UNIVERSITY. IN FISCAL YEAR 2015 ONE SISTER RECEIVED TOTAL COMPENSATION AND BENEFITS OF \$112,717, AND THE SECOND SISTER RECEIVED TOTAL COMPENSATION AND BENEFITS OF \$60,658.



**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)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

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

IN ALL OF THE ABOVE BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS (LEGAL SERVICES, BANKING SERVICES, COMPENSATION AND BENEFITS), EACH TRANSACTION WAS CONDUCTED AT ARM'S LENGTH AND NO PARTY WAS INVOLVED IN THE DELIBERATIONS OR DECISION-MAKING IN THE GRANTING OF THE WORK OR THE HIRING OF THE INDIVIDUAL.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2014**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

SETON HALL UNIVERSITY

Employer identification number

22-1500645

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .	X	2 .	20,000 .	APPRAISAL
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .	X		94,000 .	APPRAISAL
5 Clothing and household goods . . . . .	X		1,000 .	COST
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X	34 .	465,000 .	SELLING PRICE
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .	X	5 .	38,000 .	COST
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ (IT EQUIPMENT) . . . . .	X	1 .	16,000 .	COST
26 Other ▶ (MISCELLANEOUS) . . . . .	X	30 .	11,000 .	COST
27 Other ▶ ( ) . . . . .				
28 Other ▶ ( ) . . . . .				

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

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

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

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PART I, LINE 32B

AUCTION COMPANIES ARE USED TO PROCESS AND/OR SELL NONCASH CONTRIBUTIONS IN "SILENT AUCTIONS" AT SEVERAL FUNDRAISING EVENTS. TO THE EXTENT SETON HALL UNIVERSITY RECEIVES DONATIONS OF PUBLICLY TRADED SECURITIES, ITS INVESTMENT BROKER IS ENGAGED TO SELL THOSE SECURITIES.

THE UNIVERSITY REIMBURSED A RELATED PARTY, THE ROMAN CATHOLIC ARCHDIOCESE OF NEWARK, FOR ADMINISTRATIVE EXPENSES INCURRED IN CONDUCTING THE ARCHBISHOP'S ANNUAL APPEAL TO RAISE FUNDS FROM THE CONGREGATION FOR THE BENEFIT OF THE UNIVERSITY.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

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**Open to Public  
Inspection**

Name of the organization

SETON HALL UNIVERSITY

Employer identification number

22-1500645

FORM 990, PART III, LINE 1

SETON HALL UNIVERSITY IS THE NATION'S OLDEST DIOCESAN CATHOLIC UNIVERSITY. IN A DIVERSE AND COLLABORATIVE ENVIRONMENT, IT FOCUSES ON ACADEMIC, ETHICAL, AND SPIRITUAL DEVELOPMENT. SETON HALL STUDENTS ARE PREPARED TO BE LEADERS IN THEIR PROFESSIONAL AND COMMUNITY LIVES IN A GLOBAL SOCIETY AND ARE CHALLENGED BY OUTSTANDING FACULTY, AN EVOLVING TECHNOLOGICALLY ADVANCED SETTING, AND VALUES-CENTERED CURRICULA. SETON HALL UNIVERSITY'S 58-ACRE PARK-LIKE MAIN CAMPUS IS LOCATED IN SOUTH ORANGE, NEW JERSEY, ONLY 14 MILES WEST OF NEW YORK CITY. THE UNIVERSITY IS HOME TO TEN NATIONALLY RECOGNIZED AND ACCREDITED SCHOOLS, INCLUDING ITS NATIONALLY-RANKED LAW SCHOOL LOCATED IN NEWARK, NEW JERSEY. WITHIN THESE SCHOOLS THE PROFESSORS OF SETON HALL EDUCATE, SHAPE, AND DEVELOP APPROXIMATELY 5,800 UNDERGRADUATE AND 3,800 GRADUATE STUDENTS, WHO ARE ENROLLED IN MORE THAN 90 RIGOROUS MAJORS. THIS HAS LED TO SETON HALL BEING NATIONALLY RECOGNIZED FOR ACADEMIC EXCELLENCE BY THE PRINCETON REVIEW, U.S. NEWS & WORLD REPORT, AND BLOOMBERG BUSINESSWEEK. SETON HALL REMAINS A PIONEER IN CATHOLIC EDUCATION.

FORM 990, PART VI

PART VI, SECTION A, LINE 7A: THE BOARD OF REGENTS IS RESPONSIBLE FOR THE ENTIRE MANAGEMENT OF THE AFFAIRS AND CONCERNS OF THE UNIVERSITY. THE BOARD OF REGENTS IS VESTED WITH THE RESPONSIBILITY, POWER, AND AUTHORITY TO GOVERN THE UNIVERSITY AND SHALL EXERCISE THE CORPORATE POWERS OF THE UNIVERSITY UNDER LAW. BOARD OF REGENT EMERITI DO NOT HAVE VOTING

Name of the organization SETON HALL UNIVERSITY	Employer identification number 22-1500645
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PRIVILEGES.

PART VI, SECTION A, LINE 7B: THE BOARD OF TRUSTEES STAND IN THE STEAD OF THE ORIGINAL INCORPORATORS OF SETON HALL COLLEGE AND HAVE THE RIGHTS AND POWERS RESERVED TO IT BY THE UNIVERSITY'S BY-LAWS. THOSE POWERS INCLUDE THE RIGHT TO AMEND THE UNIVERSITY'S ORGANIZING DOCUMENTS, TO AUTHORIZE THE SALE OF ANY UNIVERSITY PROPERTY AND, MOST IMPORTANTLY, TO ELECT THE BOARD OF REGENTS.

PART VI, SECTION B, LINE 11: THE BOARD OF REGENTS ADOPTED A WRITTEN POLICY CHARGING THE AUDIT COMMITTEE WITH THE RESPONSIBILITY TO CONDUCT, ON AN ANNUAL BASIS, AN APPROPRIATE REVIEW OF THE UNIVERSITY'S COMPLETED FORM 990 AND FORM 990-T PRIOR TO FILING WITH INTERNAL REVENUE SERVICE. THE AUDIT COMMITTEE IS ALSO CHARGED WITH MAKING AN APPROPRIATE REPORT AND RECOMMENDATION TO THE BOARD OF REGENTS ON THEIR REVIEW. FOLLOWING REVIEW BY THE AUDIT COMMITTEE, FORMS 990 AND 990-T ARE SUBMITTED TO THE ENTIRE BOARD OF REGENTS FOR ITS REVIEW AND APPROVAL FOR FILING WITH THE INTERNAL REVENUE SERVICE. THE BOARD OF REGENTS SHALL CONTEMPORANEOUSLY DOCUMENT THE MEETING AT WHICH THE FORMS 990 AND 990-T ARE REVIEWED AND APPROVED FOR FILING.

PART VI, SECTION B, LINE 12C: THE UNIVERSITY'S CONFLICT OF INTEREST POLICY IS POSTED ON THE UNIVERSITY'S WEB SITE. ALL NEW EMPLOYEES ARE MADE AWARE OF THE POLICY AT THE TIME OF HIRE. FOR SENIOR MANAGEMENT, THE UNIVERSITY REQUIRES AN ANNUAL DISCLOSURE OF SIGNIFICANT FINANCIAL

Name of the organization SETON HALL UNIVERSITY	Employer identification number 22-1500645
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INTERESTS IN, OR EMPLOYMENT OR CONSULTING RELATIONSHIPS WITH, ENTITIES DOING BUSINESS WITH THE UNIVERSITY. THESE ANNUAL DISCLOSURES COVER BOTH SENIOR MANAGEMENT AND THEIR IMMEDIATE FAMILY MEMBERS. WHEN SUCH RELATIONSHIPS EXIST, MEASURES ARE TAKEN TO ADDRESS THE ACTUAL OR PERCEIVED CONFLICT TO PROTECT THE BEST INTERESTS OF THE UNIVERSITY. THE POLICY REQUIRES, AMONG OTHER THINGS, THAT NO MEMBER OF THE BOARD OF REGENTS OR ITS COMMITTEES CAN PARTICIPATE IN ANY DECISION IN WHICH HE OR SHE (OR AN IMMEDIATE FAMILY MEMBER) HAS A MATERIAL FINANCIAL INTEREST. EACH REGENT IS REQUIRED TO CERTIFY COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS AND INDICATE WHETHER THE UNIVERSITY DOES BUSINESS WITH AN ENTITY IN WHICH A REGENT HAS A MATERIAL FINANCIAL INTEREST. WHEN SUCH RELATIONSHIPS EXIST, MEASURES ARE TAKEN TO MITIGATE ANY ACTUAL OR PERCEIVED CONFLICT, INCLUDING REQUIRING THAT SUCH TRANSACTIONS BE CONDUCTED AT ARM'S LENGTH, FOR GOOD AND SUFFICIENT CONSIDERATION, BASED ON TERMS THAT ARE FAIR AND REASONABLE TO AND FOR THE BENEFIT OF THE UNIVERSITY, AND IN ACCORDANCE WITH RELEVANT CONFLICT OF INTEREST LAWS. THE UNIVERSITY IS UNAWARE OF ANY SUCH ASSOCIATIONS CONSIDERED TO BE SIGNIFICANT.

PART VI, SECTION B, LINE 15: SETON HALL UNIVERSITY CAN ENSURE AND DEMONSTRATE THAT OUR COMPENSATION ACTIONS DO NOT INURE TO THE BENEFIT OF A PRIVATE INDIVIDUAL. WE CAN DEMONSTRATE THAT THE COMPENSATION OF ALL DISQUALIFIED PERSONS, SUCH AS OFFICERS, DIRECTORS, AND KEY EMPLOYEES, IS CONSIDERED REASONABLE AND WOULD ORDINARILY BE PAID FOR LIKE SERVICES BY LIKE ENTERPRISES UNDER LIKE CIRCUMSTANCES. THE REASONABLENESS OF OUR

Name of the organization SETON HALL UNIVERSITY	Employer identification number 22-1500645
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COMPENSATION TAKES INTO ACCOUNT ALL BENEFITS. ANY COMPENSATION TRANSACTIONS FOR THESE INDIVIDUALS ARE APPROVED BY AN AUTHORIZED BODY OF INDIVIDUALS WHO HAVE NO CONFLICT OF INTEREST. UTILIZING A COMPENSATION CONSULTANT, APPROPRIATE COMPENSATION DATA IS RELIED UPON FOR COMPARABILITY AND PROOF OF FAIR MARKET VALUE, BEFORE MAKING A DECISION. COMPENSATION DECISIONS AND REPORTS ARE CONTEMPORANEOUSLY DOCUMENTED IN THE MINUTES OF THE MEETING OF THE COMMITTEE WHEN THE DECISIONS ARE MADE.

PART VI, SECTION C, LINE 19: THE UNIVERSITY'S BY-LAWS AND ITS CONFLICT OF INTEREST POLICY ARE POSTED ON THE UNIVERSITY'S WEBSITE. THE UNIVERSITY'S FINANCIAL STATEMENTS ARE POSTED ON THE WEBSITE OF THE NATIONAL ASSOCIATION OF COLLEGE AND UNIVERSITY BUSINESS OFFICERS (NACUBO).

PART XI, LINE 9

CHANGE IN VALUE OF INTEREST RATE SWAP AGREEMENTS OF \$36,000 LESS THE PROVISION FOR UNCOLLECTIBLE CONTRIBUTIONS RECEIVABLE OF \$1,138,000, PLUS LIMITED PARTNERSHIP LOSS IN OF \$4,000.

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
TORCON, INC. 328 NEWMAN SPRINGS RD #5 RED BANK, NJ 07701	GENERAL CONTRACTING	32,605,014.
GOURMET DINING SERVICES 400 SOUTH ORANGE AVENUE SOUTH ORANGE, NJ 07079	CATERING	9,367,654.
SAMUEL S GRAHAM, INC. P.O. BOX 319 EAST HANOVER, NJ 07936	GENERAL CONTRACTING	4,412,398.
THE LEGGIS GROUP, INC.	GENERAL CONTRACTING	3,519,175.

Name of the organization SETON HALL UNIVERSITY	Employer identification number 22-1500645
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ATTACHMENT 1 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
2333 US HIGHWAY 22 WEST UNION, NJ 07083		
TEMCO SERVICE INDUSTRIES, INC. ONE PARK AVENUE NEW YORK, NY 10016	HOUSEKEEPING	3,426,236.

ATTACHMENT 2

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
CORPORATE EQUITY	135,810,000.	124,740,000.	FMV
CORPORATE BONDS	52,532,000.	67,995,000.	FMV
U.S. GOVERNMENT SECURITIES	18,130,000.	106,000.	FMV
CASH & TEMPORARY INVESTMENTS	6,499,000.	5,483,000.	FMV
TOTALS	<u>212,971,000.</u>	<u>198,324,000.</u>	



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

SETON HALL UNIVERSITY

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Employer identification number

22-1500645

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

**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
(1) ROMAN CATHOLIC ARCHDIOCESE OF NEWARK 171 CLIFTON AVENUE NEWARK, NJ 07104 221487308	SEE PART VII	NJ	501(C)(3)	1	N/A		X
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

**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	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

**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
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

**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>1a</b>	X
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	X
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	X
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	X
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	X
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	X
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	X
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	X
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	X
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	X
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	X
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	X
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

**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	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

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

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

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PART II : IDENTIFICATION OF RELATED TAX-EXEMPT ORG.PRIMARY ACTIVITY

PRIMARY ACTIVITY OF ROMAN CATHOLIC ARCHDIOCESE OF NEWARK - OVERSEES THE

CATHOLIC CHURCH IN CERTAIN COUNTIES OF NEW JERSEY.