

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

# 2020

**Open to Public Inspection**

**A For the 2020 calendar year, or tax year beginning** 07/01, 2020, and ending 06/30, 20 21

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization SETON HALL UNIVERSITY			<b>D</b> Employer identification number 22-1500645	
	Doing Business As			<b>E</b> Telephone number (973) 761-9318	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 400 SOUTH ORANGE AVENUE		<b>G</b> Gross receipts \$ 524,256,000.		
	City or town, state or province, country, and ZIP or foreign postal code SOUTH ORANGE, NJ 07079			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>F</b> Name and address of principal officer: JOSEPH E. NYRE, PH.D. 400 SOUTH ORANGE AVENUE, SOUTH ORANGE, NJ 07079			<b>H(c)</b> Group exemption number ▶ 0928		
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
<b>J</b> Website: ▶ WWW.SHU.EDU					
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				<b>L</b> Year of formation: 1856 <b>M</b> State of legal domicile: NJ	

## Part I Summary

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: SETON HALL UNIVERSITY IS A CATHOLIC INSTITUTION OF HIGHER EDUCATION	
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3 36.
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4 28.
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5 4,000.
	<b>6</b> Total number of volunteers (estimate if necessary)	6 589.
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	7a 928,000.
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	7b 0.	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year 45,513,000. Current Year 56,312,000.
	<b>9</b> Program service revenue (Part VIII, line 2g)	391,164,000. 393,124,000.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,802,000. 14,634,000.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,015,000. 8,964,000.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	456,494,000. 473,034,000.
	Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0. 0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		189,888,000. 178,191,000.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0. 0.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 7,616,000.		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		120,077,000. 115,961,000.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		468,697,000. 468,441,000.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-12,203,000. 4,593,000.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year 814,560,000. End of Year 890,349,000.
	<b>21</b> Total liabilities (Part X, line 26)	376,532,000. 384,818,000.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20.	438,028,000. 505,531,000.

## 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.

<b>Sign Here</b>	Signature of officer	05/12/2022
	DONNA MCMONAGLE Type or print name and title	VP FINANCE/CFO

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	DANIEL ROMANO, PARTNER		05/02/2022		P00504182
	Firm's name ▶ GRANT THORNTON, LLP	Firm's EIN ▶ 36-6055558			
Firm's address ▶ 757 THIRD AVENUE NEW YORK, NY 10017		Phone no. 212-542-9609			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2020)

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 \$ 313,248,000. including grants of \$ 160,894,000. ) (Revenue \$ 396,341,000. )

EDUCATIONAL - SETON HALL UNIVERSITY OPERATES TO PROVIDE BACCALAUREATE, MASTERS, AND DOCTORAL DEGREES. DAY AND EVENING SESSIONS ACCOMMODATE BOTH COMMUTER AND RESIDENTIAL STUDENTS ON A PART-TIME AND FULL TIME BASIS.

4b (Code: ) (Expenses \$ 89,483,000. including grants of \$ 12,649,000. ) (Revenue \$ 3,484,000. )

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, SUCH AS COUNSELING, CAREER GUIDANCE, FINANCIAL AID, STUDENT RECORDS, HEALTH SERVICES AND TRANSPORTATION, 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 \$ 8,898,000. including grants of \$ 746,000. ) (Revenue \$ )

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 on Schedule O.)

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

4e Total program service expenses 411,629,000.

**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 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 donor-restricted endowments or in 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? . . . . .		
<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	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Description, and Yes/No columns. Rows 22-38 cover various organizational requirements and reporting obligations.

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 3 columns: Question number, Description, and Yes/No columns. Rows 1a-1c cover Form 1096 reporting and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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 on 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 (36), 1b (28), 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
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 on 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

**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  X

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

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) KEVIN WILLARD HEAD COACH MEN'S BASKETBALL	60.00 0.					X	2,440,812.	0.	62,155.	
(2) JOSEPH E. NYRE, PH.D. PRESIDENT/CEO/REGENT/TRUSTEE	60.00 0.	X		X			1,230,117.	0.	66,484.	
(3) PATRICK G. LYONS, MBA EVP OPERATIONS/CHIEF OF STAFF	60.00 0.			X			572,969.	0.	133,279.	
(4) ALYSSA MCCLOUD, PH.D. V.P. ENROLLMENT MANAGEMENT	50.00 0.			X			458,200.	0.	33,008.	
(5) ANTHONY J. BOZZELLA HEAD COACH WOMEN'S BASKETBALL	60.00 0.					X	389,331.	0.	55,102.	
(6) KATHLEEN BOOZANG, JD, LLM DEAN, SCHOOL OF LAW	45.00 0.				X		401,755.	0.	36,397.	
(7) KAREN E. BOROFF, PH.D. FORMER INTERIM PROVOST	45.00 0.					X	373,192.	0.	46,368.	
(8) STEPHEN A. GRAHAM, MBA V.P. FINANCE & CFO	50.00 0.			X			343,696.	0.	57,071.	
(9) MATTHEW BOROWICK, MBA V.P. UNIV. RELATIONS	50.00 0.			X			267,383.	0.	70,687.	
(10) BRYAN FELT ATHLETICS DIRECTOR	45.00 0.					X	311,509.	0.	18,364.	
(11) JOYCE A. STRAWSER, PH.D. DEAN, STILLMAN SCHOOL BUSINESS	45.00 0.				X		275,901.	0.	52,938.	
(12) STEPHEN J. LUBBEN, JD, PH.D. LAW SCHOOL PROFESSOR	45.00 0.					X	263,057.	0.	54,135.	
(13) BRIAN B. SHULMAN, PH.D. DEAN, SCHOOL HEALTH & MEDICAL	45.00 0.				X		283,481.	0.	30,751.	
(14) SHAWNA COOPER-GIBSON, EDD. V.P. STUDENT SERVICES	50.00 0.			X			259,633.	0.	39,292.	

**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) KATIA PASSERINI, PH.D. PROVOST AND E.V.P.	50.00 0.			X				220,471.	0.	56,148.
(16) TIMOTHY P. GLYNN, J.D. LAW SCHOOL PROFESSOR	45.00 0.					X		240,604.	0.	17,160.
(17) PETER W. SHOEMAKER, PH.D. DEAN COLLEGE OF ARTS & SCIENCE	45.00 0.				X			186,856.	0.	56,860.
(18) KIMBERLY A. CAPADONA, ESQ. REGENT/GENERAL COUNSEL	50.00 0.			X				208,010.	0.	31,606.
(19) TRACY H. GOTTLIEB, PH.D. FORMER V.P. STUDENT SERVICES	45.00 0.						X	148,270.	0.	32,234.
(20) ROBIN L. CUNNINGHAM, ED.S. FORMER INT. V.P. STUD. SERV.	45.00 0.						X	146,970.	0.	21,628.
(21) DENNIS J. GARBINI, MBA FORMER V.P. ADMINISTRATION	0. 0.						X	148,538.	0.	18,499.
(22) MSGR JOSEPH R. REILLY TRUSTEE	45.00 0.	X						38,111.	0.	113,817.
(23) MONSIGNOR C. ANTHONY ZICCARDI V.P MISSION & MIN. (THRU 9/20)	45.00 0.			X				71,333.	0.	71,627.
(24) REVEREND COLLIN KAY, M. DIV. V.P. FOR MISSION & MINISTRY	50.00 0.			X				42,260.	0.	77,598.
(25) MONSIGNOR GERALD J. BUONOPANE REGENT/TRUSTEE	45.00 0.	X						34,243.	0.	77,565.
<b>1b Sub-total</b>								9,356,702.	0.	1,330,773.
<b>c Total from continuation sheets to Part VII, Section A</b>								143,888.	0.	138,710.
<b>d Total (add lines 1b and 1c)</b>								9,500,590.	0.	1,469,483.

**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 **▶ 337**

	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 **▶ 100**



**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) JON PAPARSENOS ----- V.P. UNIV. ADVANCEMENT	50.00 ----- 0.			X				66,760.	0.	40,260.
( 27) MICHELE NELSON, PH.D. ----- V.P. BOARD AFFAIRS & STRATEGY	50.00 ----- 0.			X				55,773.	0.	14,168.
( 28) REVEREND JOHN J. CHADWICK ----- REGENT/TRUSTEE	45.00 ----- 0.	X						21,355.	0.	42,092.
( 29) MONSIGNOR PETER SMUTELOVIC ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	42,190.
( 30) CARDINAL JOSEPH W. TOBIN ----- REGENT/TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
( 31) MOST REVEREND KURT R. BURNETTE ----- REGENT/TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
( 32) MOST REV. JAMES F. CHECCHIO ----- REGENT	1.00 ----- 0.	X						0.	0.	0.
( 33) MOST REV. DENNIS J. SULLIVAN ----- REGENT	1.00 ----- 0.	X						0.	0.	0.
( 34) SR. MARGARET STALLMEYER, C.D.P ----- REGENT/TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
( 35) KEVIN H. MARINO, J.D. ----- REGENT/TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
( 36) MARY ANN CHRISTOPHER ----- REGENT/TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
<b>1b Sub-total</b> . . . . .								143,888.	0.	138,710.
<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 **▶** 337

	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) MARK E. GANTON ----- REGENT/TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
( 38) ROBERT J. SLOAN ----- REGENT/TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
( 39) JAMES E. COLLINS ----- REGENT	1.00 ----- 0.	X						0.	0.	0.
( 40) HENRY F. D'ALESSANDRO ----- REGENT	1.00 ----- 0.	X						0.	0.	0.
( 41) ROBERT S. BASSO ----- REGENT	1.00 ----- 0.	X						0.	0.	0.
( 42) ROBERT B. BUDELMAN, ESQ. ----- REGENT	1.00 ----- 0.	X						0.	0.	0.
( 43) EDWARD C. CERNY ----- REGENT	1.00 ----- 0.	X						0.	0.	0.
( 44) DAVID L. FLOOD ----- REGENT	1.00 ----- 0.	X						0.	0.	0.
( 45) ROBERT C. GARRETT ----- REGENT	1.00 ----- 0.	X						0.	0.	0.
( 46) RICHARD A. GIUDITTA, JR. ----- REGENT	1.00 ----- 0.	X						0.	0.	0.
( 47) HELEN LERNER ----- REGENT	1.00 ----- 0.	X						0.	0.	0.
<b>1b Sub-total</b> . . . . .								0.	0.	0.
<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 **▶** 337

	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) ANTHONY MASHERELLI ----- REGENT	1.00 ----- 0.	X					0.	0.	0.	
( 49) RICHARD C. MCMAHON ----- REGENT	1.00 ----- 0.	X					0.	0.	0.	
( 50) JOHN F. SWIFT ----- REGENT	1.00 ----- 0.	X					0.	0.	0.	
( 51) STEPHEN G. WALDIS ----- REGENT	1.00 ----- 0.	X					0.	0.	0.	
( 52) MATTHEW W. WRIGHT ----- REGENT	1.00 ----- 0.	X					0.	0.	0.	
( 53) JOHN D. HAYES ----- REGENT	1.00 ----- 0.	X					0.	0.	0.	
( 54) JAMES T. BOYLE, JR. ----- REGENT	1.00 ----- 0.	X					0.	0.	0.	
( 55) GERARD H. HANSON, ESQ. ----- REGENT	1.00 ----- 0.	X					0.	0.	0.	
( 56) KEVIN P. FLOOD ----- REGENT	1.00 ----- 0.	X					0.	0.	0.	
( 57) LEO J. ZATTA ----- REGENT/TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
( 58) MOST REV. KEVIN J. SWEENEY ----- REGENT	1.00 ----- 0.	X					0.	0.	0.	
<b>1b Sub-total</b> . . . . .							0.	0.	0.	
<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 **▶** 337

	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)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes rows for SR. SHARON A. EUART and SR. MAUREEN SHAUGHNESSY.

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 337

Table with 3 columns: Question, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 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>	227,000.				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>					
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>	41,427,000.				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	14,658,000.				
	<b>g</b>	Noncash contributions included in lines 1a-1f. . . . .	<b>1g</b>	\$ 680,000.				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶		56,312,000.				
	<b>Program Service Revenue</b>	<b>2a</b>	TUITION & FEES	Business Code	900099	372,802,000.	372,802,000.	
<b>b</b>		ROOM AND BOARD	Business Code	900099	20,322,000.	20,322,000.		
<b>c</b>								
<b>d</b>								
<b>e</b>								
<b>f</b>		All other program service revenue . . . . .						
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . . ▶			393,124,000.			
<b>Other Revenue</b>		<b>3</b>	Investment income (including dividends, interest, and other similar amounts). . . . . ▶			2,131,000.		532,000.
	<b>4</b>	Income from investment of tax-exempt bond proceeds . ▶			863,000.		863,000.	
	<b>5</b>	Royalties . . . . . ▶			132,000.		22,000.	
	<b>6a</b>	Gross rents . . . . .	(i) Real	(ii) Personal				
					103,000.			
			<b>6b</b>	Less: rental expenses	<b>6b</b>			
	<b>c</b>	Rental income or (loss)	<b>6c</b>	103,000.				
	<b>d</b>	Net rental income or (loss) . . . . . ▶			103,000.		103,000.	
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
					62,714,000.	10,000.		
			<b>7b</b>	Less: cost or other basis and sales expenses . .	<b>7b</b>	51,082,000.	2,000.	
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>	11,632,000.	8,000.			
	<b>d</b>	Net gain or (loss) . . . . . ▶			11,640,000.		11,640,000.	
	<b>8a</b>	Gross income from fundraising events (not including \$ 227,000. of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>	185,000.				
	<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>	138,000.				
<b>c</b>	Net income or (loss) from fundraising events. . . . . ▶			47,000.		47,000.		
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>	0.					
<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>	0.					
<b>c</b>	Net income or (loss) from gaming activities. . . . . ▶			0.				
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .			0.				
		<b>10b</b>	Less: cost of goods sold . . . . .	<b>10b</b>	0.			
		<b>c</b>	Net income or (loss) from sales of inventory. . . . . ▶			0.		
<b>Miscellaneous Revenue</b>	<b>11a</b>	NCAA/CONFERENCE DISTRIBUTIONS	Business Code	900099	3,484,000.	3,484,000.		
	<b>b</b>	SALE OF NJ TAX CREDITS	Business Code	900099	1,000,000.		1,000,000.	
	<b>c</b>	PARKING	Business Code	812930	550,000.		550,000.	
	<b>d</b>	All other revenue . . . . .			3,648,000.	3,217,000.	374,000.	
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶			8,682,000.			
<b>12</b>	<b>Total revenue.</b> See instructions . . . . . ▶			473,034,000.	399,825,000.	928,000.	15,969,000.	

**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 . . . . .	1,054,000.	1,054,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	173,235,000.	173,235,000.		
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 . . . . .	7,176,000.	3,008,000.	2,938,000.	1,230,000.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	970,000.	970,000.		
7 Other salaries and wages . . . . .	124,345,000.	105,484,000.	15,127,000.	3,734,000.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	7,958,000.	6,750,000.	969,000.	239,000.
9 Other employee benefits . . . . .	28,761,000.	22,894,000.	5,032,000.	835,000.
10 Payroll taxes . . . . .	8,981,000.	7,626,000.	1,087,000.	268,000.
11 Fees for services (nonemployees):				
a Management . . . . .	279,000.	203,000.	76,000.	
b Legal . . . . .	558,000.	68,000.	490,000.	
c Accounting . . . . .	254,000.		254,000.	
d Lobbying . . . . .	168,000.		168,000.	
e Professional fundraising services. See Part IV, line 17 . . . . .	0.			
f Investment management fees . . . . .	4,317,000.		4,317,000.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	24,251,000.	21,229,000.	2,550,000.	472,000.
12 Advertising and promotion . . . . .	1,774,000.	1,529,000.	227,000.	18,000.
13 Office expenses . . . . .	5,348,000.	3,582,000.	1,401,000.	365,000.
14 Information technology . . . . .	6,973,000.	1,388,000.	5,584,000.	1,000.
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	10,838,000.	10,838,000.		
17 Travel . . . . .	3,258,000.	2,815,000.	265,000.	178,000.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0.			
19 Conferences, conventions, and meetings . . . . .	629,000.	474,000.	155,000.	
20 Interest . . . . .	10,908,000.	10,807,000.	101,000.	
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	20,460,000.	19,354,000.	1,024,000.	82,000.
23 Insurance . . . . .	2,935,000.	218,000.	2,717,000.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on 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 . . . . .	6,327,000.	4,559,000.	1,638,000.	130,000.
b COVID EXPENSES . . . . .	6,535,000.	6,535,000.		
c BAD DEBT EXPENSE . . . . .	2,350,000.		2,350,000.	
d BOOKS AND SUBSCRIPTIONS . . . . .	3,258,000.	3,205,000.	32,000.	21,000.
e All other expenses . . . . .	4,541,000.	3,804,000.	694,000.	43,000.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>468,441,000.</b>	<b>411,629,000.</b>	<b>49,196,000.</b>	<b>7,616,000.</b>
26 <b>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 . . . . .	21,725,000.	<b>1</b>	9,038,000.
	<b>2</b> Savings and temporary cash investments . . . . .	27,653,000.	<b>2</b>	56,961,000.
	<b>3</b> Pledges and grants receivable, net . . . . .	11,095,000.	<b>3</b>	13,649,000.
	<b>4</b> Accounts receivable, net. . . . .	6,141,000.	<b>4</b>	5,347,000.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	2,894,000.	<b>5</b>	2,894,000.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net . . . . .	6,966,000.	<b>7</b>	5,609,000.
	<b>8</b> Inventories for sale or use . . . . .	0.	<b>8</b>	0.
	<b>9</b> Prepaid expenses and deferred charges . . . . . <b>ATCH . 2</b>	18,406,000.	<b>9</b>	19,216,000.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 629,667,000.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 318,887,000.		
		327,979,000.	<b>10c</b>	310,780,000.
	<b>11</b> Investments - publicly traded securities . . . . . <b>ATCH . 3</b>	92,145,000.	<b>11</b>	126,527,000.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	191,414,000.	<b>12</b>	224,164,000.
	<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 . . . . .	108,142,000.	<b>15</b>	116,164,000.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	814,560,000.	<b>16</b>	890,349,000.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	45,605,000.	<b>17</b>	53,813,000.
	<b>18</b> Grants payable . . . . .	0.	<b>18</b>	0.
	<b>19</b> Deferred revenue . . . . .	11,862,000.	<b>19</b>	12,347,000.
	<b>20</b> Tax-exempt bond liabilities . . . . .	203,611,000.	<b>20</b>	198,582,000.
	<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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	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 . . . . .	115,454,000.	<b>25</b>	120,076,000.
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	376,532,000.	<b>26</b>	384,818,000.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	234,337,000.	<b>27</b>	258,697,000.
	<b>28</b> Net assets with donor restrictions . . . . .	203,691,000.	<b>28</b>	246,834,000.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
	<b>32</b> Total net assets or fund balances . . . . .	438,028,000.	<b>32</b>	505,531,000.
<b>33</b> Total liabilities and net assets/fund balances . . . . .	814,560,000.	<b>33</b>	890,349,000.	

**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>	473,034,000.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	468,441,000.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	4,593,000.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	438,028,000.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	62,395,000.
<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 on Schedule O)	<b>9</b>	515,000.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	505,531,000.

**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 on 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 on 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)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

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 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.  
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . .

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	42,295,000.	59,790,000.	43,567,000.	45,513,000.	56,312,000.	247,477,000.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0.
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0.
<b>4 Total.</b> Add lines 1 through 3. . . . .	42,295,000.	59,790,000.	43,567,000.	45,513,000.	56,312,000.	247,477,000.
<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). . . . .						0.
<b>6 Public support.</b> Subtract line 5 from line 4						247,477,000.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4. . . . .	42,295,000.	59,790,000.	43,567,000.	45,513,000.	56,312,000.	247,477,000.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	5,602,000.	4,968,000.	4,029,000.	2,787,000.	2,675,000.	20,061,000.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	534,000.	804,000.	499,000.	171,000.	690,000.	2,698,000.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . <b>ATCH. 1</b> . . . . .	2,746,000.	2,883,000.	2,255,000.	1,438,000.	1,792,000.	11,114,000.
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						281,350,000.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	1,922,089,000.
<b>13 First 5 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 2020 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	87.96%
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 . . . . .	<b>15</b>	86.25%
<b>16a 33 1/3% support test - 2020.</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 checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2019.</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 - 2020.</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 - 2019.</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 10 of Part I or if the organization failed to qualify under Part II.  
 If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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.) . . . . .						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

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

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f), divided by line 13, column (f)). . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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 - 2019.** 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 in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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 or 990-EZ).</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 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b 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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in line 11a above?		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			

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

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

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

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):	<b>1e</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 0.015 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 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	5
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015 . . . . .			
b	From 2016 . . . . .			
c	From 2017 . . . . .			
d	From 2018 . . . . .			
e	From 2019 . . . . .			
f	<b>Total</b> of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	<b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016 . . . .			
b	Excess from 2017 . . . .			
c	Excess from 2018 . . . .			
d	Excess from 2019 . . . .			
e	Excess from 2020 . . . .			

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2016	2017	2018	2019	2020	TOTAL
INCOME FUNDRAISING EVENTS	456,000.	538,000.	321,000.	136,000.	185,000.	1,636,000.
SALE OF NJ TAX CREDITS					1,000,000.	1,000,000.
PARKING	1,577,000.	1,640,000.	1,247,000.	1,004,000.	550,000.	6,018,000.
OTHER REVENUE	713,000.	705,000.	687,000.	298,000.	57,000.	2,460,000.
<b>TOTALS</b>	<u>2,746,000.</u>	<u>2,883,000.</u>	<u>2,255,000.</u>	<u>1,438,000.</u>	<u>1,792,000.</u>	<u>11,114,000.</u>



# Schedule of Contributors

**2020**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization  
SETON HALL UNIVERSITY

Employer identification number  
22-1500645

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)(3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **SETON HALL UNIVERSITY**

Employer identification number  
22-1500645

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$ 11,108,040.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 7,385,831.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 1,638,566.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A	\$ 8,993,471.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A	\$ 2,383,081.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **SETON HALL UNIVERSITY**

**Employer identification number**

22-1500645

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization SETON HALL UNIVERSITY

Employer identification number  
22-1500645

**Part III** *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

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

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

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

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

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

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (See instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (See instructions) . . . . . ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities (See instructions). . . . .

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .  Yes  No
- 4a Was a correction made? . . . . .  Yes  No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities. . . . . ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? . . . . .  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

Schedule C (Form 990 or 990-EZ) 2020

**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> <b>(The term "expenditures" means amounts paid or incurred.)</b>		<b>(a) Filing organization's totals</b>	<b>(b) Affiliated group totals</b>												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots 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"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>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? . . . . .														

Yes  No

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	<b>(a) 2017</b>	<b>(b) 2018</b>	<b>(c) 2019</b>	<b>(d) 2020</b>	<b>(e) Total</b>
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? . . . . .		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? . . . . .	X		
<b>c</b> Media advertisements? . . . . .		X	
<b>d</b> Mailings to members, legislators, or the public? . . . . .	X		1,200.
<b>e</b> Publications, or published or broadcast statements? . . . . .		X	
<b>f</b> Grants to other organizations for lobbying purposes? . . . . .	X		22,376.
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? . . . . .	X		174,321.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? . . . . .		X	
<b>i</b> Other activities? . . . . .		X	
<b>j</b> Total. Add lines 1c through 1i . . . . .			197,897.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? . . . . .		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 . . . . .			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . . . . .			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? . . . . .			

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

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

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

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

**Part IV Supplemental Information**

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

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 AND 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 \$30,321. 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

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

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" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and Yes/No questions.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose(s) of conservation easements, total number, acreage, and monitoring expenses.

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

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

Table with 3 columns: Line number, Description, and Amount. Includes rows for art collections, revenue included, and assets included.

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

Schedule D (Form 990) 2020

**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 make 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 program
- e**  Other \_\_\_\_\_

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

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

	Amount
<b>c</b> Beginning balance . . . . .	<b>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 on Part XIII . . . . .

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	270,000,000.	269,162,000.	271,090,000.	259,799,000.	246,904,000.
<b>b</b> Contributions . . . . .	4,584,000.	3,586,000.	2,304,000.	3,286,000.	1,664,000.
<b>c</b> Net investment earnings, gains, and losses . . . . .	74,306,000.	14,028,000.	10,675,000.	25,041,000.	30,476,000.
<b>d</b> Grants or scholarships . . . . .	3,291,000.	3,167,000.	3,474,000.	3,487,000.	3,455,000.
<b>e</b> Other expenditures for facilities and programs . . . . .	8,438,000.	8,173,000.	9,780,000.	11,431,000.	14,616,000.
<b>f</b> Administrative expenses . . . . .	831,000.	5,436,000.	1,653,000.	2,118,000.	1,174,000.
<b>g</b> End of year balance . . . . .	336,330,000.	270,000,000.	269,162,000.	271,090,000.	259,799,000.

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

- a** Board designated or quasi-endowment ▶ 35.6300 %
- b** Permanent endowment ▶ 32.7700 %
- c** Term endowment ▶ 31.6000 %

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

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

	Yes	No
<b>(i)</b> Unrelated organizations . . . . .	X	
<b>(ii)</b> Related organizations . . . . .		X
<b>b</b> If "Yes" on line 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		3,171,000.		3,171,000.
<b>b</b> Buildings . . . . .		554,052,000.	271,732,000.	282,320,000.
<b>c</b> Leasehold improvements . . . . .				
<b>d</b> Equipment . . . . .		58,427,000.	47,155,000.	11,272,000.
<b>e</b> Other . . . . .		14,017,000.		14,017,000.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . .				310,780,000.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely held equity interests . . . . .		
(3) Other ATTACHMENT 1		
(A) OUTSIDE TRUST	11,959,000.	FMV
(B) HEDGE FUNDS	64,201,000.	FMV
(C) COMMINGLED FUNDS	1,146,000.	FMV
(D) PRIVATE EQUITY FUNDS	18,149,000.	FMV
(E) VENTURE CAPITAL	10,431,000.	FMV
(F) LIQUID FIXED INCOME	18,000,000.	FMV
(G) ILLIQUID FIXED INCOME	22,515,000.	FMV
(H) OPPORTUNISTIC	18,982,000.	FMV
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	224,164,000.	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DEPOSITS W/ TRUSTEE	105,107,000.
(2) RIGHT-OF-USE UNDER OPER LEASES	606,000.
(3) RIGHT-OF-USE UNDER FINA LEASES	10,451,000.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	116,164,000.

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) REFUNDABLE U.S. GOV'T GRANTS	7,575,000.
(3) CONDITIONAL ASSET RETIRE OBLIG	9,530,000.
(4) ACCRUED POSTRETIREMENT BENEFIT	870,000.
(5) OTHER LIABILITIES, NET	5,036,000.
(6) OPERATING LEASE LIABILITIES	606,000.
(7) FINANCE LSE LIAB/SECURED BORROWING	20,571,000.
(8) TAXABLE BONDS PAYABLE	75,888,000.
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . . ▶	120,076,000.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .



**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 MAY BE MADE FOR CERTAIN PURPOSES IN ADDITION TO THE SPENDING RATE, AS APPROVED BY THE UNIVERSITY'S BOARD OF REGENTS. THERE WERE NO SPECIAL ALLOCATION MADE IN THE YEAR ENDED JUNE 30,

**Part XIII** Supplemental Information (continued)

2021.

PART X, LINE 2 - OTHER LIABILITIES - INCOME TAXES

THE UNIVERSITY HAS ADOPTED THE PROVISIONS OF THE ASC 740, ACCOUNTING FOR UNCERTAINTIES IN INCOME TAXES. ASC 740-10 CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS SECTION PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN BE RECOGNIZED IN THE FINANCIAL STATEMENTS ONLY IF THE POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED.

THE UNIVERSITY IS EXEMPT FROM FEDERAL AND NEW JERSEY STATE INCOME TAXATION BY VIRTUE OF BEING AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE IRC AND SIMILAR PROVISIONS OF THE NEW JERSEY STATE TAX CODE. NEVERTHELESS, THE UNIVERSITY MAY BE SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE. THE UNIVERSITY BELIEVES THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS WITHIN ITS FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER

CHANGE IN THE VALUE OF THE SPLIT-INTEREST AGREEMENTS OF \$692,000.

**Part XIII** Supplemental Information (continued)

PART XI, LINE 4B - OTHER

FINANCIAL AID OF \$166,708,000 LESS SPECIAL EVENTS EXPENSES OF \$138,000.

PART XII, LINE 2D - OTHER

SPECIAL EVENTS EXPENSES OF \$138,000 AND PROVISION FOR UNCOLLECTIBLE  
CONTRIBUTIONS RECEIVABLE OF \$177,000.

PART XII, LINE 4B - OTHER

FINANCIAL AID OF \$166,708,000.

ATTACHMENT 1SCHEDULE D, PART VII - INVESTMENTS - OTHER SECURITIES

<u>DESCRIPTION</u>	<u>BOOK VALUE</u>	<u>COST OR FMV</u>
LONG EQUITY	27,060,000.	FMV
DIVERSIFYING ASSETS	18,321,000.	FMV
REAL ASSETS	13,400,000.	FMV
TOTALS	<u>224,164,000.</u>	

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

Department of the Treasury  
Internal Revenue Service

**Schools**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**  
▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Name of the organization  
**SETON HALL UNIVERSITY**

Employer identification number  
**22-1500645**

**Part I**

	YES	NO
<b>1</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .	X	
<b>2</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .	X	
<b>3</b> Has the organization publicized its racially nondiscriminatory policy on its primarily publicly accessible Internet homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the homepage, or 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	
<u>SEE SUPPLEMENTAL PAGE</u>		
<b>4</b> Does the organization maintain the following?		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	X	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	X	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	X	
<b>d</b> 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.		
<b>5</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges? . . . . .		X
<b>b</b> Admissions policies? . . . . .		X
<b>c</b> Employment of faculty or administrative staff? . . . . .		X
<b>d</b> Scholarships or other financial assistance? . . . . .		X
<b>e</b> Educational policies? . . . . .		X
<b>f</b> Use of facilities? . . . . .		X
<b>g</b> Athletic programs? . . . . .		X
<b>h</b> Other extracurricular activities? . . . . .		X
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		
<b>6a</b> Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	X	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? . . . . .		X
If you answered "Yes" on either line 6a or line 6b, explain on Part II.		
<b>7</b> Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II . . . . .	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).

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. DURING THE FISCAL YEARS ENDED JUNE 30, 2021 AND 2020, THE FEDERAL GOVERNMENT PROVIDED HIGHER EDUCATION INSTITUTIONS WITH HIGHER EDUCATION EMERGENCY RELIEF FUNDING ("HEERF"), WHICH WAS ALLOCATED UNDER VARIOUS ACTS OF CONGRESS. HEERF FUNDING PROVIDED EMERGENCY AID TO STUDENTS OF THE UNIVERSITY.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2020**

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

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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN	0.	0.	INVESTMENTS		145,196,852.
(2) EUROPE	0.	0.	INVESTMENTS		38,663,527.
(3) EAST ASIA AND THE PACIFIC	0.	0.	PROGRAM SERVICES	RECRUITMENT & MBA PROG	85,500.
(4) SOUTH ASIA	0.	0.	PROGRAM SERVICES	PEACE BUILDING	114,403.
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Subtotal . . . . .					184,060,282.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)					184,060,282.

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

Schedule F (Form 990) 2020

**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.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> 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 a tax exempt 501(c)(3) organization 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 noncash assistance	(g) Description of noncash 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 separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . .  **Yes**  **No**
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* . . . . .  **Yes**  **No**
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* . . . . .  **Yes**  **No**
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . .  **Yes**  **No**
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* . . . . .  **Yes**  **No**

**Part V Supplemental Information**

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

PART I, LINE 3, (1 & 2); PART IV, LINES 1, 3, 4, AND 5

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, OR 8865, THOSE FOREIGN FORMS WERE ATTACHED TO THE UNIVERSITY'S FORM 990-T.

PART I, LINE 3 (3)

SUPPORT FOR STUDENT RECRUITMENT AND ACADEMIC EXCHANGE PROGRAM DEVELOPMENTS. DURING FY2021, THE STILLMAN SCHOOL CONTINUED TO OFFER AN EXECUTIVE-STYLE MBA PROGRAM IN COLLABORATION WITH VIAGOLD INTERNATIONAL EDUCATION MANAGEMENT GROUP, WITH COHORTS IN SHANGHAI AND ZHUHAI, CHINA. STUDENTS ARE TAUGHT IN MANDARIN BY A COMBINATION OF STILLMAN FACULTY AND FACULTY EMPLOYED BY CHINESE UNIVERSITIES.

PART I, LINE 3 (4)

HUMANITARIAN PEACEBUILDING, STABILIZATION, RECOVERY, AND DEVELOPMENT ACTORS PROVIDE CONFLICT SENSITIVE PROGRAMS IN YEMEN: THIS PROJECT WILL LOOK TO BUILD A SHARED UNDERSTAND AMONG SERVICE PROVIDERS ABOUT THE CONFLICT CONTEXTS AND HOW TO OPERATE MOST EFFECTIVELY IN THEM, AND AGREEMENT WHERE POSSIBLE ON COLLECTIVE ACTIONS/APPROACHES. IT WILL DO THIS THROUGH NETWORKING, COORDINATION, STRENGTHENING OF WORKING RELATIONSHIPS, AND REGULAR SESSIONS TO REVIEW AVAILABLE ANALYSIS AND PLAN FOR SHARED ACTIONS.



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

Table with 5 columns: (a) Event #1 BEEFSTEAKDINNER, (b) Event #2 GOLF OUTING, (c) Other events 3, (d) Total events. Rows include Revenue (Gross receipts, Less: Contributions, Gross income) and Direct Expenses (Cash prizes, Noncash prizes, Rent/facility costs, Food and beverages, Entertainment, Other direct expenses, Direct expense summary, Net income summary).

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

Table with 5 columns: (a) Bingo, (b) Pull tabs/instant bingo/progressive bingo, (c) Other gaming, (d) Total gaming. Rows include Revenue (Gross revenue) and Direct Expenses (Cash prizes, Noncash prizes, Rent/facility costs, Other direct expenses, Direct expense summary, Net gaming income summary).

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?
b If "No," explain:
10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
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).

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990.

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

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

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 noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> TOWNSHIP OF SOUTH ORANGE VILLAGE 76 S. ORANGE AVE. SOUTH ORANGE, NJ 07079	22-6002309	115	554,000.				GENERAL PURPOSE
<b>(2)</b> SOUTH ORANGE PERFORMING ARTS CENTER, INC. 1 SOPAC WAY SOUTH ORANGE, NJ 07079	32-0074004	501(C)(3)	12,000.				GENERAL PURPOSE
<b>(3)</b> TOWNSHIP OF NUTLEY, NJ 1 KENNEDY DRIVE NUTLEY, NJ 07110	22-6002167	115	147,000.				GENERAL PURPOSE
<b>(4)</b> TOWNSHIP OF CLIFTON, NJ 900 CLIFTON AVE. CLIFTON, NJ 07013	22-2940857	115	331,000.				GENERAL PURPOSE
<b>(5)</b> SOARUSA 3025 4TH ST NE WASHINGTON, DC 20017	52-1485481	501(C)(3)	10,000.				GENERAL PURPOSE
<b>(6)</b>							
<b>(7)</b>							
<b>(8)</b>							
<b>(9)</b>							
<b>(10)</b>							
<b>(11)</b>							
<b>(12)</b>							

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 5.

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

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

Schedule I (Form 990) 2020

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 FEDERAL AWARDS	1,947.	10,746,000.			
2 STATE OF NEW JERSEY AWARDS	1,641.	12,600,000.			
3 INSTITUTIONAL SUPPORT	13,278.	146,870,000.			
4 COVID-19 RELIEF GRANTS	1,418.	3,019,000.			
5					
6					
7					

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of 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.** 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.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization

SETON HALL UNIVERSITY

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 on 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 checked="" type="checkbox"/> Payments for business use of personal residence   |
| <input checked="" 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 (such as 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 on line 1a?

**3** Indicate which, if any, of the following the 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 on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
  - 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 on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

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

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

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

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

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

**9** If "Yes" on 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>		

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1	MSGR JOSEPH R. REILLY TRUSTEE	(i)	38,111.	0.	0.	6,002.	107,815.	151,928.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
2	JOSEPH E. NYRE, PH.D. PRESIDENT/CEO/REGENT/TRUSTEE	(i)	644,465.	0.	585,652.	22,800.	43,684.	1,296,601.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
3	KIMBERLY A. CAPADONA, ESQ REGENT/GENERAL COUNSEL	(i)	202,957.	0.	5,053.	30,900.	706.	239,616.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
4	KATIA PASSERINI, PH.D. PROVOST AND E.V.P.	(i)	216,144.	0.	4,327.	49,782.	6,366.	276,619.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
5	SHAWNA COOPER-GIBSON, ED V.P. STUDENT SERVICES	(i)	227,711.	24,500.	7,422.	14,128.	25,164.	298,925.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
6	PATRICK G. LYONS, MBA EVP OPERATIONS/CHIEF OF STAFF	(i)	391,000.	160,000.	21,969.	122,800.	10,479.	706,248.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
7	KAREN E. BOROFF, PH.D. FORMER INTERIM PROVOST	(i)	329,014.	37,454.	6,724.	19,932.	26,436.	419,560.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
8	ALYSSA MCCLOUD, PH.D. V.P. ENROLLMENT MANAGEMENT	(i)	320,631.	130,000.	7,569.	19,411.	13,597.	491,208.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
9	STEPHEN A. GRAHAM, MBA V.P. FINANCE & CFO	(i)	304,127.	32,000.	7,569.	18,453.	38,618.	400,767.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
10	KATHLEEN BOOZANG, JD, LLM DEAN, SCHOOL OF LAW	(i)	392,931.	0.	8,824.	22,800.	13,597.	438,152.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
11	JOYCE A. STRAWSER, PH.D DEAN, STILLMAN SCHOOL BUSINESS	(i)	274,843.	0.	1,058.	16,955.	35,983.	328,839.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
12	PETER W. SHOEMAKER, PH. DEAN COLLEGE OF ARTS & SCIENCE	(i)	186,445.	0.	411.	12,015.	44,845.	243,716.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
13	BRIAN B. SHULMAN, PH.D. DEAN, SCHOOL HEALTH & MEDICAL	(i)	281,857.	0.	1,624.	17,154.	13,597.	314,232.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
14	KEVIN WILLARD HEAD COACH MEN'S BASKETBALL	(i)	2,224,294.	190,000.	26,518.	22,800.	39,355.	2,502,967.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
15	ANTHONY J. BOZZELLA HEAD COACH WOMEN'S BASKETBALL	(i)	298,173.	72,500.	18,658.	17,882.	37,220.	444,433.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
16	STEPHEN J. LUBBEN, JD, PH. LAW SCHOOL PROFESSOR	(i)	262,702.	0.	355.	16,210.	37,925.	317,192.	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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1	DENNIS J. GARBINI, MBA FORMER V.P. ADMINISTRATION	(i)	0.	0.	148,538.	8,878.	9,621.	167,037.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
2	TRACY H. GOTTLIEB, PH.D FORMER V.P. STUDENT SERVICES	(i)	146,599.	0.	1,671.	10,649.	21,585.	180,504.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
3	ROBIN L. CUNNINGHAM, ED.S FORMER INT. V.P. STUD. SERV.	(i)	146,194.	0.	776.	8,910.	12,718.	168,598.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
4	MATTHEW BOROWICK, MBA V.P. UNIV. RELATIONS	(i)	234,659.	25,000.	7,724.	14,417.	56,270.	338,070.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
5	BRYAN FELT ATHLETICS DIRECTOR	(i)	243,505.	60,000.	8,004.	14,750.	3,614.	329,873.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
6	TIMOTHY P. GLYNN, J.D. LAW SCHOOL PROFESSOR	(i)	240,075.	0.	529.	14,506.	2,654.	257,764.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
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**

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

JOSEPH E. NYRE, PH.D. BECAME PRESIDENT/CEO/TRUSTEE/REGENT ON AUGUST 1, 2019. UNDER THE TERMS OF HIS EMPLOYMENT AGREEMENT WITH THE UNIVERSITY, THE UNIVERSITY PROVIDES HIM WITH CERTAIN PERMISSIBLE EXPENSE REIMBURSEMENTS, INCLUDING FOR THE BUSINESS USE OF HIS RESIDENCE, WHICH ARE IMPUTED AS TAXABLE INCOME AS APPROPRIATE. WHERE APPLICABLE, GROSS-UP PAYMENTS ARE MADE TO HIM TO COVER THE TAX WITHHOLDING IMPACT ASSOCIATED WITH IMPUTED INCOME.

AS A CONDITION OF EMPLOYMENT, THE PRESIDENT IS REQUIRED TO LIVE IN A BOARD OF REGENTS (BOARD) APPROVED RESIDENCE WHICH IS IN CLOSE PROXIMITY TO THE UNIVERSITY'S SOUTH ORANGE, NEW JERSEY CAMPUS, AND IS SUITABLE FOR ENTERTAINING GROUPS LARGE AND SMALL AND CONDUCTING UNIVERSITY BUSINESS. RATHER THAN THE UNIVERSITY INITIALLY PURCHASING A RESIDENCE SUITABLE FOR CONDUCTING UNIVERSITY BUSINESS, THE EMPLOYMENT AGREEMENT REQUIRED THE PRESIDENT TO PURCHASE A BOARD-APPROVED RESIDENCE WITH A LOAN FROM THE UNIVERSITY.

THE RESULTING EXPENSE RAMIFICATIONS TO THE UNIVERSITY, WHICH INCLUDES THE



**Part III Supplemental Information**

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

IMPACT OF IMPUTED INCOME AND GROSS-UP PAYMENTS TO THE PRESIDENT, ARE REPORTED IN THIS FORM 990 AND WILL ALSO BE REFLECTED IN THE SUBSEQUENT FISCAL YEAR'S FILING. UPON ASSESSING THE TOTAL EXPENSE TO THE UNIVERSITY ASSOCIATED WITH THESE AMOUNTS, THE PRESIDENT REQUESTED THE BOARD MODIFY THE EMPLOYMENT AGREEMENT TO REDUCE HIS TOTAL ANNUAL COMPENSATION. A NEW AGREEMENT WAS ENTERED INTO IN JUNE OF 2021, THE PRESIDENT CONVEYED THE RESIDENCE TO THE UNIVERSITY FOR \$1.00 ON AUGUST 6, 2021, AND HIS TOTAL COMPENSATION WAS REDUCED, ALL OF WHICH WILL BE REFLECTED IN THE FISCAL YEAR 2023 FORM 990 FILING AND THEREAFTER. FOR FURTHER INFORMATION RELATED TO THE RESIDENCE, SEE THE SCHEDULE L, PART II NARRATIVE INCLUDED IN PART V SUPPLEMENTAL INFORMATION.

HOUSING AND RELATED SERVICES ARE PROVIDED AT NO CHARGE TO MEMBERS OF ITS PRIEST COMMUNITY, WHICH INCLUDES AN OFFICER AND CERTAIN REGENTS AND TRUSTEES AS REFLECTED IN PART VII OF THE FORM 990. WHERE APPROPRIATE, THE VALUE OF THESE HOUSING AND RELATED BENEFITS IS REFLECTED IN PART VII, SECTION A, COLUMN F AS OTHER COMPENSATION AND IN SCHEDULE J, PART II AS NONTAXABLE BENEFITS FOR THE PRIEST WHO MET THE COMPENSATION REQUIREMENT

**Part III Supplemental Information**

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

FOR INCLUSION IN SCHEDULE J.

MEMBERSHIP FEES FOR THE UNIVERSITY'S MEN'S BASKETBALL COACH, KEVIN WILLARD, ITS WOMEN'S BASKETBALL COACH, ANTHONY BOZZELLA, ITS ATHLETICS DIRECTOR, BRYAN FELT, AND ITS EVP/CHIEF OF STAFF, PATRICK G. LYONS, WERE PAID BY THE UNIVERSITY TO ASSIST SUCH INDIVIDUALS IN THEIR DUTIES INVOLVING DONOR CULTIVATION AND FUNDRAISING FOR THE UNIVERSITY. THE FEES ASSOCIATED WITH THEIR BUSINESS-RELATED ATTENDANCE ARE INCLUDED IN NONTAXABLE BENEFITS IN SCHEDULE J, PART II. TO THE EXTENT OF ANY PERSONAL USAGE OF SAME, A PORTION OF THESE FEES ARE INCLUDED IN THE RECIPIENT'S TAXABLE INCOME.

CERTAIN MEMBERS OF THE UNIVERSITY, INCLUDING ITS PRESIDENT, MEN'S BASKETBALL COACH, AND WOMEN'S BASKETBALL COACH AND OTHER MEMBERS OF THE EXECUTIVE CABINET, ARE PERMITTED TO HAVE THEIR SPOUSES ACCOMPANY THEM TO A LIMITED NUMBER OF UNIVERSITY BUSINESS EVENTS, INCLUDING FUNDRAISING AND ALUMNI EVENTS. WHERE APPROPRIATE, THE VALUE OF PERSONAL TRAVEL BENEFITS IS INCLUDED IN THE RECIPIENT'S TAXABLE INCOME.

**Part III Supplemental Information**

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

THE COMPENSATION INFORMATION REFLECTED IN THE FORM 990 IS BASED ON  
CALENDAR YEAR 2020 AND WAS PAYABLE (OR DISCLOSABLE, AS THE CASE MAY BE)  
CONSISTENT WITH THE TERMS OF EACH EXECUTIVE'S UNDERLYING EMPLOYMENT  
AGREEMENT, THE EXISTENCE OF WHICH GENERALLY PRE-DATES THE ONSET OF THE  
COVID-19 PANDEMIC AND THE UNIVERSITY'S RESPONSE TO SAME.

PART I, LINE 4A

THE FORMER VP FOR ADMINISTRATION RECEIVED SOLELY SEVERANCE AND ACCRUED  
VACATION PAY IN CALENDAR YEAR 2020. IT IS REPORTED ON SCHEDULE J, PART II  
COLUMN (III).

PART I, LINE 4B

CERTAIN KEY EXECUTIVES OF THE UNIVERSITY PARTICIPATE IN ITS 457(F)  
NON-QUALIFIED DEFERRED COMPENSATION PLAN, WHICH IS INTENDED TO PERMIT THE  
UNIVERSITY TO ATTRACT AND RETAIN TALENTED INDIVIDUALS WHILE REQUIRING  
SAME TO GENERALLY SATISFY CERTAIN PERFORMANCE AND EMPLOYMENT CONTINUATION  
REQUIREMENTS AS A PRECONDITION OF HIS OR HER RECEIPT OF ANY AMOUNTS  
THEREUNDER. DURING 2020, THE FOLLOWING EXECUTIVES PARTICIPATED IN THE

**Part III Supplemental Information**

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

DEFERRED COMPENSATION PLAN: PATRICK G. LYONS, MBA, EVP/CHIEF OF STAFF:

\$100,000; KATIA PASSERINI, PH.D., PROVOST AND EVP: \$40,000; KIMBERLY A.

CAPADONA, ESQ., GENERAL COUNSEL: \$30,900; AND JON PAPARSENOS, VP,

UNIVERSITY ADVANCEMENT: \$34,000. DEFERRED AMOUNTS WHICH MAY BE PAYABLE IN

THE FUTURE ARE REFLECTED IN COLUMN C OF SCHEDULE J, PART II FOR THOSE

EXECUTIVES WHO MEET THE COMPENSATION REQUIREMENT FOR INCLUSION IN

SCHEDULE J.

**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.**

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

OMB No. 1545-0047

**2020**

**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 - ISSUE 2020C	221829511	6460667B0	06/18/2020	34,025,223.	SEE PART VI		X		X		X
<b>B</b> NJEFA - SETON HALL - ISSUE 2011 A	221829511	646065U83	06/10/2011	37,578,532.	SEE PART VI		X		X		X
<b>C</b> NJEFA - SETON HALL - CIF 2014 B	221829511	646066DG2	04/29/2014	19,369,367.	SEE PART VI		X		X	X	
<b>D</b> NJEFA - SETON HALL - ISSUE 2017 D	221829511	646066V64	06/29/2017	41,827,193.	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 . . . . .			31,545,000.		228,505.			
<b>2</b> Amount of bonds legally defeased . . . . .								
<b>3</b> Total proceeds of issue . . . . .	34,025,223.		37,578,532.		19,369,367.		41,827,193.	
<b>4</b> Gross proceeds in reserve funds . . . . .								
<b>5</b> Capitalized interest from proceeds . . . . .								
<b>6</b> Proceeds in refunding escrows . . . . .								
<b>7</b> Issuance costs from proceeds . . . . .	266,697.		411,094.		113,339.		348,259.	
<b>8</b> Credit enhancement from proceeds . . . . .	1,369,051.							
<b>9</b> Working capital expenditures from proceeds . . . . .								
<b>10</b> Capital expenditures from proceeds . . . . .	770,076.				1,014,830.			
<b>11</b> Other spent proceeds . . . . .			37,167,438.				41,478,934.	
<b>12</b> Other unspent proceeds . . . . .	31,619,399.							
<b>13</b> Year of substantial completion . . . . .	2023		2011		2015		2017	
	<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 refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .		X	X			X	X	
<b>15</b> Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, 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	

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

Schedule K (Form 990) 2020

**SCHEDULE K  
(Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

OMB No. 1545-0047

**2020**

**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.**

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

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 - ISSUE 2013 D	221829511	6460656D9	07/10/2013	43,935,728.	SEE PART VI		X		X		X
<b>B</b> NJEFA - SETON HALL - ISSUE 2015 C	221829511	646066MC1	07/14/2015	24,225,807.	SEE PART VI		X		X		X
<b>C</b> NJEFA - SETON HALL - ISSUE 2016 C	221829511	646066B66	09/15/2016	38,059,002.	SEE PART VI		X		X		X
<b>D</b> NJEFA - SETON HALL - CIF 2016 A	221829511		07/26/2016	20,805,115.	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 . . . . .	11,855,000.		4,170,000.				50,351.	
<b>2</b> Amount of bonds legally defeased . . . . .								
<b>3</b> Total proceeds of issue . . . . .	43,935,728.		24,255,807.		38,059,002.		20,805,115.	
<b>4</b> Gross proceeds in reserve funds . . . . .								
<b>5</b> Capitalized interest from proceeds . . . . .	2,405,009.				1,655,530.			
<b>6</b> Proceeds in refunding escrows . . . . .								
<b>7</b> Issuance costs from proceeds . . . . .	522,077.		306,564.		403,472.		48,426.	
<b>8</b> Credit enhancement from proceeds . . . . .								
<b>9</b> Working capital expenditures from proceeds . . . . .								
<b>10</b> Capital expenditures from proceeds . . . . .	33,208,335.				36,000,000.			
<b>11</b> Other spent proceeds . . . . .	7,800,307.		23,949,243.				1,046,461.	
<b>12</b> Other unspent proceeds . . . . .								
<b>13</b> Year of substantial completion . . . . .	2014		2015		2018		2016	
	<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 refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .	X			X		X	X	
<b>15</b> Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, 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	

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

Schedule K (Form 990) 2020

**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

III  
**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.**

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

OMB No. 1545-0047

2020

Open to Public  
Inspection

Name of the organization <b>SETON HALL UNIVERSITY</b>	Employer identification number <b>22-1500645</b>
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**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 - CIF 2016 B	221829511	646066P54	12/20/2016	30,676,062.	SEE PART VI		X		X	X	
<b>B</b>											
<b>C</b>											
<b>D</b>											

**Part II Proceeds**

	A		B		C		D	
<b>1</b> Amount of bonds retired . . . . .	89,839.							
<b>2</b> Amount of bonds legally defeased . . . . .								
<b>3</b> Total proceeds of issue . . . . .	30,676,062.							
<b>4</b> Gross proceeds in reserve funds . . . . .								
<b>5</b> Capitalized interest from proceeds . . . . .								
<b>6</b> Proceeds in refunding escrows . . . . .								
<b>7</b> Issuance costs from proceeds . . . . .	246,539.							
<b>8</b> Credit enhancement from proceeds . . . . .								
<b>9</b> Working capital expenditures from proceeds . . . . .								
<b>10</b> Capital expenditures from proceeds . . . . .	733,252.							
<b>11</b> Other spent proceeds . . . . .								
<b>12</b> Other unspent proceeds . . . . .								
<b>13</b> Year of substantial completion . . . . .	2019							
	Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b> Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .		X						
<b>15</b> Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .		X						
<b>16</b> Has the final allocation of proceeds been made? . . . . .	X							
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X							

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

Schedule K (Form 990) 2020

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

Part IV Arbitrage									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet? . . . . .	X			X		X	X	
b	Exception to rebate? . . . . .		X		X		X		X
c	No rebate due? . . . . .		X	X		X			X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
3	Is the bond issue a variable rate issue? . . . . .		X		X		X		X



**Part III Private Business Use** II

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X				X		X
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		X				X		X
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X				X		X
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? . . . . .								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X				X		X
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? . . . . .								
<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 . . . . . ▶								
<b>6</b> Total of lines 4 and 5 . . . . .								
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X				X		X
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X				X		X
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X				X		X	

**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

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

Part IV Arbitrage									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet? . . . . .	X							
b	Exception to rebate? . . . . .		X						
c	No rebate due? . . . . .		X						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
3	Is the bond issue a variable rate issue? . . . . .		X						







**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 IN THE JUNE AND JULY 2021 TIME FRAME FOR ALL SETON HALL UNIVERSITY BOND ISSUES LISTED IN PART I. THERE IS NO REBATE LIABILITY RELATED TO ANY OF THE UNIVERSITY'S ISSUES AS OF JUNE 30, 2021.

PART I, COLUMN(F) DESCRIPTION OF PURPOSE

1. SETON HALL UNIVERSITY ISSUE, 2020 SERIES C (CUSIP 6460667B0), WAS ISSUED BY THE NJEFA TO FUND CAPITAL IMPROVEMENTS ON THE UNIVERSITY'S CAMPUS. IN CONNECTION WITH THIS ISSUE, THE UNIVERSITY PAID \$1,369,051 FOR BOND INSURANCE. THE UNIVERSITY DID NOT HAVE ANY PRIVATE BUSINESS USE SINCE THE ONLY RELATED FACTOR WAS THIS INSURANCE COST.

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

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

SERIES B ISSUE WAS ISSUED IN JUNE 2001 TO REFUND THE UNIVERSITY'S 1991 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 29, 2014 THE NJEFA ISSUED CIF BONDS, 2014 SERIES B, AND ADVANCE REFUNDING CIF BONDS, 2014 SERIES 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 \$19,369,367 WITH THE 2014 B PORTION BEING \$15,493,539 AND THE 2014 D PORTION BEING \$3,875,828. THE UNIVERSITY'S PORTION OF THE \$3,875,828 WAS \$2,724,951 WITH \$1,226,845 BEING DEBT AND THE REMAINDER BEING A GRANT. THE UNIVERSITY PAID OFF ITS 2014 SERIES D DEBT DURING IT'S FISCAL YEAR ENDED JUNE 30, 2021. THE PROCEEDS OF 2014 SERIES B 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

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

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.

4. SETON HALL UNIVERSITY ISSUE, 2017 SERIES D (CUSIP 646066V64), WAS ISSUED BY THE NJEFA TO REFUND THE UNIVERSITY'S 2008 SERIES D BONDS AND TO PAY \$4,872,000 FOR THE TERMINATION OF SWAP AGREEMENTS.

5. SETON HALL UNIVERSITY ISSUE, 2013 SERIES 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.

6. SETON HALL UNIVERSITY ISSUE, 2015 C (CUSIP 646066MC1) WAS ISSUED BY



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

THE NJEFA TO ADVANCE REFUND SETON HALL UNIVERSITY'S 2008 SERIES E BONDS. THE PROCEEDS OF \$24,255,807, WHICH INCLUDED A DEBT PREMIUM OF \$2,050,807, TOGETHER WITH \$1,850,957 OF 2008 SERIES E DEBT SERVICE RESERVE FUNDS, WERE DEPOSITED IN AN IRREVOCABLE TRUST TO PAY INTEREST ALONG WITH PRINCIPAL OUTSTANDING OF \$22,030,000 ON ITS 2008 SERIES E BONDS THROUGH JULY 1, 2019, AND PAY BOND ISSUANCE COSTS OF \$306,564. THE 2008 SERIES E ISSUE, ALONG WITH 2008 SERIES D, WERE ISSUED BY THE NJEFA TO CURRENTLY REFUND SETON HALL UNIVERSITY ISSUES, 2005 SERIES C AND 2006 SERIES A. THE 2005 SERIES C ISSUE FINANCED CAPITAL IMPROVEMENTS AT THE UNIVERSITY. THE 2006 SERIES A ISSUE 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.

7. SETON HALL UNIVERSITY ISSUE, 2016 SERIES C (CUSIP 646066B66), WAS ISSUED BY THE NJEFA TO FUND CAPITAL IMPROVEMENTS ON THE UNIVERSITY'S CAMPUS.

8. ON JULY 26, 2016 THE NJEFA ISSUED CIF BONDS, 2016 SERIES A, AND REFUNDED CIF BONDS, 2006 SERIES A, AND OTHER SERIES OF CIF BONDS, PURSUANT TO A PROGRAM OF THE STATE OF NEW JERSEY TO FINANCE CAPITAL IMPROVEMENTS AT INSTITUTIONS OF HIGHER EDUCATION. THE BONDS WERE ISSUED PRIVATELY (THEREFORE NO CUSIP #) IN THE PRINCIPAL AMOUNT OF \$20,805,115 WHICH WAS ALLOCATED TO FOURTEEN PRIVATE INSTITUTIONS IN NEW JERSEY. THE

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

UNIVERSITY'S SHARE OF THE PROCEEDS WAS \$2,326,537, OF WHICH \$1,134,796 WAS USED TO REFUND THE REMAINING UNIVERSITY BALANCE OF 2006 SERIES A AND THE REMAINDER REFUNDED OTHER STATE ISSUES THAT PROVIDED GRANT FUNDS FOR CAPITAL IMPROVEMENTS TO THE UNIVERSITY IN PRIOR YEARS. THE 2006 SERIES A BONDS PARTIALLY ADVANCE REFUNDED THE 2004 SERIES A BONDS AND OTHER SERIES OF CIF BONDS FOR CAPITAL IMPROVEMENTS. THE AMOUNTS PAYABLE TO THE STATE BY EACH INSTITUTION WERE ADJUSTED TO TAKE ACCOUNT OF ALLOCABLE DEBT SERVICES SAVINGS.

9. ON DECEMBER 20, 2016 THE NJEFA ISSUED CIF BONDS, 2016 SERIES B, 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 THE ISSUE UNDER CUSIP NUMBER 646066F54. THE BONDS WERE ISSUED IN THE PRINCIPAL AMOUNT OF \$30,676,062 WHICH WAS ALLOCATED TO A TOTAL OF TWELVE PRIVATE INSTITUTIONS IN NEW JERSEY. THE UNIVERSITY'S APPORTIONED AMOUNT, AFTER \$12,153 OF APPORTIONED ISSUANCE COSTS, WAS \$1,500,000. OF THIS AMOUNT THAT WAS RECEIVED BY THE UNIVERSITY, \$766,748 WAS A GRANT AND \$733,252 WAS DEBT REPAYABLE OVER TWENTY YEARS. BOTH AMOUNTS WERE TO BE SPENT ON CAPITAL IMPROVEMENTS. BONDS ISSUED TO FINANCE GRANTS MUST BE APPROVED BY THE STATE TREASURER AND ARE PAYABLE BY THE STATE SUBJECT TO APPROPRIATION. THE BONDS ARE SOLD BASED ON THE CREDIT OF THE STATE. EACH INSTITUTION ENTERED INTO A GRANT AGREEMENT OBLIGATING THE

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

GRANTEE TO PAY HALF OF THE DEBT SERVICE ON THE BONDS ALLOCABLE TO THE  
GRANT.

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

**Transactions With Interested Persons**

OMB No. 1545-0047

**2020**

**Open To Public Inspection**

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.**

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

Name of the organization <b>SETON HALL UNIVERSITY</b>	Employer identification number <b>22-1500645</b>
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**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

(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
			ATTACHMENT 1									
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
<b>Total</b> . . . . .						\$ 2,894,000.						

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1) TOTAL OF 9		179,707.	SCHOLAR/TUITION REMISSION	EDUCATION
(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
ATTACHMENT 2					
(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).

PART II - LOANS TO AND/OR FROM INTERESTED PERSONS

AS DISCLOSED IN THE FORM 990 FILING FOR THE UNIVERSITY'S FISCAL YEAR ENDED JUNE 30, 2020, AND IN SCHEDULE J, PART III OF THIS FORM 990, AS A CONDITION OF EMPLOYMENT, THE PRESIDENT IS REQUIRED TO LIVE IN A BOARD OF REGENTS (BOARD) APPROVED RESIDENCE SUITABLE FOR ENTERTAINING GROUPS LARGE AND SMALL AND CONDUCTING UNIVERSITY BUSINESS. RATHER THAN THE UNIVERSITY INITIALLY PURCHASING A RESIDENCE SUITABLE FOR CONDUCTING UNIVERSITY BUSINESS, THE EMPLOYMENT AGREEMENT REQUIRED THE PRESIDENT TO PURCHASE A BOARD APPROVED RESIDENCE WITH A LOAN FROM THE UNIVERSITY.

THE 2019 LOAN, WHICH WAS SECURED BY THE RESIDENCE, WAS FOR 30 YEARS IN THE AMOUNT OF \$2,894,000. IT FULLY FINANCED THE PURCHASE OF THE RESIDENCE. LOAN PRINCIPAL WAS TO BE PAID UPON MATURITY OR TERMINATION OF EMPLOYMENT. ANNUAL PAYMENTS WERE TO BE FOR INTEREST ONLY, UNLESS INTEREST WAS FORGIVEN BY THE BOARD, WHICH WAS THE CASE IN CALENDAR YEAR 2020, BASED ON ITS DETERMINATION THAT HIS RESIDENCE WAS USED FOR SUBSTANTIAL OFFICIAL UNIVERSITY FUNCTIONS AND BUSINESS ON A CONTINUOUS BASIS. INTEREST FORGIVENESS WAS IMPUTED INTO HIS TAXABLE INCOME, WITH A GROSS-UP PAYMENT MADE TO HIM TO COVER THE TAX WITHHOLDING IMPACT OF THE IMPUTED

**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).

INCOME.

ON AUGUST 6, 2021, DR. NYRE CONVEYED THE RESIDENCE TO THE UNIVERSITY FOR \$1.00 FOR THE REASONS NOTED IN SCHEDULE J, PART III. IN CONNECTION WITH THE CONVEYANCE, THE LOAN OF \$2,894,000 WAS DISCHARGED IN ITS ENTIRETY.

PART III - GRANTS OR ASSISTANCE BENEFITING INTERESTED PERSONS

SETON HALL UNIVERSITY IS NOT REQUIRED TO IDENTIFY INTERESTED PERSONS TO WHOM ASSISTANCE WAS PROVIDED UNDER THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA).

PART IV - BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS

THE BROTHER OF MARY ANN CHRISTOPHER, TRUSTEE/REGENT, IS A PARTNER IN THE LAW FIRM OF GIBBONS P.C. SETON HALL UNIVERSITY PAID GIBBONS P.C. \$258,080, FOR LEGAL SERVICES IN THE YEAR ENDED JUNE 30, 2021.

THE TWO SISTERS AND DAUGHTER-IN-LAW OF DR. TRACY H. GOTTLIEB, FORMER V.P. FOR STUDENT SERVICES, SERVED AS EMPLOYEES OF THE UNIVERSITY. IN FISCAL YEAR 2021, THEY RECEIVED TOTAL COMPENSATION AND BENEFITS OF \$169,090,

**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).

\$68,742, AND \$135,998, RESPECTIVELY.

THE DAUGHTER OF MATTHEW BOROWICK, MBA, INTERIM V.P. ADVANCEMENT, SERVED AS AN EMPLOYEE OF THE UNIVERSITY. IN FISCAL YEAR 2021, SHE RECEIVED TOTAL COMPENSATION AND BENEFITS OF \$59,724.

ALL TRANSACTIONS WITH INTERESTED PERSONS WERE CONDUCTED AT ARM'S LENGTH, FOR GOOD SUFFICIENT CONSIDERATION, BASED ON TERMS THAT ARE FAIR AND REASONABLE TO AND FOR THE BENEFIT OF THE UNIVERSITY. THE APPLICABLE INTERESTED PERSONS HAD NO INFLUENCE OVER THE DECISIONS TO ENTER INTO THE TRANSACTIONS.

**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).

ATTACHMENT 1

SCHEDULE L, PART II

NAME JOSEPH E. NYRE, PH.D.  
 RELATIONSHIP WITH ORGANIZATION PRESIDENT/CEO/TRUSTEE/REGENT  
 PURPOSE OF LOAN HOME PURCHASE  
 LOAN TO OR FROM THE ORG.? TO X FROM  
 ORIGINAL PRINCIPAL AMOUNT 2,894,000.  
 BALANCE DUE 2,894,000.  
 IN DEFAULT? YES X NO  
 APPROVED BY BOARD OR COMMITTEE X YES NO  
 WRITTEN AGREEMENT? X YES NO

ATTACHMENT 2

SCHEDULE L, PART IV

(A) NAME OF INTERESTED PERSON MARY ANN CHRISTOPHER  
 (B) RELATIONSHIP BROTHER OF TRUSTEE/REGENT  
 (C) AMOUNT 258,000.  
 (D) DESCRIPTION OF TRANSACTION LEGAL SERVICES  
 (E) SHARING ORGANIZATION REVENUE? YES X NO

(A) NAME OF INTERESTED PERSON TRACY H.GOTTLIEB  
 (B) RELATIONSHIP SISTER OF OFFICER  
 (C) AMOUNT 169,090.  
 (D) DESCRIPTION OF TRANSACTION COMPENSATION & BENEFITS  
 (E) SHARING ORGANIZATION REVENUE? YES X NO

(A) NAME OF INTERESTED PERSON TRACY H.GOTTLIEB  
 (B) RELATIONSHIP SISTER OF OFFICER  
 (C) AMOUNT 68,742.



**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).

ATTACHMENT 2 (CONT'D)

SCHEDULE L, PART IV

(D) DESCRIPTION OF TRANSACTION      COMPENSATION & BENEFITS  
 (E) SHARING ORGANIZATION REVENUE?    YES    X NO

(A) NAME OF INTERESTED PERSON      TRACY H.GOTTLIEB  
 (B) RELATIONSHIP                      DAUGHTER-IN-LAW OF OFFICER  
 (C) AMOUNT                                135,998.

(D) DESCRIPTION OF TRANSACTION      COMPENSATION & BENEFITS  
 (E) SHARING ORGANIZATION REVENUE?    YES    X NO

(A) NAME OF INTERESTED PERSON      MATTHEW BOROWICK  
 (B) RELATIONSHIP                      DAUGHTER OF OFFICER  
 (C) AMOUNT                                59,724.

(D) DESCRIPTION OF TRANSACTION      COMPENSATION & BENEFITS  
 (E) SHARING ORGANIZATION REVENUE?    YES    X NO

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

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	1 .	75,000 .	APPRAISAL
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles. . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X	31 .	564,000 .	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 . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( MISCELLANEOUS ) . . . . .	X	5 .	41,000 .	COST
26 Other ▶ ( ) . . . . .				
27 Other ▶ ( ) . . . . .				
28 Other ▶ ( ) . . . . .				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt 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 nonstandard 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 didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2020

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

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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, IT'S  
INVESTMENT BROKER IS ENGAGED TO SELL THOSE SECURITIES.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

SETON HALL UNIVERSITY

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Employer identification number

22-1500645

FORM 990, PART III, LINE 1

SETON HALL UNIVERSITY (THE "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, A TECHNOLOGICALLY ADVANCED SETTING, AND VALUES-CENTERED CURRICULA. THE UNIVERSITY IS HOME TO TEN NATIONALLY RECOGNIZED AND ACCREDITED SCHOOLS LOCATED ON THREE CAMPUSES, ALL WITHIN 15 MILES OF NEW YORK CITY. ITS MAIN CAMPUS IS IN SOUTH ORANGE, NEW JERSEY, ITS NATIONALLY RANKED LAW SCHOOL IS IN NEWARK, NEW JERSEY, AND ITS INTERPROFESSIONAL HEALTH SCIENCES ("IHS") CAMPUS IS IN THE CITY OF CLIFTON AND THE TOWNSHIP OF NUTLEY, NEW JERSEY. WITHIN THESE TEN SCHOOLS, THE PROFESSORS OF SETON HALL EDUCATE, SHAPE AND DEVELOP APPROXIMATELY 5,900 UNDERGRADUATE AND 3,900 GRADUATE STUDENTS, WHO ARE ENROLLED IN MORE THAN 90 RIGOROUS MAJORS. THIS HAS LED TO THE UNIVERSITY BEING NATIONALLY RECOGNIZED FOR ACADEMIC EXCELLENCE BY THE PRINCETON REVIEW, U.S. NEWS AND WORLD REPORT, AND BLOOMBERG BUSINESSWEEK. THE UNIVERSITY REMAINS A PIONEER IN CATHOLIC EDUCATION.

IN JUNE 2015, THE UNIVERSITY AND HACKENSACK UNIVERSITY HEALTH NETWORK ("HUHN"), ACTING ON BEHALF OF HACKENSACK UNIVERSITY MEDICAL CENTER ("HUMC"), SIGNED AN AGREEMENT TO ESTABLISH THE PRINCIPLE ELEMENTS OF A LONG-TERM RELATIONSHIP TO DEVELOP AN UNDERGRADUATE SCHOOL OF MEDICINE, AS WELL AS SPONSOR GRADUATE MEDICAL EDUCATION PROGRAMS. IN OCTOBER 2015, THE

Name of the organization SETON HALL UNIVERSITY	Employer identification number 22-1500645
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UNIVERSITY AND HUMC FORMED KINGSLAND STREET URBAN RENEWAL, LLC ("KINGSLAND") FOR THE PURPOSES OF LEASING AND RENOVATING A LOCATION FOR THE UNIVERSITY'S NEW IHS CAMPUS, WHICH WAS TO HOUSE THE SCHOOL OF MEDICINE, AS WELL AS THE UNIVERSITY'S COLLEGE OF NURSING("CON") AND SCHOOL OF HEALTH AND MEDICAL SCIENCES ("SHMS"). KINGSLAND EXECUTED THE LEASE IN JUNE 2016, WITH LEASE COMMENCEMENT IN SEPTEMBER 2016. THROUGH MARCH 18, 2018, THE UNIVERSITY HAD A 50% MEMBERSHIP INTEREST IN KINGSLAND. KINGSLAND IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3). IN JANUARY 2016, THE UNIVERSITY AND HUHNS FORMED THE SETON HALL-HACKENSACK SCHOOL OF MEDICINE, A NONPROFIT NEW JERSEY CORPORATION. HUHNS SUBSEQUENTLY BECAME HACKENSACK MERIDIAN HEALTH, INC. ("HMH") AFTER ITS MERGER WITH MERIDIAN HEALTH SYSTEM, INC. IN JULY 2016. IN MARCH 2017, AN AGREEMENT WAS REACHED BETWEEN HMH AND THE UNIVERSITY THAT SUPERSEDED THE JUNE 2015 AGREEMENT. UNDER THIS AGREEMENT, BOTH THE UNIVERSITY AND HMH CONTROLLED 50% OF THE SCHOOL OF MEDICINE, AND THE NAME OF THE SCHOOL WAS CHANGED TO THE SETON HALL-HACKENSACK MERIDIAN SCHOOL OF MEDICINE ("SOM"). THE SOM IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3). THE UNIVERSITY AGREED TO OFFER, UNDER ITS EXISTING ACCREDITATIONS AND REGULATORY APPROVALS, THE SOM ACADEMIC DEGREE PROGRAM (THE "MD PROGRAM"). THE UNIVERSITY RECEIVED PRELIMINARY ACCREDITATION FROM THE LIAISON COMMITTEE ON MEDICAL EDUCATION (THE "LCME") TO OPERATE THE MD PROGRAM IN FEBRUARY 2018. THE MD PROGRAM COMMENCED ACADEMIC OPERATIONS IN JULY 2018 WITH THE UNIVERSITY BEING THE DEGREE-GRANTING

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

ON MARCH 19, 2018, THE UNIVERSITY AND HMH REACHED AN AGREEMENT FOR THE TRANSITION OF THE MD PROGRAM AND THE FULL CONTROL OF THE SOM TO HMH. UNDER THIS AGREEMENT, THE UNIVERSITY'S MEMBERSHIP INTEREST IN KINGSLAND WAS TRANSFERRED TO HMH AND ALL COSTS ASSOCIATED WITH THE KINGSLAND LEASE WERE ASSUMED BY HMH, WITH A SUBLEASE ESTABLISHED WITH THE UNIVERSITY. IN ADDITION, THE ENTIRE FINANCIAL RESPONSIBILITY FOR THE SOM WAS TRANSFERRED TO HMH EFFECTIVE JULY 1, 2018, ALTHOUGH THE UNIVERSITY CONTINUED TO PERFORM CERTAIN ADMINISTRATIVE FUNCTIONS FOR THE SOM. THE NAME OF THE MD PROGRAM WAS CHANGED TO THE HACKENSACK MERIDIAN SCHOOL OF MEDICINE AT SETON HALL UNIVERSITY. THE UNIVERSITY RETAINED FULL CONTROL OF ACADEMIC MATTERS ASSOCIATED WITH THE MD PROGRAM UNTIL SUCH TIME AS THE SOM EARNED INDEPENDENT ACCREDITATION AS A STANDALONE ENTITY WITH THE LCME AND MIDDLE STATES, AND THE APPROPRIATE ACTIONS HAD TAKEN PLACE RELATED TO ALL OTHER APPLICABLE REGULATORY BODIES.

IN JUNE 2020, THE UNIVERSITY WAS NOTIFIED BY HMH THAT HMH AND THE SOM HAD OBTAINED ALL THE ACCREDITATIONS AND REGULATORY APPROVALS NECESSARY FOR THE SOM TO OPERATE THE MD PROGRAM AS A STANDALONE MEDICAL SCHOOL, INDEPENDENT OF THE UNIVERSITY'S ACCREDITATION. EFFECTIVE JULY 3, 2020, CONTROL OF THE MD PROGRAM WAS TRANSFERRED TO HMH. THE UNIVERSITY IS NO LONGER THE DEGREE GRANTING INSTITUTION. THE NAME OF THE MD PROGRAM WAS CHANGED TO THE HACKENSACK MERIDIAN SCHOOL OF MEDICINE ("HMSOM"). ACADEMIC AND ADMINISTRATIVE FUNCTIONS PROVIDED BY THE UNIVERSITY WERE TERMINATED,

Name of the organization SETON HALL UNIVERSITY	Employer identification number 22-1500645
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APART FROM CERTAIN LIMITED FUNCTIONS THAT COULD NOT BE COMPLETED BY JULY 3, 2020. IN ADDITION, THE UNIVERSITY, HMH AND HMSOM ENTERED INTO A RELEASE AND INDEMNIFICATION AGREEMENT TO HOLD EACH OTHER HARMLESS FOR CERTAIN CLAIMS THAT AROSE PRIOR TO JULY 3, 2020 AND THAT MAY ARISE SUBSEQUENT TO THAT DATE.

THE STRATEGIC ACADEMIC PARTNERSHIP AGREEMENT ENTERED INTO BETWEEN THE UNIVERSITY, HMH AND THE SOM PRIOR TO JULY 3, 2020 SHALL REMAIN IN EFFECT. THE UNIVERSITY WILL REMAIN A STRATEGIC ACADEMIC PARTNER OF HMH AND THE HMSOM WHEREBY THE UNIVERSITY AND THE HMSOM WILL HAVE AN INTEGRATED CURRICULUM, 25% OF THE SEATS IN EACH CLASS OF THE MD PROGRAM WILL BE RESERVED FOR UNIVERSITY GRADUATES WHO RESIDE IN NEW JERSEY, PROVIDED THEY MEET THE STANDARDS OF ADMISSION SET BY THE HMSOM, AND THE UNIVERSITY'S CON AND SHMS STUDENTS WILL CONTINUE TO HAVE BROAD ACCESS TO TRAIN AT HMH HOSPITALS. IN ADDITION, THE UNIVERSITY AND HMH WILL CO-OWN THE IHS CAMPUS WHEN THE KINGSLAND LEASE AND THE UNIVERSITY'S SUBLEASE EXPIRE.

ROBERT C. GARRETT, REGENT, IS THE CEO AT HMH, AND ALSO ON THE BOARD OF GOVERNORS OF THE SOM. THE UNIVERSITY AND HMH ARE STRATEGIC ACADEMIC PARTNERS IN THE SOM. NEITHER HMH NOR THE SOM ARE CONSIDERED RELATED PARTIES OF THE UNIVERSITY.

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

Name of the organization SETON HALL UNIVERSITY	Employer identification number 22-1500645
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TO GOVERN THE UNIVERSITY AND SHALL EXERCISE THE CORPORATE POWERS OF THE UNIVERSITY UNDER LAW. BOARD OF REGENT EMERITI DO NOT HAVE VOTING 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



Name of the organization SETON HALL UNIVERSITY	Employer identification number 22-1500645
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AWARE OF THE POLICY AT THE TIME OF HIRE. FOR SENIOR MANAGEMENT, THE UNIVERSITY REQUIRES AN ANNUAL DISCLOSURE OF SIGNIFICANT FINANCIAL 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

Name of the organization SETON HALL UNIVERSITY	Employer identification number 22-1500645
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CONSIDERED REASONABLE AND WOULD ORDINARILY BE PAID FOR LIKE SERVICES BY LIKE ENTERPRISES UNDER LIKE CIRCUMSTANCES. THE REASONABLENESS OF OUR 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.

FORM 990, PART VII, SECTION A

JON PAPARSENOS BECAME VP FOR UNIVERSITY ADVANCEMENT ON NOVEMBER 2, 2020.

MATTHEW BOROWICK M.B.A. STEPPED DOWN AS INTERIM VP FOR UNIVERSITY

ADVANCEMENT AND BECAME VP FOR UNIVERSITY RELATIONS ON NOVEMBER 3, 2020.

MICHELE NELSON, PH.D. BECAME VP FOR BOARD AFFAIRS AND STRATEGY IN AUGUST 2020.

REVEREND COLLIN KAY BECAME VP FOR MISSION AND MINISTRY ON SEPTEMBER 21, 2020.

MONSIGNOR C.ANTHONY Z. ZICCARDI, S.T.D., S.S.L, STEPPED DOWN AS VP FOR MISSION AND MINISTRY ON SEPTEMBER 20, 2020.

KIMBERLY A. CAPADONA, ESQ. BECAME VP AND GENERAL COUNSEL ON APRIL 27, 2020.

KATIA PASSERINI, PH.D. BECAME EXECUTIVE VICE PRESIDENT AND PROVOST ON

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JUNE 5, 2020.

KAREN BOROFF, PH.D. STEPPED DOWN AS INTERIM PROVOST ON JUNE 4, 2020.

FORM 990, PART XI, LINE 9

PROVISION FOR UNCOLLECTIBLE CONTRIBUTIONS RECEIVABLE OF \$177,000 LESS THE CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS OF \$692,000.

COVID-19 PANDEMIC

IN MARCH 2020, IN RESPONSE TO THE NOVEL CORONAVIRUS COVID-19 PANDEMIC, THE UNIVERSITY TRANSITIONED TO REMOTE LEARNING FOR ALL COURSES FOR THE REMAINDER OF THE SPRING TERM. FOR THE FALL 2020 TERM, THE UNIVERSITY INITIALLY REOPENED ITS CAMPUS USING SMALLER IN-PERSON CLASSES WITH SCREENING, SOCIAL DISTANCING, AND MASKING REQUIREMENTS, WHILE CONTINUING TO OFFER COURSES IN A VIRTUAL SETTING FOR THOSE THAT PREFER REMOTE COURSE LEARNING. HOWEVER, IN NOVEMBER 2020, IN RESPONSE TO AN INCREASE IN COVID-19 CASES IN NEW JERSEY, THE UNIVERSITY TRANSITIONED BACK TO REMOTE COURSE LEARNING FOR THE REMAINDER OF THE ACADEMIC YEAR. FOR THE FALL 2021 TERM, THE UNIVERSITY REOPENED ITS CAMPUS.

THE UNIVERSITY CONTINUES TO CLOSELY MONITOR GOVERNMENT GUIDANCE AND PUBLIC STATISTICS, AND TO REFINE SAFETY PROTOCOLS TO ADDRESS THE CHANGING HEALTH ENVIRONMENT.

DURING THE FISCAL YEARS ENDED JUNE 30, 2021 AND 2020, THE FEDERAL GOVERNMENT PROVIDED HIGHER EDUCATION INSTITUTIONS WITH HIGHER EDUCATION EMERGENCY RELIEF FUNDING ("HEERF"), WHICH WAS ALLOCATED UNDER VARIOUS

Name of the organization SETON HALL UNIVERSITY	Employer identification number 22-1500645
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ACTS OF CONGRESS. THE CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITIES ACT ("CARES") WAS SIGNED INTO LAW ON MARCH 27, 2020 AND PROVIDED THE UNIVERSITY WITH TOTAL FUNDING OF \$5,750,000 UNDER HEERF I. THE CORONAVIRUS RESPONSE AND RELIEF SUPPLEMENTAL APPROPRIATIONS ACT ("CRRSAA") WAS SIGNED INTO LAW ON DECEMBER 27, 2020 AND PROVIDED THE UNIVERSITY WITH TOTAL FUNDING OF \$8,858,000 UNDER HEERF II. THE AMERICAN RESCUE PLAN ("ARP") WAS SIGNED INTO LAW ON MARCH 11, 2021. THE UNIVERSITY DID NOT RECEIVE ANY FUNDING UNDER HEERF III IN 2021. EACH OF THESE AWARDS HAS A STUDENT AID PORTION AND AN INSTITUTIONAL PORTION. THE DEPARTMENT OF EDUCATION PROVIDED REQUIRED USES OF THE FUNDS FOR BOTH THE STUDENT PORTION AND INSTITUTIONAL PORTION AND UNTIL THE CONDITIONS ASSOCIATED WITH THOSE REQUIREMENTS ARE SATISFIED, REVENUE CANNOT BE RECOGNIZED, IN ACCORDANCE WITH ASU 2018-08.

DURING THE YEAR ENDED JUNE 30, 2021, THE UNIVERSITY INCURRED NONRECURRING COVID-19 PANDEMIC EXPENSES OF \$9,555,000 FOR EMERGENCY GRANTS TO STUDENTS UNDER THE HEERF PROGRAM, SHIELDING, VENTILATION IMPROVEMENTS, PERSONAL PROTECTIVE EQUIPMENT, SAFETY BARRIERS, COVID TESTING, QUARANTINING, CONTACT TRACING, REMOTE LEARNING, ADDITIONAL DINING SERVICES, CLEANING, SUPPLIES, AND SIGNAGE. ALSO, DURING THE YEAR ENDED JUNE 30, 2021, THE UNIVERSITY RECOGNIZED HEERF STUDENT SHARE REVENUES OF \$3,019,000, OFFSETTING THE EMERGENCY GRANTS PROVIDED TO STUDENTS (SEE COVID-19 RELIEF GRANTS IN SCHEDULE I, PART III).

Name of the organization SETON HALL UNIVERSITY	Employer identification number 22-1500645
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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>
GOURMET DINING, LLC 400 SOUTH ORANGE AVENUE SOUTH ORANGE, NJ 07079	FOOD SERVICES	7,455,393.
ATALIAN GLOBAL SERVICES 417 FIFTH AVENUE, 9TH FLOOR NEW YORK, NY 10016	HOUSEKEEPING	4,554,711.
SORDONI CONSTRUCTION CO. 1 PLUCKEMIN WAY, 2ND FLOOR BEDMINSTER, NJ 07921	GENERAL CONTRACTING	2,930,282.
WILEY EDU LLC P.O. BOX 41671 BOSTON, MA 02241-6571	EDUCATION SERVICES	2,424,489.
JOSEPH A NATOLI CONSTRUCTION CORPORATION 293 CHANGEBRIDGE RD. PINE BROOK, NJ 07058-9513	GENERAL CONTRACTING	1,530,499.

ATTACHMENT 2

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>
PREPAID EXPENSES	18,406,000.	19,216,000.
TOTALS	<u>18,406,000.</u>	<u>19,216,000.</u>

ATTACHMENT 3

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	69,175,000.	103,728,000.	FMV

Name of the organization

SETON HALL UNIVERSITY

Employer identification number

22-1500645

ATTACHMENT 3 (CONT'D)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 BONDS	19,878,000.	19,882,000.	FMV
CASH AND TEMPORARY INVESTMENTS	3,092,000.	2,917,000.	FMV
TOTALS	<u>92,145,000.</u>	<u>126,527,000.</u>	

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

Name of the organization

SETON HALL UNIVERSITY

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)							

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

Schedule R (Form 990) 2020

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

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.