Form **990**

Return of Organization Exempt From Income Tax

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

07/01, **2016**, and ending

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

▶ 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.

Inspection 06/30,2017

A F	or tl	he 201	6 calendar year, or tax year beginning 07/01, 2016, and en	ding		0.6	/30,20	17	
_			C Name of organization		D Employer ide	ntifica	ition numbe	ar	
B c	heck if a	applicable:	SETON HALL UNIVERSITY		22-150	0645	5		
	Addr		Doing business as		1				
		e change	Number and street (or P.O. box if mail is not delivered to street address) Room/su	ite	E Telephone nu	mber			
	1	l return	400 SOUTH ORANGE AVENUE		(973) 76	1-9	318		
	Final	return/	City or town, state or province, country, and ZIP or foreign postal code						
	Ame	inated nded	SOUTH ORANGE, NJ 07079		G Gross receipts	. \$	626.	033,0	00.
-		icalion	F Name and address of principal officer: MARY J. MEEHAN		H(a) Is this a grou				No
] pend	ling	400 SOUTH ORANGE AVENUE SOUTH ORANGE, NJ 07079		subordinates H(b) Are all subord		-	Yes	No
	Tax-ex	empt st	'	527	1 ' '		. (see instructi	-	
			WWW.SHU.EDU	021	H(c) Group exemp			092	8
				ar of forma	tion: 1856 M			nicile:	NJ
O I	ırt I		mmary				-		
			describe the organization's mission or most significant activities:						
o l	ı .		ON HALL UNIVERSITY IS A CATHOLIC INSTITUTION OF HIG	HER ED	UCATION				
Governance									
틸	2	Check	this box F if the organization discontinued its operations or disposed of more	than 25%	of its net assets	3.			
8	3		er of voting members of the governing body (Part VI, line 1a)			3		,	48.
ගේ	4	Numb	er of independent voting members of the governing body (Part VI, line 1b)	en e esex		4			38.
Activities &	5	Total	number of individuals employed in calendar year 2016 (Part V, line 2a)			5		4,19	98.
Ξ	6	Total	number of volunteers (estimate if necessary)	N 2 530		6			30.
Ac	7a	Total	unrelated business revenue from Part VIII, column (C), line 12	5 5 5000 3 5 5 550		7a	5	34,00	00.
			nrelated business taxable income from Form 990-T, line 34			7b			0.
					Prior Year		Curre	ent Year	
	8	Contri	butions and grants (Part VIII, line 1h)		44,070,00	0.	42,2	295,00	00.
ã l	9	Progra	am service revenue (Part VIII, line 2g)	3	336,178,00	0.	343,3	76,00	00.
Revenue		Invest	ment income (Part VIII, column (A), lines 3, 4, and 7d)		9,974,00	0.	17,1	50,00	00.
			revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		10,695,00	0.	12,1	44,00	00.
- 1			evenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		00,917,00	0.	414,9	65,00	00.
-			s and similar amounts paid (Part IX, column (A), lines 1-3)		28,991,00	0.	132,7	00,00	00.
- 1			ts paid to or for members (Part IX, column (A), line 4)			0.			0.
- 1			es, other compensation, employee benefits (Part IX, column (A), lines 5-10)		.66,685,00	0.	169,5	97,00	00.
l Se			sional fundraising fees (Part IX, column (A), line 11e)			0.			0.
Expenses	b	Total f	undraising expenses (Part IX, column (D), line 25) ▶7,051,000.	•					
ω	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1	05,115,00	0.	96,4	66,00	00.
			expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		00,791,00	0.	398,7	63,00	50.
	10	Reven	ue less expenses. Subtract line 18 from line 12	12.4.1	126,00	0.	16,2	02,00	00.
- Se					ning of Current Y	ear	End o	f Year	
sets	20	Total a	issets (Part X, line 16)	6	18,392,00	0.	714,9	92,00	00.
Ass	21	Total li	assets (Part X, line 16)	1	97,987,00	0.0	265,5	30,00	00.
Net Ass Fund Bal	22	Net as	sets or fund balances. Subtract line 21 from line 20.	4	20,405,000	0.	449,4	62,00	00.
Par	t II	Sig	nature Block						
Unde	er per	alties o	f perjury, I declare that I have examined this return, including accompanying schedules and sta complete. Declaration of preparer (other than officer) is based on all information of which preparer	tements, a	ind to the best of	my kr	nowledge a	nd belief,	, it is
true,	corre	ct, and	complete. Declaration of preparer (other than officer) is based on all information of which preparer	has any kr	nowledge.	0	10	10	
		.	Xteph Dub		4/	20	1/20	08	
Sigr			Signature of officer		Date				
Here	е	1 2	STEPHEN A. GRAHAM VP FOR FINANCE	CE/CFO					
			Type or print name and title						
		Print/1	ype preparer's name Preparer's signature Date		Check	if P	TIN		
Paid		DANI	EL ROMANO 4/2	7/18	self-employe	- 1	P0050	4182	
Prepa		Firm's			Firm's EIN ▶ 3	6-60	055558		
Use (Jilly		address ▶757 THIRD AVENUE NEW YORK, NY 10017				542-960)9	
May	the IF	RS disc	cuss this return with the preparer shown above? (see instructions)				X Yes		No
For P	aper	work F	Reduction Act Notice, see the separate instructions.				Form	990 (20	016)

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Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	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? 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?
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 \$ 253,905,000. including grants of \$ 121,794,000.) (Revenue \$ 347,160,000.)
	EDUCATIONAL - SETON HALL UNIVERSITY OPERATES TO PROVIDE
	BACCALAUREATE, MASTERS, AND DOCTORAL DEGREES. IT ENROLLS 9,850
	UNDERGRADUATE AND GRADUATE STUDENTS. THE UNIVERSITY IS COMPOSED
	OF TEN SCHOOLS LOCATED ON TWO CAMPUSES, INCLUDING ITS LAW SCHOOL
	LOCATED IN NEWARK, NEW JERSEY. DAY AND EVENING SESSIONS
	ACCOMMODATE BOTH COMMUTER AND RESIDENTIAL STUDENTS ON A PART-TIME
	AND FULL TIME BASIS.
<u></u>	(Code:) (Expenses \$ 87,269,000. including grants of \$ 10,227,000.) (Revenue \$ 5,194,000.)
40	ACADEMIC SUPPORT AND STUDENT SERVICES - ACADEMIC SUPPORT PROVIDES
	SUPPORT SERVICES, SUCH AS LIBRARIES, ACADEMIC TECHNOLOGY, FACULTY
	CURRICULUM DEVELOPMENT, FOR ITS PRIMARY MISSIONS OF INSTRUCTION,
	RESEARCH AND PUBLIC SERVICE. STUDENT SERVICES PROVIDE VARIOUS
	SERVICES TO STUDENTS, WHICH CONTRIBUTE TO THE STUDENTS' EMOTIONAL
	AND PHYSICAL WELL-BEING AND TO THEIR INTELLECTUAL, CULTURAL AND
	SOCIAL DEVELOPMENT OUTSIDE THE CONTEXT OF THE UNIVERSITY'S FORMAL
	INSTRUCTIONAL PROGRAMS.
	(Code:) (Expenses \$8,354,000. including grants of \$679,000.) (Revenue \$80,000.)
	RESEARCH, TRAINING & PUBLIC SERVICES - ENABLES FACULTY TO EXPLORE
	NEW AREAS OF EDUCATION, LEARNING AND KNOWLEDGE AND PROVIDES
	NON-INSTRUCTIONAL SERVICES TO INDIVIDUALS AND GROUPS EXTERNAL TO
	THE UNIVERSITY. THE UNIVERSITY ALSO OFFERS FINANCIAL SUPPORT TO
	STUDENTS THROUGH ACADEMIC SCHOLARSHIPS AND WORK-STUDY PROGRAMS,
	WHICH ARE FUNDED BY FEDERAL, STATE AND PRIVATE GRANTS.
<u>//</u> ~/	Other program services (Describe in Schedule O.)
40	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 349,528,000.
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Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х 1 Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?...... 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Х Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Х Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Х 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Х 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 Х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II......... Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Х 8 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 9 Χ 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted Х endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," Х complete Schedule D, Part VI 11a b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more Х of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more Х of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets Х 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х 12a **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If Х "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Х Х 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 Х foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other Х assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Х Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Х Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 Х

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Part I	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	$ \hbox{Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on } \\$			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b		37	
	through 24d and complete Schedule K. If "No," go to line 25a	24a	Х	37
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			Х
_	to defease any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Λ
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25-		Х
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Λ_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	230		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	Х	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b	Х	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	Х	
31	$ \hbox{ Did the organization liquidate, terminate, or dissolve and cease operations? } \textit{If "Yes," complete Schedule N,} \\$			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			37
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			Х
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Λ
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	24	х	
05-	or IV, and Part V, line 1.	34	Λ	Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		7.
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35b		
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330		
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	50		
J1	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R,</i>			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	-		
-	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	
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Par				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		100	110
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1b 0.			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 4,198			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			l
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
- -	(FBAR).	5a		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		i
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
ou	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		ĺ
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		Х
	If "Yes," indicate the number of Forms 8282 filed during the year			v
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
•	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
n	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/ !!		
0	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
		9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	ısa		
h	Note. See the instructions for additional information the organization must report on Schedule O.			
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
•	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		

SETON HALL UNIVERSITY 22-1500645 Page 6 Form 990 (2016) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 48 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 38 Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Х 3 Did the organization delegate control over management duties customarily performed by or under the direct Х supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . 4 Х 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Х 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a Х a The governing body?..... 8b Х Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at Х the organization's mailing address? If "Yes," provide the names and addresses in Schedule O......

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"

13 14 Did the organization have a written document retention and destruction policy?............ Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement

	with a taxable entity during the year?
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the
	organization's exempt status with respect to such arrangements?

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	•
----	--	---

- Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 - X Another's website X Upon request Own website Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year.
- State the name, address, and telephone number of the person who possesses the organization's books and records:
 STEPHEN A. GRAHAM 400 SOUTH ORANGE AVENUE SOUTH ORANGE, NJ 07079

 973 761 9003 20

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No

Х

Yes

Х

Х 12c

Х 13

Х 14

Х 15b

Х

15a Х

16a

16b

JSA 6E1042 1.000

Form 990 (2016) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **Independent Contractors**

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

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

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

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

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

<u> </u>	,							,	, ,	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or dir	unles	Pos heck ss pe	rson	e than of the is both tor/trust employee	an tee)	(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
		ě	stee			nsated				
(1)MARY J. MEEHAN, PH.D.	45.00									
INTERIM PRES./REGENT/TRUSTEE	0.	Х		Х				0.	0.	0
(2)A GABRIEL ESTEBAN, PH.D.	45.00									
PRESIDENT/REGENT/TRUSTEE	0.	Х		Х				787,960.	0.	101,819.
(3)CARDINAL JOSEPH W. TOBIN	1.00									
REGENT/TRUSTEE	0.	Х						0.	0.	0.
(4)MOST REV. JOHN J. MYERS	1.00									
REGENT/TRUSTEE	0.	Х						0.	0.	0 .
(5)MOST REV. JAMES F. CHECCHIO	1.00									
REGENT	0.	Х						0.	0.	0.
(6)MOST REV. KURT R. BURNETTE	1.00									
REGENT	0.	Х						0.	0.	0.
(7)MOST REV. ARTHUR J. SERRATELLI	1.00									
REGENT/TRUSTEE	0.	Х						0.	0.	18,550.
(8)MOST REV. DENNIS J. SULLIVAN	1.00									
REGENT	0.	Х						0.	0.	0.
(9)MONSIGNOR MICHAEL A. ANDREANO	1.00									
TRUSTEE	0.	Х						0.	0.	0 .
(10)SR. MARGARET STALLMEYER, C.D.P.	1.00									
REGENT	0.	Х						0.	0.	0
(11)HENRY F. D'ALESSANDRO	1.00									
REGENT/TRUSTEE	0.	Х						0.	0.	0 .
(12)FRANCIS J. HAGER	1.00									
REGENT/TRUSTEE	0.	Х						0.	0.	0 .
(13)PHILLIP N. MAISANO	1.00									
REGENT/TRUSTEE	0.	Х						0.	0.	0 .
(14)PATRICK M. MURRAY	1.00									
REGENT/TRUSTEE	0.	Х		<u></u>	<u> </u>		<u>L</u> _	0.	0.	0

Form **990** (2016)

Part VII Section A. Officers, Directors, Tr	uetoee Ka	v Fr	nde	N/04		and ⊔	iah	est Compensat	ed Employees (a	antinued)	Page 8
(A)	(B)	;y ⊑11	ipic		C S, C)	anu n	igii	(D)	(E)	(F)	
Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unle	Pos heck ss pe	sition more	e than to tor/truste Highest compensated	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimate amount other compensa from the organizati and relate organization	of ation e tion ted
15) MARY ANN CHRISTOPHER	1.00	,						0	0		
REGENT/TRUSTEE 16) DR. MARGARET DAMES	1.00	Х						0.	0.		0.
TRUSTEE	0.	X						0.	0.		0.
17) PAMELA M. SWARTZBERG, ESQ.	1.00										
TRUSTEE	0.	Х						0.	0.		0.
18) ROBERT S. BASSO	1.00										
REGENT	0.	Х						0.	0.		0.
19) MARK D. BENJAMIN	1.00										
REGENT	0.	Х						0.	0.		0.
20) JAMES T. BOYLE, JR.	1.00										
REGENT	0.	Х						0.	0.		0.
21) ROBERT B. BUDELMAN, ESQ. REGENT	$\frac{1.00}{0.}$							0.			^
22) EDWARD C. CERNY	1.00	Х						0.	0.		0.
REGENT	0.	X						0.	0.		0.
23) EUN-SOOK (LUCY) CHO-LEE, M.D.	1.00										
REGENT	0.	Х						0.	0.		0.
24) JAMES E. COLLINS	1.00										
REGENT/TRUSTEE	0.	Х						0.	0.		0.
25) RYAN K. DUFFY	1.00										
REGENT	0.	Х						0.	0.		0.
1b Sub-total							▶	787,960.	0.	120,	
c Total from continuation sheets to Part VII, S	-							7,070,403.		1,349,	
d Total (add lines 1b and 1c)											
										Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3	Х
4 For any individual listed on line 1a, is the organization and related organizations gr	eater than	\$15	50,0	00?	i It	"Yes,	" с	complete Schedu	le J for such		
individual										4 X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y										5	Х
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			

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

Form **990** (2016)

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Form 990 (2016)	Two to a No	E.				and L	li au	haat Campanaal	ted Employees /		Page (
Part VII Section A. Officers, Directors		у⊵п	пріс			and F	ııgı				
(A) Name and title	Average hours per week (list any hours for related organizations below dotted	box,	unles	Pos heck ss pe	more	e than or is both it tor/truste employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Esti amo o comp fro orga and	(F) imated ount of other ensation m the nization related nizations
26) 16274 7 6227702	line)	trustee	al trustee		yee	Highest compensated employee				Organ	112410113
26) MARK E. GANTON REGENT	1.00										0
27) DAVID B. GERSTEIN	1.00	Х						0.	0.		0
REGENT		X						0.	0.		0
28) JOHN D. HAYES	1.00	Α.						0.			
REGENT	0.	X						0.	0.		0
29) HELEN LERNER	1.00										
REGENT	0.	Х						0.	0.		0
30) ROBERT A. LEY	1.00										
REGENT	0.	Х						0.	0.		0
31) RICHARD F. LIEBLER	1.00										
REGENT	0.	Х						0.	0.		0
32) DR. MICHAEL LOEVEN	1.00										
REGENT	0.	Х						0.	0.		0
33) MICHAEL J. LUCCIOLA REGENT	1.00	Х						0.	0.		0
34) RICHARD MANDELBAUM REGENT	1.00	Х						0.	0.		0
35) BEATRIZ M. MANETTA REGENT	1.00	Х						0.	0.		0
36) KEVIN H. MARINO, ESQ. REGENT	1.00	Х						0.	0.		0
1b Sub-total							\blacktriangleright				
c Total from continuation sheets to Part \	/II, Section A						ightharpoons				
d Total (add lines 1b and 1c)							>				
Total number of individuals (including but reportable compensation from the organization)		hose 262		d al	bov	e) who	re	eceived more than	\$100,000 of		
											Yes No
3 Did the organization list any former employee on line 1a? If "Yes," complete Se										3	Х
4 For any individual listed on line 1a, is organization and related organizations individual	s greater than	\$15	50,0	00?	. If	"Yes	,"	complete Schedu	ıle J for such	4	Х
5 Did any person listed on line 1a receive	e or accrue co	mpen	sati	on f	fron	n any	un	related organizati	on or individual		
for services rendered to the organization?	If "Yes," comple	te Scl	hedu	ıle J	l for	such	per	son		5	X
Section B. Independent Contractors											
 Complete this table for your five highest compensation from the organization. Rep 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 ►

Form **990** (2016)

Part VII Section A. Officers, Directors, Tr	ustees. Ke	v En	olar	vee	es.	and H	lia	hest Compensat	ed Employees (c	ontinu		Page 8
(A)	(B)	, ,			C)	<u> </u>	9	(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for	box,	unle	Pos heck ss pe d a d	ition morerson	e than o is both tor/trust	an	Reportable compensation from the	Reportable compensation from related organizations	ar	stimated mount of other npensation	f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org an	rom the ganizatio d related anization	on d
37) RICHARD C. MCMAHON	1.00											
REGENT	0.	Х						0.	0.			0.
38) CHARLES F. MURPHY	1.00											
REGENT	0.	Х						0.	0.			0.
39) JAMES M. O'BRIEN	1.00											
REGENT	0.	Х						0.	0.			0.
40) JAMES L. ORSINI	1.00											
REGENT	0.	Х						0.	0.			0.
41) JOSEPH M. SHERIDAN	1.00											
REGENT	0.	Х						0.	0.			0.
42) ROBERT J. SLOAN	1.00											
REGENT	0.	Х						0.	0.			0 .
43) JOHN F. SWIFT	1.00											
REGENT	0.	Х						0.	0.			0 .
44) STEPHEN G. WALDIS	1.00											
REGENT	0.	Х						0.	0.			0 .
45) DR. JOHN F. WILLIAMS	1.00											
REGENT	0.	X						0.	0.			0 .
46) LEO J. ZATTA	1.00											
REGENT	0.	Х						0.	0.			0 .
47) MONSIGNOR ROBERT COLEMAN	45.00								_			
REGENT/TRUSTEE	0.	Х						48,918.	0.		67,4	120.
1b Sub-total							>					
c Total from continuation sheets to Part VII, 9 d Total (add lines 1b and 1c)	_											
2 Total number of individuals (including but not							re	ceived more than	\$100,000 of			
reportable compensation from the organization		262		uai	DOV.	c) wiid	<i>J</i> 10	ceived more than	ψ 100,000 01			
											Yes	No
3 Did the organization list any former offi										_	100	
employee on line 1a? If "Yes," complete Scheo	dule J for su	ch ina	livid	ual						3		X
4 For any individual listed on line 1a, is the organization and related organizations g individual	reater than	\$15	50,0	00?	· 11	"Yes	3, "	complete Schedu	le J for such	4	X	
5 Did any person listed on line 1a receive or										-		
for services rendered to the organization? If "										5		Х
Section B. Independent Contractors												
1 Complete this table for your five highest cor compensation from the organization. Report 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 ►

Form **990** (2016)

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Part VII Section A. Officers, Directors, Tru (A)		ĺ	•	(0	•			(D)		(F)
Name and title	Average hours per week (list any hours for	box,	not ch unles	Posi neck ss pe	ition more	e than or is both a	an	Reportable compensation from the	(E) Reportable compensation from related organizations	Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
48) MONSIGNOR THOMAS P. NYDEGGER REGENT/TRUSTEE	1.00 45.00	Х						850.	45,573.	39,380
49) MONSIGNOR JOSEPH R. REILLY TRUSTEE	45.00	X						36,587.	0.	103,940
50) MONSIGNOR ROBERT J. WISTER TRUSTEE	45.00	X						34,334.	0.	62,620
51) MONSIGNOR ANTHONY ZICCARDI, STD V.P. MISSION & MINISTRY	45.00			х				52,733.	0.	62,620
52) LARRY A. ROBINSON, ED. D PROVOST & EXECUTIVE V.P.	45.00			X				499,485.	0.	72,524
53) DAVID J. BOHAN, MBA V.P. UNIVERSITY ADVANCEMENT	45.00			Х				359,755.	0.	59,423
54) MATTHEW BOROWICK, MBA INTERIM V.P. UNIVERSITY ADV.	45.00			х				174,953.	0.	120,083
55) DENNIS J. GARBINI, MBA V.P. ADMINISTRATION	45.00			х				288,472.	0.	48,330
56) TRACY H. GOTTLIEB, PH.D. V.P. STUDENT SERVICES	45.00			х				220,597.	0.	52,267
57) STEPHEN A. GRAHAM, MBA V.P. FINANCE & CFO	45.00			Х				256,945.	0.	40,492
58) CATHERINE A. KIERNAN, JD V.P. GENERAL COUNSEL	45.00			х				272,293.	0.	93,843
to Sub-total c Total from continuation sheets to Part VII, Sed Total (add lines 1b and 1c) Total number of individuals (including but not	limited to t		· · ·				► ► re	ceived more than	\$100,000 of	
reportable compensation from the organization	n ▶	262	2							Yes No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu										3 X
4 For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15	50,00	00?	If	"Yes	," (complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	satio	on f	ron	any	uni	related organization	on or individual	5 X

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

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

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

Form **990** (2016)

Form 990 (2016)												Page 8
Part VII Section A. Officers, Directors, True	ustees, Ke	y Em	plo	ye	es,	and I	Hig	hest Compensat	ed Employees (c	ontinu	ied)	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	erson	e than of is both tor/trus Highest compensated	an	Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	cor t org ai	(F) Estimated mount of other inpensation the ganization of related ganization ganization in the ganization of the ganiza	of ion on d
59) ALYSSA MCCLOUD, PH.D. V.P. ENROLLMENT MANAGEMENT	45.00			х				324,153.	0.		34,5	538.
60) PATRICK G. LYONS, MBA V.P.FOR ATHLETICS & REC. SVCS.	45.00			х				478,447.	0.		48,0)58.
61) KAREN E. BOROFF,PH.D. INTERIM PROVOST	45.00			Х				153,616.	0.		39,3	355.
62) KATHLEEN BOOZANG, JD, LLM DEAN, SCHOOL OF LAW	45.00				х			330,283.	0.		34,3	327.
63) JOYCE A. STRAWSER, PH.D. DEAN, SCHOOL OF BUSINESS	45.00				х			248,392.	0.		126,3	389.
64) KEVIN WILLARD HEAD COACH MEN'S BASKETBALL	45.00					Х		1,741,454.	0.		69,4	194.
65) JOHN B. WEIFING, JD, LLM LAW SCHOOL PROFESSOR	45.00	-				Х		478,459.	0.		6,0	081.
66) JOHN COVERDALE, JD, PH.D. LAW SCHOOL PROFESSOR	45.00	-				Х		432,036.	0.		12,8	368.
67) ANTHONY J. BOZZELLA HEAD COACH WOMEN'S BASKETBALL	45.00					X		371,461.	0.		119,0	069.
68) BRIAN B. SHULMAN, PH.D. DEAN, SCHOOL OF HEALTH & MED.	45.00					Х		266,180.	0.		35,9	927.
Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organization)	ection A limited to t		liste				► ► o re	eceived more than	\$100,000 of			
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3	Yes	No X
4 For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	0,0	00?	!	"Yes	3,"	complete Schedu	le J for such	4	X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	sati	on	fron	n any	un	related organization	on or individual	5		Х
Section B. Independent Contractors 1 Complete this table for your five highest com	inensated i	ndenc	anda	ant	con	tracto	re t	hat received more	than \$100 000 o	ıf		
i complete this table for your live highest com	iperisated I	iiuche	TIUC	-11L	COH	uacio	וסו	nat received more	, man φ 100,000 0	' 1		

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 ▶

Form **990** (2016)

JSA 6E1055 2.000

Part VIII Statement of Revenue

		Check if Schedule O co	ontains a respon	se or note to ar	ny line in this Part V	III		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues						
s, G	C	Fundraising events		771,000.				
ar a	d	Related organizations						
JS, (Simi	e	Government grants (contribu		26,617,000.				
rtior er S	f	All other contributions, gifts,	· 1 1					
ξĘ		and similar amounts not included	-	14,907,000.				
o d	g	Noncash contributions included	in lines 1a-1f: \$	2,406,000.				
	h	Total. Add lines 1a-1f		<u></u> ▶	42,295,000.			
Program Service Revenue				Business Code				
evel	2a	TUITION & FEES		900099	310,584,000.	310,584,000.		
e Ä	b	ROOM AND BOARD		900099	31,844,000.	31,844,000.		
Ş	С	FEES AND CONTRACTS FROM G	GOVERMENT AGENCI	900099	80,000.	80,000.		
Sel	d MEDICAL RESIDENCY PROGRAM		1	900004	868,000.	868,000.		
aп	е							
ogr	f	All other program service rev						
<u> </u>	g	Total. Add lines 2a-2f		<u></u>	343,376,000.			
	3	Investment income (inc	cluding dividen	ds, interest,				
		and other similar amounts).			5,123,000.		21,000.	5,102,000.
	4	Income from investment of	•		174,000.			174,000.
	5	Royalties			172,000.		11,000.	161,000.
			(i) Real	(ii) Personal				
	6a	Gross rents	196,000.					
	b	Less: rental expenses	31,000.					
	С	Rental income or (loss)	165,000.		1.55 0.00			1.55 000
	d	Net rental income or (loss)	(i) Securities	(ii) Other	165,000.			165,000.
	7a	Gross amount from sales of		1,000.				
		assets other than inventory	222,390,000.	1,000.				
	b	Less: cost or other basis	209,552,000.	986,000.				
		and sales expenses	12,838,000.	-985,000.				
	C	Gain or (loss)			11,853,000.			11,853,000.
	d	Net gain or (loss)			11,033,000.			11,033,000
Other Revenue	8a	Gross income from fundra	771,000.					
š		events (not including \$						
Ä		of contributions reported on	•	456,000.				
the	L .	See Part IV, line 18		499,000.				
0	b c	Less: direct expenses Net income or (loss) from fu			-43,000.			-43,000.
	9a	Gross income from gaming	-		,			
	Эа	See Part IV, line 19		0.				
	ь	Less: direct expenses		0.				
	C	Net income or (loss) from g			0.			
	10a	Gross sales of invent	_					
	. 54	returns and allowances		0.				
	b	Less: cost of goods sold		0.				
		Net income or (loss) from sa	les of inventory	<u></u> ▶	0.			
		Miscellaneous Revenu		Business Code				
	11a	NCAA/CONFERENCE DISTRIBUT	TIONS	900099	3,259,000.	3,259,000.		
	b	ATHLETICS TICKET SALES		900099	1,935,000.	1,935,000.		
	c	PARKING		812930	1,577,000.			1,577,000.
	d	All other revenue		611430	5,079,000.	3,864,000.	502,000.	713,000.
	е	Total. Add lines 11a-11d			11,850,000.			
	12	Total revenue. See instruction	ons.		414,965,000.	352,434,000.	534,000.	19,702,000.

JSA 6E1051 1.000

Form **990** (2016)

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 resp				
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(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	68,000.	68,000.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	132,632,000.	132,632,000.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0.			
	Benefits paid to or for members	0.			
5	Compensation of current officers, directors, trustees, and key employees	5,968,000.	3,040,000.	2,026,000.	902,000.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	464,000.	464 000		
_	persons described in section 4958(c)(3)(B)	120,775,000.	464,000. 103,353,000.	14,018,000.	3,404,000.
	Other salaries and wages	120,773,000.	103,333,000.	14,010,000.	3,404,000.
8	Pension plan accruals and contributions (include	7,264,000.	6,216,000.	843,000.	205,000.
•	section 401(k) and 403(b) employer contributions)	26,520,000.	21,428,000.	4,239,000.	853,000.
40	Other employee benefits	8,606,000.	7,368,000.	996,000.	242,000.
10	Payroll taxes	0,000,000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	330,000	
11	Fees for services (non-employees): Management	227,000.	201,000.	26,000.	
	Legal	1,142,000.	13,000.	1,129,000.	
	Accounting	246,000.	·	246,000.	
	Lobbying	139,000.		139,000.	
	Professional fundraising services. See Part IV, line 17	0.			
	f Investment management fees	1,245,000.		1,245,000.	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	21,258,000.	19,862,000.	1,203,000.	193,000.
12	Advertising and promotion	1,575,000.	1,116,000.	404,000.	55,000.
13	Office expenses	8,453,000.	6,766,000.	1,271,000.	416,000.
14	Information technology	6,760,000.	2,009,000.	4,751,000.	
15	Royalties	0.		150 000	
16	Occupancy	6,886,000.	6,728,000.	158,000.	261 222
17	Travel	7,890,000.	6,957,000.	572,000.	361,000.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	2,919,000.	2,370,000.	338,000.	211,000.
20	Interest	4,875,000.	4,783,000.	92,000.	
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	17,043,000.	16,268,000.	745,000.	30,000.
23	Insurance	2,210,000.	55,000.	2,155,000.	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	REPAIRS AND MAINTENANCE	5,917,000.	4,259,000.	1,559,000.	99,000.
_	BOOKS AND SUBSCRIPTIONS	2,897,000.	2,845,000.	36,000.	16,000.
	BAD DEBT PROVISION	1,648,000.	2,043,000.	1,648,000.	10,000.
-	LOSS ON DEBT DEFEASANCE	276,000.		276,000.	
_		2,860,000.	727,000.	2,069,000.	64,000.
	• All other expenses Total functional expenses. Add lines 1 through 24e	398,763,000.	349,528,000.	42,184,000.	7,051,000.
26		0.	322,223,3330	,,	.,
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Part X **Balance Sheet**

L G	ILV	Dalatice Stieet				
		Check if Schedule O contains a response of	r note to any line in this	Part X		<u> </u>
				(A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing		5,014,000.	1	15,692,000.
	2	Savings and temporary cash investments		11,820,000.	2	6,337,000.
	3	Pledges and grants receivable, net		13,576,000.	3	12,208,000.
	4	Accounts receivable, net			4	5,309,000.
	5	Loans and other receivables from current and	former officers, directors,			
		trustees, key employees, and highest co	ompensated employees.			
		Complete Part II of Schedule L Loans and other receivables from other disqualified pers		0.	5	0.
	6	Loans and other receivables from other disqualified personal 4958(f)(1)), persons described in section 4958(c)(3)(B).				
		and sponsoring organizations of section 501(c)(9) volu				
S		organizations (see instructions). Complete Part II of Sche	0.		0.	
Assets	7	Notes and loans receivable, net		13,196,000.	7	12,127,000.
As	8	Inventories for sale or use		0.		0.
	9	Prepaid expenses and deferred charges		8,198,000.	9	8,790,000.
	10 a	Land, buildings, and equipment: cost or	560 004 000			
			10a 562,224,000.			200 007 000
		Less: accumulated depreciation		101 105 000		298,887,000.
	11				11	190,700,000.
	12	Investments - other securities. See Part IV, line 11				97,667,000.
	13	Investments - program-related. See Part IV, line 11			13 14	0.
	14	Intangible assets				67,275,000.
	15	Other assets. See Part IV, line 11			15 16	714,992,000.
	16 17	Total assets. Add lines 1 through 15 (must equal Accounts payable and accrued expenses			17	46,336,000.
	18					0.
	19	Grants payable Deferred revenue	12,652,000.		13,394,000.	
	20	Tax-exempt bond liabilities		20	185,672,000.	
	21	Escrow or custodial account liability. Complete Pa			0.	
ý	22	Loans and other payables to current and for				
Liabilities		trustees, key employees, highest compen				
БÉ		disqualified persons. Complete Part II of Schedule		0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelate			23	0.
	24	Unsecured notes and loans payable to unrelated			24	0.
	25	Other liabilities (including federal income tax,				
		parties, and other liabilities not included on lines	17-24). Complete Part X			
		of Schedule D		28,259,000.	25	20,128,000.
_	26	Total liabilities. Add lines 17 through 25		197,987,000.	26	265,530,000.
es		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and				
Fund Balances	27	Unrestricted net assets		247,187,000.	27	257,672,000.
Bal	28	Temporarily restricted net assets		82,932,000.	28	100,207,000.
힏	29	Permanently restricted net assets	<u></u>	90,286,000.	29	91,583,000.
or Fu		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.				
ţ	30	Capital stock or trust principal, or current funds			30	
Net Assets or	31	Paid-in or capital surplus, or land, building, or equ	iipment fund		31	
Ę	32	Retained earnings, endowment, accumulated inco			32	
Pe	33	Total net assets or fund balances		420,405,000.	33	449,462,000.
	34	Total liabilities and net assets/fund balances		618,392,000.	34	714,992,000.
						Form 990 (2016)

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	(2010)					, =
Part						
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			65,0	
2	Total expenses (must equal Part IX, column (A), line 25)	2			63,0	
3	Revenue less expenses. Subtract line 2 from line 1	3			02,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			05,0	
5	Net unrealized gains (losses) on investments	5		14,3	80,0	
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-1 , 5	25 , 0	00.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	4	49,4	62,0	00.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	ı in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversi	iaht			
	of the audit, review, or compilation of its financial statements and selection of an independent acc		-	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	n in			
	the Single Audit Act and OMB Circular A-133?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	erao	the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b	Х	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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.

►Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization Employer identification number SETON HALL UNIVERSITY 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(y). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 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. 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. 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. 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. 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. Enter the number of supported organizations. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) instructions) instructions) document? Yes No (A) (B) (C) (D) (E) Total

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

Schedule A (Form 990 or 990-EZ) 2016

Page 2 Schedule A (Form 990 or 990-EZ) 2016

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

Calendar year (or fiscal year beginning in)	Sec	tion A. Public Support						
membership fees received. (Do not include any 'unusual grants' ')	Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
organization's benefit and either paid to or expended on its behalf. 3 The value of services or facilities furnished by a governmental unit to the organization without charge. 4 Total Add lines 1 through 3. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2'5 of the amount of the public support. Subtract line 5 from line 4. 6 Public support. Subtract line 5 from line 4. 7 Amounts from line 4. 8 Gross income from interest, dividends grown interest, dividends growners and concernments and concernments are supported organization. Section B. Total Support and the substances are supported organization. 9 Net income from unrelated business activities, whether or not the business (Explain in Part VI) AgCH, 1. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). AgCH, 1. 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(2) organization, check this box and stop here. Explain in Part VI has been formed and the part of the organization did not check the box on line 13, and line 14 is 33.1/3% or more, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization qualifies as a publicly su	1	membership fees received. (Do not	35,799,000.	47,381,000.	42,850,000.	44,070,000.	42,295,000.	212,395,000.
### Total. Add lines 1 through 3	2	organization's benefit and either paid						0.
5 The portion of total contributions by each person (other to that provided to support (other to that provided to support (other to that provided to support (other to that exceeds 2% of the amount shown on line 11, column (f). 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 7. 7 Amounts from line 4	3	furnished by a governmental unit to the						0.
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),	4	Total. Add lines 1 through 3	35,799,000.	47,381,000.	42,850,000.	44,070,000.	42,295,000.	212,395,000.
Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 7 Amounts from line 4	5	each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						0.
Calendar year (or fiscal year beginning in)	6	Public support. Subtract line 5 from line 4.						212,395,000.
Amounts from line 4	Sec	tion B. Total Support						
Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. 9 Net income from unrelated business activities, whether or not the business is regularly carried on	Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
payments received on securities loans, rents, royallies and income from similar sources. 9 Net income from unrelated business activities, whether or not the business activities, whether or not the business is regularly carried on	7	Amounts from line 4	35,799,000.	47,381,000.	42,850,000.	44,070,000.	42,295,000.	212,395,000.
activities, whether or not the business is regularly carried on the business is regularly carried on the first is regularly carried on the sale of capital assets (Explain in Part VI.) ATCH. 1	8	payments received on securities loans, rents, royalties and income from similar	5,476,000.	5,479,000.	5,805,000.	5,543,000.	5,602,000.	27,905,000.
loss from the sale of capital assets 9,379,000. 2,452,000. 2,613,000. 2,732,000. 2,746,000. 19,922,000. Total support. Add lines 7 through 10. 262,468,000. Gross receipts from related activities, etc. (see instructions) 12	9	activities, whether or not the business	566,000.	121,000.	507,000.	518,000.	534,000.	2,246,000.
Total support. Add lines 7 through 10	10	loss from the sale of capital assets	9,379,000.	2,452,000.	2,613,000.	2,732,000.	2,746,000.	19,922,000.
First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	11							262,468,000.
First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	12		see instructions)				12	
Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	13	First five years. If the Form 990 is for	or the organizat	ion's first, secon	d, third, fourth,	or fifth tax yea	ar as a section	
Public support percentage from 2015 Schedule A, Part II, line 14	Sec	tion C. Computation of Public Sup	port Percenta	ge				
16a 331/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. b 331/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see	14	Public support percentage for 2016 (li	ne 6, column (f)	divided by line	11, column (f))		14	
this box and stop here. The organization qualifies as a publicly supported organization b 331/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see								
b 331/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see	16a		_					
check this box and stop here . The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see								
17a 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see	b		-					
10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see			•					
Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see	17a		_					
b 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see		=					-	-
Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see	b	organization						▶ □
supported organization		15 is 10% or more, and if the orga	anization meets	the "facts-and	-circumstances'	test, check th	nis box and st	op here.
supported organization		Explain in Part VI how the organizati	on meets the "	facts-and-circum	stances" test.	The organizatio	n qualifies as a	publicly
instructions	18	supported organization						▶ □
		instructions						▶ □

Schedule A (Form 990 or 990-EZ) 2016

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

(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.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
_	or 1% of the amount on line 13 for the year						
8	Add lines 7a and 7b						
0	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
_		(4) = 0 : =	(3) 20 : 0	(0) 20	(4) 20 . 0	(0) 20 10	(1) 10101
9 10 a	Amounts from line 6. Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	Sources						
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on	<u> </u>					
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is f	or the organiza	tion's first, seco	nd, third, fourth	, or fifth tax y	ear as a section	501(c)(3)
	organization, check this box and stop here						▶ 🔃
Sec	tion C. Computation of Public Sup	•					
15	Public support percentage for 2016 (line 8	, column (f) divide	ed by line 13, colu	mn (f))		15	%
16	Public support percentage from 2015 Sche					16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2016 (li	ne 10c, column (f) divided by line	13, column (f))		17	%
18	Investment income percentage from 2015	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2016. If the or	ganization did no	ot check the box	c on line 14, and	d line 15 is mor	e than 331/3 %, a	and line
	17 is not more than 331/3 %, check th	is box and stop	p here. The org	anization qualifie	s as a publicly	supported organi	ization 🕨 🗌
b	331/3% support tests - 2015. If the orga	anization did not	check a box on	line 14 or line 19	a, and line 16 is	s more than 331/3	3 %, and
	line 18 is not more than 331/3 %, check	this box and s	top here. The or	ganization qualifi	es as a publicly	supported organi	ization ►
20	Private foundation. If the organization			-			. —

Schedule A (Form 990 or 990-EZ) 2016 Page **4**

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

 2 Did the organization have any supported organization that does not have an IRS determination of status
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. 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? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
g by			
	1		
ıs ed			
	2		
er	3a		
id ie			
	3b		
3)			
	3с		
lf	_		
	4a		
n n			
	4b		
n ed 3)			
	4c		
;," N			
n; n			
	5a		
ly			
	5b		
	5с		
o d or			
	6		
or h			
-	7		
?	8		
e ed			
	9a		
h	9b		
fit	9c		
n d			
	10a		
to	10b		

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 Page **5**

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	110		
h	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a 11b		
	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	11c		
	ion B. Type I Supporting Organizations	110		
	on an analysis of gameans in		Yes	No
	Did the directors, trustees, or membership of one or more supported organizations have the newer to			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	_		
24	<u> </u>	2		
Secti	ion C. Type II Supporting Organizations		Vaa	NIa
			Yes	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ions)	
a	The organization satisfied the Activities Test. <i>Complete line 2</i> below.	, a do	0110).	
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions).	
•	Anti-Alice Test. Account (a) and (b) below		Yes	No
2	Activities Test. <i>Answer (a) and (b) below.</i>			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	٥.		
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Jd		
D	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izations	S	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			n in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	•		•
			(B) Current Year
Section A - Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year
			(optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall	y integra	ted Type III supporting	organization (see
instructions).	. •		`

Schedule A (Form 990 or 990-EZ) 2016

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Page **7** Schedule A (Form 990 or 990-EZ) 2016 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Secti	on D - Distributions		, ,	Current Year
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exer			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organia	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
:	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b	Excess from 2013			

Schedule A (Form 990 or 990-EZ) 2016

c Excess from 2014 d Excess from 2015 Excess from 2016

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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 INCOM	E				
DESCRIPTION	2012	2013	2014	2015	2016	TOTAL
INCOME FUNDRAISING EVENTS	473,000.	465,000.	485,000.	460,000.	456,000.	2,339,000.
LITIGATION PROCEEDS	8,312,000.					8,312,000.
PARKING		1,363,000.	1,462,000.	1,583,000.	1,577,000.	5,985,000.
OTHER REVENUE	594,000.	624,000.	666,000.	689,000.	713,000.	3,286,000.
TOTALS	9,379,000.	2,452,000.	2,613,000.	2,732,000.	2,746,000.	19,922,000.

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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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 (elect	ion under section 501(n)): Complete Part II-B. Do no	ot complete Part II-A.
	e organization answered "Yes," (see separate instructions), the	on Form 990, Part IV, line 5 (Proxy	Tax) (see separate in	nstructions) or Form 990-	EZ, Part V, line 35c (Proxy
•	Section 501(c)(4), (5), or (6) org	anizations: Complete Part III.			
Nam	e of organization			Employer ide	ntification number
SET	ON HALL UNIVERSITY			22-150	0645
Par	t I-A Complete if the o	organization is exempt under	section 501(c) or	is a section 527 orga	nization.
1	Provide a description of the	organization's direct and indirect	political campaign ac	ctivities in Part IV. (see	instructions for definition
	of "political campaign activit	ties")			
2	Political campaign activity e	xpenditures (see instructions)		▶\$	
3	Volunteer hours for political	campaign activities (see instruction	ns)		
Par	t I-B Complete if the o	organization is exempt under	section 501(c)(3).		
1	Enter the amount of any exc	cise tax incurred by the organization	on under section 495	5 ▶ \$	
2	Enter the amount of any exc	cise tax incurred by organization m	nanagers under secti	on 4955 ▶ \$	
3		a section 4955 tax, did it file Form			
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.				
Par	t I-C Complete if the o	organization is exempt under	section 501(c), ex	cept section 501(c)(3	3).
1		expended by the filing organization			
2	Enter the amount of the filing	ng organization's funds contribute	d to other organizati	ons for section	
3		enditures. Add lines 1 and 2. Er		orm 1120-POL,	
4 5	Did the filing organization fil Enter the names, addresses organization made payment the amount of political conf	e Form 1120-POL for this year? and employer identification numles. For each organization listed, entributions received that were prond or a political action committee of	per (EIN) of all section of the amount paid optly and directly de	on 527 political organiz I from the filing organiz livered to a separate po	ration's funds. Also enter Ditical organization, such
	(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) 2016

P	art II-A	Complete if the org	janizati	on is exen	npt under sectior	n 501(c)(3) and	filed Form 5768 (ele	ction under	
A	Check ▶				o an affiliated grou I share of excess l		rt IV each affiliated g itures).	roup member's	
В	Check ▶	$\cdot \square$ if the filing orga	nization	checked I	box A and "limited	control" provision	ons apply.		
				ying Expend			(a) Filing	(b) Affiliated	
		(The term "expendit	ures" me	eans amour	nts paid or incurred.)	organization's totals	group totals	
1	1a Total lobbying expenditures to influence public opinion (grass roots lobbying)								
		empt purpose expenditory anount.			·				
		ount on line 1e, column (a) or (h) is:	The Johnvin	ng nontavable amount	ie·			
		\$500,000	i) 01 (b) 13.		amount on line 1e.	15.			
		0,000 but not over \$1,000	0.000		us 15% of the excess	over \$500,000			
		000,000 but not over \$1,5			us 10% of the excess				
		500,000 but not over \$17,			us 5% of the excess of				
	Over \$17		,	\$1,000,000					
_		ots nontaxable amount	(enter 25						
-	-	line 1g from line 1a. If	•			_			
i		line 1f from line 1c. If a		-		_			
i		is an amount other th					ion file Form 4720		
•		g section 4911 tax for t						Yes No	
					raging Period Unde				
	(S	ome organizations tha			11(h) election do no te instructions for l			nns below.	
			Lobb	ying Exper	nditures During 4-Yo	ear Averaging Per	riod	1	
		ar year (or fiscal year peginning in)	(a)	2013	(b) 2014	(c) 2015	(d) 2016	(e) Total	
28	a Lobbying	nontaxable amount							
_		ceiling amount line 2a, column (e))							
_	Total lobb	oying expenditures							
		ts nontaxable amount							
_		ts ceiling amount line 2d, column (e))							
1	Grassroo	ts lobbying expenditures							

Schedule C (Form 990 or 990-EZ) 2016

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	dule C (Form 990 or 990-EZ) 2016	T 4:1 -	15	5700		Page 3
Pa	t II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	I file	a For	m 5/68		
For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(8	a)		(b)	
	cription of the lobbying activity.	Yes	No		Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of:					
а	Volunteers?		X			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.	X				
С	Media advertisements?		Х			000
d	Mailings to members, legislators, or the public?	X	37			,200
е	Publications, or published or broadcast statements?	37	Х		1.0	755
f	Grants to other organizations for lobbying purposes?	X				755,756,706
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Х		14/	, /00
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X			
i	Other activities?		Λ		167	,661
j	Total. Add lines 1c through 1i		х		107	,001
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
c d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	ors	ection		
. u	501(c)(6).	(0)(0)	, 01 3	CCLIOII		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			Γ	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			I	2	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures fro				3	
Pa	t III-B Complete if the organization is exempt under section 501(c)(4), section 501				'	'
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No,"				line 3, is	6
	answered "Yes."					
1	Dues, assessments and similar amounts from members]	1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou	ınts (of			
	political expenses for which the section 527(f) tax was paid).					
а	Current year			2a		
b	Carryover from last year			2b		
С	Total		- 1	2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due	es .		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion	of th	ne			
	excess does the organization agree to carryover to the reasonable estimate of nondeductible le	obbyir	ng			
	and political expenditure next year?			4		
5	Taxable amount of lobbying and political expenditures (see instructions)			5		
	t IV Supplemental Information					
	ride the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate se instructions); and Part II-B, line 1. Also, complete this part for any additional information.	d grou	ıp list); Part II	-A, lines	1 and
(-	······································					
SEI	PAGE 4					
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Schedule C (Form 990 or 990-EZ) 2016

JSA 6E1266 1.000

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Schedule C (Form 990 or 990-EZ) 2016 Page **4**

Supplemental Information (continued)

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

Part IV

SETON HALL UNIVERSITY LOBBIED STATE LEGISLATORS REGARDING ANNUAL INDEPENDENT COLLEGE APPROPRIATIONS, STUDENT AID FOR INDEPENDENT COLLEGE STUDENTS AND SCHOOL OF MEDICINE SUPPORT. 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 \$28,999. 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 C (Form 990 or 990-EZ) 2016

SCHEDULE D (Form 990)

Supplemental Financial Statements ▶ Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

SET	ON HALL UNIVERSITY		22-1500645
Par	Organizations Maintaining Donor Advis	sed Funds or Other Similar Funds o	r Accounts.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year.		
5	Did the organization inform all donors and donor	advisors in writing that the assets held	I in donor advised
	funds are the organization's property, subject to the	organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, a	nd donor advisors in writing that grant t	funds can be used
	only for charitable purposes and not for the benef	it of the donor or donor advisor, or for	any other purpose
	conferring impermissible private benefit?		Yes No
Pai			
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recr	·	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization he	ld a qualified conservation contribution i	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified h	• •	2c
d	Number of conservation easements included in (c)		
•	nistoric structure listed in the National Register		2d
3	Number of conservation easements modified, trans	sterred, released, extinguished, or termi	mated by the organization during the
	ax year ▶ Number of states where property subject to conser	vation easement is located.	
5	Does the organization have a written policy reg		
	violations, and enforcement of the conservation eas		-
6	Staff and volunteer hours devoted to monitoring, inspect		
	>		
7	Amount of expenses incurred in monitoring, inspecti	ing, handling of violations, and enforcing o	conservation easements during the year
	S		g ,
8	Does each conservation easement reported on line 2	(d) above satisfy the requirements of sect	tion 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	in Part XIII, describe now the organization reports t	conservation easements in its revenue ar	id expense statement, and
	palance sheet, and include, if applicable, the text of	<u> </u>	cial statements that describes the
	organization's accounting for conservation easemen		
Pai	Organizations Maintaining Collections		er Similar Assets.
	Complete if the organization answered		
1a	If the organization elected, as permitted under SF works of art, historical treasures, or other simila	AS 116 (ASC 958), not to report in its	revenue statement and balance sheet
	public service, provide, in Part XIII, the text of the fo	otnote to its financial statements that de	scribes these items.
	f the organization elected, as permitted under S		
	works of art, historical treasures, or other simila bublic service, provide the following amounts relating	ng to these items:	
	(ii) Revenue included in Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X		 ▶\$
	(ii) Assets included in Form 990, Part X		►\$ 1,296,000.
2	f the organization received or held works of an	t, historical treasures, or other similar	assets for financial gain, provide the
	following amounts required to be reported under SF	FAS 116 (ASC 958) relating to these item	ns:
a	Revenue included in Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		> \$

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

Schedule D (Form 990) 2016

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Schedule D (Form 990) 2016 Page **2**

Par	rt III Organizations Maintaini	ng Collections of	Art, Historical T	reasures, o	or Other Simil	ar Assets (c		ed)
3	Using the organization's acquisition	on, accession, and o	other records, check	any of the	following that a	are a significan	t use o	of its
	collection items (check all that app	ly):						
а	X Public exhibition		d Loan o	or exchange	programs			
b	X Scholarly research		e Other					
С	X Preservation for future gene							
4	Provide a description of the orga	nization's collections	and explain how t	hey further	the organization	's exempt purp	ose in	Part
	XIII.							
5	During the year, did the organization							_
	assets to be sold to raise funds rati		ained as part of the	organization's	s collection?	Ye	es X	No
Par	Complete if the organiza 990, Part X, line 21.		s" on Form 990, Pa	art IV, line 9), or reported ar	າ amount on F	orm	
1a	Is the organization an agent, truste	e custodian or othe	er intermediary for c	ontributions	or other assets no			
ıu	included on Form 990, Part X?					΄΄ 🦳 Υε	,	No
h	If "Yes," explain the arrangement i						,5] 110
	in ree, explain the arrangement	in are Am and comp	note the following tax		Δ	mount		
С	Beginning balance			1c	•	- Induit		
e	Distributions during the year							
f	Ending balance			1f				
2a					stodial account lia	ability?	es	No
	If "Yes," explain the arrangement i							1
	t V Endowment Funds.		•					
	Complete if the organiza	tion answered "Yes	s" on Form 990, Pa	art IV, line 1	0.			
		(a) Current year	(b) Prior year	(c) Two years	s back (d) Three y	/ears back (e) F	our years	back
1a	Beginning of year balance	246,904,000.	263,948,000.	272,174,	000. 241,46	6,000. 227	,198,	000.
b	Contributions	1,664,000.	4,424,000.	3,227,	3,57	6,000.	899	,000.
	Net investment earnings, gains,							
	and losses	30,476,000.	-879,000.	10,750,			,222	,000.
d	Grants or scholarships	3,455,000.	2,807,000.	2,742,	2,65	8,000. 2	,785,	,000.
	Other expenditures for facilities							
	and programs	14,616,000.	15,669,000.	15,988,		·	,285	
f	Administrative expenses	1,174,000.	2,113,000.	3,473,		5,000.		,000.
g	End of year balance	259,799,000.	246,904,000.	263,948,	000. 272,17	4,000. 241	,466,	000.
2 a	Provide the estimated percentage Board designated or quasi-endown	of the current year	end balance (line 1g,	column (a))	held as:			
	Permanent endowment ► 35	3000 %	_ ′0					
	Temporarily restricted endowment							
	The percentages on lines 2a, 2b,		100%.					
3a	Are there endowment funds not in	· ·		are held and	d administered for	the		
	organization by:		J. J				Yes	No
	(i) unrelated organizations					3a(i) X	
	(ii) related organizations						i)	Х
b	If "Yes" on line 3a(ii), are the relat	ed organizations liste	d as required on Sch	edule R?		3b		
4	Describe in Part XIII the intended	uses of the organiza	tion's endowment fur	nds.				
Par	rt VI Land, Buildings, and Equ Complete if the organiza	ipment.	-!! F 000 F	ant IV / II:n a .	44 - O Farm	000 Dart V I	10	
	Description of property	(a) Cost or	s" on Form 990, P	or other basis	(c) Accumulated	990, Part X, II (d) Book	ne 10.	
		(inves	tment) (o	ther)	depreciation	, ,		
1a	Land			92,000.			992,0	
b	Buildings		466,9	41,000.	208,291,000.	258,	650,0	00.
C	Leasehold improvements							
d	Equipment			56,000.	55,046,000.		110,0	
е	Other			35,000.			135,0	
Tota	II. Add lines 1a through 1e. (Column	n (d) must equal Forr	n 990, Part X, columi	า (B), line 10d	c.) ▶	, 298 ,	887,0	,00.

Schedule D (Form 990) 2016

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Part VII	Investments - Other Securities	
	mivestillents - Other Securities	٠.

Complete if the organization answered	"Yes" on	Form 990,	Part IV,	line 11b.	See Form 9	90, Part X, Iir	ne 12.

		, , , , , , , , , , , , , , , , , , , ,
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) OUTSIDE TRUST	8,621,000.	FMV
(B) HEDGE FUNDS	25,296,000.	FMV
(C) COMMINGLED FUNDS	36,458,000.	FMV
(D) PRIVATE EQUITY	6,916,000.	FMV
(E) VENTURE CAPITAL	3,424,000.	FMV
(F) PRINCIPAL GLOBAL REAL ESTATE	9,283,000.	FMV
(G) EMERGING MARKETS	7,669,000.	FMV
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	97,667,000.	

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)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DEPOSITS W/TRUSTEE	61,038,000.
(2) DUE FROM AFFILIATES	5,631,000.
(3) EQUITY METHOD INVESTMENTS	606,000.
(4)	
(5)	
(6)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶	67,275,000.

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	10,495,000.
(3) CONDITIONAL ASSET RETIRE OBLIG	8,543,000.
(4) ACCRUED POSTRETIREMENT BENEFIT	1,090,000.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	20,128,000.

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

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Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	303,274,000.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	Net unrealized gains (losses) on investments		
	Donated services and use of facilities		
	Recoveries of prior year grants		
	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e	17,246,000.
3	Subtract line 2e from line 1	3	286,028,000.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		<u> </u>
	Investment expenses not included on Form 990, Part VIII, line 7b 4a 1,245,000.		
	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	128,937,000.
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)	5	414,965,000.
Part 2		_	· · · · · ·
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		074 017 000
1	Total expenses and losses per audited financial statements	1	274,217,000.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	4,921,000.
3	Subtract line 2e from line 1	3	269,296,000.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 1,245,000.	1	
b	Other (Describe in Part XIII.)	1	
С	Add lines 4a and 4b	4c	129,467,000.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	398,763,000.
	Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inforr		
		· · · · · · · · · · · · · · · · · · ·	•
SEE	PAGE 5		

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6E1271 1.000

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

Schedule D (Form 990) 2016

JSA 6E1226 1.000

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Part XIII Supplemental Information (continued)

PART X, LINE 1: OTHER LIABILITIES - INCOME TAXES

ACCOUNTING STANDARDS CODIFICATION ("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 VALUE OF INTEREST RATE SWAP AGREEMENTS OF \$2,328,000 PLUS THE CHANGE IN THE VALUE OF THE SPLIT-INTEREST AGREEMENTS OF \$60,000.

PART XI, LINE 4B - OTHER

FINANCIAL AID OF \$128,222,000, LESS RENTAL EXPENSE OF \$31,000, AND LESS SPECIAL EVENTS EXPENSES OF \$499,000.

Schedule D (Form 990) 2016

JSA 6E1226 1.000

Part XIII Supplemental Information (continued)

PART XII, LINE 2D - OTHER

PROVISION FOR UNCOLLECTIBLE CONTRIBUTIONS RECEIVABLE OF \$902,000, PLUS EQUITY INVESTMENT IMPACT FY17 WRITE-DOWN OF \$3,011,000, PLUS SPECIAL EVENTS EXPENSE OF \$499,000 AND RENTAL EXPENSE OF \$31,000.

SETON HALL UNIVERSITY

PART XII, LINE 4B - OTHER

FINANCIAL AID OF \$128,222,000.

JSA 6E1226 1.000

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SCHEDULE E (Form 990 or 990-EZ)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. **Open to Public** Inspection

Name of the organization SETON HALL UNIVERSITY

Employer identification number 22-1500645

Pai	t I		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,		TES	NO
•	bylaws, other governing instrument, or in a resolution of its governing body?	1	Х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues, and other written communications with the public dealing with student admissions,			
_	programs, and scholarships?	2	Х	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media			
	during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please			
	describe. If "No," please explain. If you need more space, use Part II	3	Х	
	SEE SUPPLEMENTAL PAGE			
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
b	Records documenting that scholarships and other financial assistance are awarded on a racially			
	nondiscriminatory basis?	4b	Х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	10	X	
d	with student admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions?	4c 4d	X	
-	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
5	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	5a		Х
_	outdoing rights of printages.			
b	Admissions policies?	5b		Х
С	Employment of faculty or administrative staff?	5c		Х
Ч	Scholarships or other financial assistance?	5d		Х
u	Constantings of other infantial assistance:	- Ju		
е	Educational policies?	5e		Х
f	Use of facilities?	5f		Х
~	Athletic programs?	E ~		Х
g	Attrieuc programs:	5g		
h	Other extracurricular activities?	5h		Х
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Х	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		Х
	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through			
	4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	X	

Schedule E (Form 990 or 990-EZ) (2016) Page **2**

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.

Schedule E (Form 990 or 990-EZ) (2016)

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

OMB No. 1545-0047 2016 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service

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

a==	01 113 T 1111 T 1111 T 1 1 1 1 1 1 1 1 1				20 15006	
	ON HALL UNIVERSITY				22-150064	
Par	General Information o Form 990, Part IV, line 14		Outside the U	nited States. Complete i	f the organization answer	ed "Yes" on
1	For grantmakers. Does the orga	nization mainta	in records to s	substantiate the amount of	its grants and other	
	assistance, the grantees' eligibili	ty for the grant	s or assistance	e, and the selection criteria	a used to award the	
	grants or assistance?				L	Yes No
2	For grantmakers. Describe in assistance outside the United Sta		ganization's pi	ocedures for monitoring	the use of its grants a	and other
3	Activities per Region. (The follow	ving Part I, line	3 table can be	e duplicated if additional sp	ace 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			INVESTMENTS		30,683,000.
(0)						
(2)	EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	STUDENT RECRUITMENT	61,000.
(3)	EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	MBA PROGRAM	24,000.
(0)	ENDT NOTE THE THEFT IS			TROOMER BERVICES	TIENT TROOKEN	24,000.
(4)	EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	MSPA PROGRAM	24,000.
(5)	SEE PART V			PROGRAM SERVICES	STUDY ABROAD	135,000.
(6)	EUROPE			PROGRAM SERVICES	COMPLIANCE CERT.	54,000.
(7)	PACE ACTA AND HUE DACTETO			DDOCDAM CEDVICEC	COMPLIANCE CEDE	42,000.
(1)	EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	COMPLIANCE CERT.	42,000.
(8)						
(9)						
(10)						
(11)						
(11)						
(12)						
(13)						
(14)						
(1-7)						
(15)						
(16)						
(17)						
(17)	Sub total					31,023,000.
3a b						31,023,000.
D	sheets to Part I					
С	Totals (add lines 3a and 3b)					31,023,000.

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

31,023,000. Schedule F (Form 990) 2016

Schedule F (Form 990) 2016 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, Dart II can be duplicated if additional space is peeded. Page 2

	_)))			0	.	2)	2)	2)	5)
Fart IV, line 15, for any recipient who received more than \$5,000. Fart il can be duplicated in	(a) Name of organization											
ecipient who receive	(b) IRS code section and EIN (if applicable)											
ed more than \$5,000.	(c) Region											
Lair rail be	(d) Purpose of grant											
auditional space is needed.	(f) Manner of cash disbursement											
ט וופטפט.	(g) Amount of noncash assistance											
	(h) Description of noncash assistance											
	(i) Method of valuation (book, FMV, appraisal, other											

Schedule F (Form 990) 2016

з

Schedule F (Form 990) 2016

Page 3

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.

(17) (16) (15) (14) (13) (12) (11) (10) (18)(9) (8) (6) (3) (5) (3) (2) 3 (4) (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)

Schedule F (Form 990) 2016

JSA 6E1276 1.000

8263ES F42F

Schedule F (Form 990) 2016

Part IV Foreign Forms Page 4

rarı	roleigh 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)	X	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; do not file with Form 990)		Yes	X 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)	X	Yes	No 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)	X	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	X 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; do not file with Form 990)		Yes	X No	

Schedule F (Form 990) 2016

Schedule F (Form 990) 2016 Page **5**

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).

BY VIRTUE OF ITS INVESTMENTS IN VARIOUS LIMITED PARTNERSHIP INVESTMENTS, SETON HALL UNIVERSITY MAY INVEST IN PASSIVE FOREIGN INVESTMENT COMPANIES AND/OR FOREIGN PARTNERSHIPS; TO THE EXTENT THE UNIVERSITY IS REQUIRED TO

FILE THE FORMS 926, 5471, 8621, OR 8865, THOSE FOREIGN FORMS WERE

ATTACHED TO THE UNIVERSITY'S FORM 990-T.

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

PART I, LINES 3, (2)&(3)

SUPPORT FOR STUDENT RECRUITMENT AND ACADEMIC EXCHANGE PROGRAM

DEVELOPMENTS. DURING FY2017, THE STILLMAN SCHOOL CONTINUED TO OFFER AN

EXECUTIVE-STYLE MBA PROGRAM IN COLLABORATION WITH VIAGOLD INTERNATIONAL

EDUCATION MANAGEMENT GROUP IN ZHUHAI, CHINA. STUDENTS ARE TAUGHT IN

MANDARIN BY A COMBINATION OF STILLMAN FACULTY AND FACULTY EMPLOYED BY

CHINESE UNIVERSITIES, AND THE STUDENTS SPEND A WEEK DURING THEIR FINAL

SEMESTER AT SETON HALL'S SOUTH ORANGE CAMPUS TO COMPLETE THE MBA PROGRAM

AND PARTICIPATE IN GRADUATE COMMENCEMENT.

PART I, LINE 3, (4)

IN JANUARY 2017, OUR AACSB-ACCREDITED STILLMAN SCHOOL OF BUSINESS, ONE OF TWO SCHOOLS IN NEW JERSEY TO HOLD THIS ACCREDITATION FOR ITS ACCOUNTING PROGRAM AND ONE OF LESS THAN 200 SCHOOLS TO HOLD THIS DISTINCTION WORLDWIDE, BEGAN ITS PARTNERSHIP WITH THE UNIVERSITY OF SANTO TOMAS (UST) IN MANILA, PHILIPPINES. THE UST FACULTY COHORT IS COMPRISED OF TEN (10) FACULTY MEMBERS WHO HAVE EACH BEEN ACCEPTED TO THE STILLMAN'S MASTER OF SCIENCE IN PROFESSIONAL ACCOUNTING DEGREE PROGRAM. THIS PROGRAM IS THIRTY

Schedule F (Form 990) 2016

Schedule F (Form 990) 2016 Page **5**

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).

(30) CREDITS AND THE STILLMAN SCHOOL HAS OFFERED ONE TO TWO COURSES PER SEMESTER. STUDENTS ARE FULLY ENGAGED WITH THE STILLMAN SCHOOL OF BUSINESS FACULTY USING THE SETON HALL UNIVERSITY LEARNING PLATFORMS.

PART I, LINE 3, (5)

THE UNIVERSITY EXPENDS FUNDS OUTSIDE OF THE UNITED STATES ON VARIOUS

STUDY ABROAD PROGRAMS IN VARIOUS COUNTRIES. STUDENTS ENROLLED IN STUDY

ABROAD PROGRAMS PAY THEIR FEES RELATING TO TRAVEL AND OTHER EXPENSE

DIRECTLY TO SETON HALL UNIVERSITY AND THE UNIVERSITY REMITS PAYMENTS TO

THE OVERSEAS ENTITIES ON THE STUDENTS' BEHALF.

PART I, LINE 3 (6) EUROPE COMPLIANCE CERTIFICATION

THE PHARMACEUTICAL, BIOTECH AND MEDICAL DEVICE INDUSTRIES ARE

INCREASINGLY FACING A MORE CHALLENGING REGULATORY AND ENFORCEMENT

LANDSCAPE THROUGHOUT EUROPE. THIS INTENSIVE, MULTI-DAY EDUCATIONAL AND

TRAINING CERTIFICATION IN HEALTHCARE COMPLIANCE ADDRESSES THE MYRIAD OF

LEGAL, REGULATORY AND COMPLIANCE ISSUES FACED BY PHARMACEUTICAL, BIOTECH

AND MEDICAL DEVICE MANUFACTURERS WORKING IN HEALTHCARE COMPLIANCE IN

EUROPE

PART I, LINE 3 (7) EAST ASIA AND THE PACIFIC - COMPLIANCE CERTIFICATION

IN THE ASIA-PACIFIC REGION AND BEYOND, THE PHARMACEUTICAL, BIOTECH AND

MEDICAL DEVICE INDUSTRIES INCREASINGLY FACE A MORE CHALLENGING REGULATORY

AND ENFORCEMENT LANDSCAPE. THIS INTENSIVE, MULTI-DAY EDUCATIONAL

HEALTHCARE COMPLIANCE PROGRAM ADDRESSES THE MYRIAD OF LEGAL, REGULATORY

Schedule F (Form 990) 2016

Schedule F (Form 990) 2016 Page 5

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).

AND COMPLIANCE ISSUES ENCOUNTERED BY PHARMACEUTICAL, BIOTECH AND MEDICAL DEVICE MANUFACTURERS DOING BUSINESS IN THE ASIA-PACIFIC REGION. MODELED AFTER SETON HALL LAW'S EXTRAORDINARILY POPULAR EUROPEAN AND U.S. COMPLIANCE CERTIFICATION PROGRAMS, OUR ASIA-PACIFIC HEALTHCARE COMPLIANCE TRAINING PROGRAM PROVIDES THE LEGAL KNOWLEDGE AND ETHICAL FOUNDATION ESSENTIAL FOR TODAY'S HEALTHCARE COMPLIANCE PROFESSIONALS.

Schedule F (Form 990) 2016 JSA

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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Inspection

	or the organization					Employer Identification	on number
	ON HALL UNIVERSITY					22-1500645	
Par					I "Yes" on Form	990, Part IV, line	17.
	Form 990-EZ filers are not						
1	Indicate whether the organization rais	sed funds through		_		* * *	
а	Mail solicitations	е			non-government g		
b	Internet and email solicitations	f	Solid	citation of	government grant	S	
С	Phone solicitations	g	Spe	cial fundra	ising events		
d	In-person solicitations						
2a	Did the organization have a written o	r oral agreement w	ith any in	dividual (ir	ncluding officers, o	directors, trustees,	
	or key employees listed in Form 990	, Part VII) or entity	in connec	ction with p	professional fundra	ising services?	Yes No
b	If "Yes," list the 10 highest paid indi		(fundraise	rs) pursua	ant to agreements	under which the	fundraiser is to be
	compensated at least \$5,000 by the	organization.					
	(I) Name and address of individual		(iii) Did fur	ndraiser have	(h.) Oit-	(v) Amount paid to	(vi) Amount paid to
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody	or control of	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(or retained by)
	,		contrit	outions?	,	col. (i)	organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
40							
10							
				_			
Total						han han a sattificat	14 1
3	List all states in which the organiza registration or licensing.	tion is registered o	or licensed	to solicii	contributions or	nas been notified	it is exempt from
	registration of licensing.						

Schedule G (Form 990 or 990-EZ) 2016 Page **2**

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.

			(d) Total events			
			LAW SCHL DINNER (event type)	BEEF STEAK DNR (event type)	(total number)	(add col. (a) through col. (c))
ne			(event type)	(Gvant type)	(total number)	
Revenue	1	Gross receipts	271,000.	170,000.	786,000.	1,227,000
å		Less: Contributions	161,000.	96,000.	514,000.	771,000
	3	Gross income (line 1 minus line 2)	110,000.	74,000.	272,000.	456,000
	4	Cash prizes				
	5	Noncash prizes	1,000.		3,000.	4,000
enses	6	Rent/facility costs	23,000.	2,000.	80,000.	105,000
Direct Expenses	7	Food and beverages	54,000.	20,000.	139,000.	213,000
Direc	8	Entertainment	6,000.	5,000.	55,000.	66,000
	9	Other direct expenses	30,000.	31,000.	50,000.	111,000
		Direct expense summary. Add lines 4 Net income summary. Subtract line 1				499,000
Pa			anization answered "Y			·
		(nan \$15,000 on Form 990-E	,	(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Rev		Cross revenue				
		Gross revenue				
rses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes% No	Yes% No	Yes% No	
	7	Direct expense summary. Add lines 2	2 through 5 in column (d)			
	8	Net gaming income summary. Subtra	act line 7 from line 1, col	umn (d)	>	
	ıls	nter the state(s) in which the organizate the organization licensed to conduct of "No," explain:		of these states?		Yes No
		ere any of the organization's gaming l	licenses revoked, suspe			. Yes No

Sched	dule G (Form 990 or 990-EZ) 2016	Page 3
11	Does the organization conduct gaming activities with nonmembers?	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?	No
13	Indicate the percentage of gaming activity conducted in:	
а	The organization's facility	%
b	An outside facility	%
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?	No
b		_
	amount of gaming revenue retained by the third party ▶ \$	
С	TARRELL TO THE TARRELL THE TAR	
	Name ▶	
	Address ▶	
16	Gaming manager information:	
	Name ▶	
	Gaming manager compensation ▶ \$	
	Description of services provided ▶	
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	No
b		
	or spent in the organization's own exempt activities during the tax year ▶ \$	
Par	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 G (Form 990 or 990-EZ) 2016

SCHEDULE I (Form 990)

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

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

OMB No. 1545-0047

2016

Open to Public

		IIIaberrioii
ne organization	Employer identification number	tion number
HALL UNIVERSITY	22-1500645	G1
Part I General Information on Grants and Assistance		
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance,	or assistance, and	
the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.		Yes
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.	ion answered "Ye s is needed.	s" on Form
1 (a) Name and address of organization (b) EIN (c) IRC section or government (b) EIN (c) IRC section (d) Amount of cash grant (e) Amount of non-cash cash assistance of book, FMV, appraisal, noncast of ther) (f) Method of valuation (g) Definition of the properties	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) VILLAGE OF SOUTH ORANGE		
101 S. ORANGE AVE. SOUTH ORANGE, NJ 07079 226002309 115 21,000.		SEE PART IV.
(2) SAINT PAUL'S OUTREACH		
110 CRUSADER AVE WEST ST. PAUL, MN 55118 411621192 501(C)(3) 25,000.		GENERAL PURPOSE
29 JANES AVENUE MEDFIELD, MA 02052 58165/207 501(C)(3) 12,000.		GENERAL PURPOSE
(4) HACKENSACK UMC FOUNDATION		
360 ESSEX ST HACKENSACK, NJ 07601 222339534 501(C)(3) 10,000.		GENERAL PURPOSE
(5)		
(6)		
(8)		
(9)		
(10)		
(11)		
(12)		
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	· · · · · · · · · · · · · · · · · · ·	4.
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Sch	Schedule I (Form 990) (2016)

JSA 6E1288 1.000

8263ES F42F

Schedule I (Form 990) (2016)

	Part III
(a) Type of grant or assistance	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.
(b) Number of recipients	t ic Individuals ce is needed.
(c) Amount of cash grant	. Complete if th
(d) Amount of (e) Metho	ne organization
(e) Method of valuation (book, FMV, appraisal, other)	answered "Yes" on F
(f) Description of non-cash assistance	orm 990, Part IV, line 22.

	Part IV	7	6	បា	4	3 INSTITU	2 STATE (1 FEDERAI	
1 1 1 1	Supplemental Information. Provide the information required in Part I, line 2, Part III, column information.					3 INSTITUTIONAL SUPPORT	2 STATE OF NEW JERSEY AWARDS	FEDERAL AWARDS	(a) Type of grant or assistance
	nformation re					10,436.	1,660.	2,045.	(b) Number of recipients
	quired in Part I,					110,697,000.	11,727,000.	10,208,000.	(c) Amount of cash grant
	line 2, Part III, c								(d) Amount of non-cash assistance
									(e) Method of valuation (book, FMV, appraisal, other)
	(b); and any other additional								(f) Description of non-cash assistance

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

Schedule I (Form 990) (2016)

JSA

TOTA TICE	TION THEFT ON TABLE	70001
Schedule I	le I (Form 990) (2016)	Page 2
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.	

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	7	6	G	4	ω	2	1	(a) Type of grant or assistance
nformation re								(b) Number of recipients
equired in Part I, ARE EXPENDED								(c) Amount of cash grant
FOR THE								(d) Amount of non-cash assistance
column (b); and any o								(e) Method of valuation (book, FMV, appraisal, other)
other additional								(f) Description of non-cash assistance

INTENDED PURPOSES.

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

VILLAGE OF SOUTH ORANGE - CONSTRUCTION OF SOUTH ORANGE PERFORMING ARTS

CENTER.

Schedule I (Form 990) (2016)

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

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

Part	Questions Regarding Compensation							
			Yes	No				
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.							
	First-class or charter travel X Housing allowance or residence for personal use							
	X Travel for companions Payments for business use of personal residence							
	Tax indemnification and gross-up payments							
	Discretionary spending account X Personal services (such as, maid, chauffeur, chef)							
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment							
D	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	1b		х				
2	explain 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?	2	Х					
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the							
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.							
	X Compensation committee Written employment contract							
	X Independent compensation consultant X Compensation survey or study							
	X Form 990 of other organizations X 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:			Х				
а	, , , , , , , , , , , , , , , , , , , ,							
b	· · · · · · · · · · · · · · · · · · ·							
С	c Participate in, or receive payment from, an equity-based compensation arrangement?							
	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:							
а	The organization?	5a	Х					
b	Any related organization?	5b		Х				
	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:			17				
a	The organization?	6a		X				
b	Any related organization?	6b		Λ				
_								
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.	7	Х					
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	8		Х				
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in							
	Regulations section 53.4958-6(c)?	9						

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

Schedule J (Form 990) 2016

Schedule J (Form 990) 2016

Page 2

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.

individual. 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

odulo 1 (Earm 990) 2016	624						
0.	0.	0.	0.	0.	0.	0.	16 LAW SCHOOL PROFESSOR (ii)
0.	444,904.	7,586.	5,282.	367,948.	0.	64,088.	JOHN COVERDALE, JD, PH.D. (i)
0.	0.	0.	0.	0.	0.	0.	15 LAW SCHOOL PROFESSOR (ii)
0.	484,540.	1,106.	4,975.	416,866.	0.	61,593.	JOHN B. WEIFING, JD, LLM (i)
0.	0.	0.	0.	0.	0.	0.	14 ^{HEAD COACH MEN'S BASKETBALL} (ii)
0.	1,810,948.	48,294.	21,200.	33,523.	190,000.	1,517,931.	KEVIN WILLARD (i)
0.	0.	0.	0.	0.	0.	0.	13 DEAN, SCHOOL OF BUSINESS (ii)
0.	374,781.	106,171.	20,218.	550.	0.	247,842.	
0.	0.	0.	0.	0.	0.	0.	12 ^{DEAN} , SCHOOL OF LAW (ii)
0.	364,610.	13,127.	21,200.	4,658.	0.	325,625.	
0.	0.	0.	0.	0.	0.	0.	11 INTERIM PROVOST (ii)
0.	192,971.	26,929.	12,426.	1,079.	0.	152,537.	KAREN E. BOROFF, PH.D. (i)
0.	0.	0.	0.	0.	0.	0.	10 ^{V.P.FOR} ATHLETICS & REC. SVCS. (ii)
0.	526,505.	26,858.	21,200.	21,846.	110,000.	346,601.	NONS,
0.	0.	0.	0.	0.	0.	0.	9 ^{V.P.} ENROLLMENT MANAGEMENT (ii)
0.	358,691.	13,427.	21,111.	7,446.	55,000.	261,707.	ALYSSA MCCLOUD, PH.D. (i)
0.	0.	0.	.0	0.	0.	0.	8 ^{V.P.} GENERAL COUNSEL (ii)
0.	366,136.	72,643.	21,200.	8,824.	0.	263,469.	CATHERINE A. KIERNAN, JD (i)
0.	0.	0.	• 0	0.	0.	0.	7 ^{V.P.} FINANCE & CFO (ii)
0.	297,437.	20,308.	20,184.	7,426.	0.	249,519.	STEPHEN A. GRAHAM, MBA (i)
0.	0.	0.	• 0	0.	0.	0.	6 ^{V.P.} STUDENT SERVICES (ii)
0.	272,864.	34,775.	17,492.	8,536.	0.	212,061.	TRACY H. GOTTLIEB, PH.D. (i)
0.	0.	0.	. 0	0.	0.	0.	5 ^{V.P.} ADMINISTRATION (ii)
0.	336,802.	27,130.	21,200.	10,324.	0.	278,148.	NIS J. GARBINI, MBA
0.	0.	0.	. 0	0.	0.	0.	4 ^{INTERIM V.P. UNIVERSITY ADV.} (ii)
0.	295,036.	105,738.	14,345.	228.	0.	174,725.	iΒ
0.	0.	0.	.0	0.	0.	0.	3 ^{V.P.} UNIVERSITY ADVANCEMENT (ii)
0.	419,178.	38,223.	21,200.	8,258.	54,000.	297,497.	
0.	0.	0.	• 0	0.	0.	0.	2PROVOST & EXECUTIVE V.P. (ii)
0.	572,009.	51,324.	21,200.	10,324.	125,000.	364,161.	N,ED.D
0.	0.	0.	.0	0.	0.	0.	1 PRESIDENT/REGENT/TRUSTEE (ii)
0.	889,779.	80,619.	21,200.	16,070.	221,250.	550,640.	A GABRIEL ESTEBAN, PH.D. (i)
in column (B) reported as deferred on prior Form 990	(B)(i)-(D)	benefits	other deferred compensation	(iii) Other reportable compensation	(ii) Bonus & incentive compensation	(i) Base compensation	(A) Name and Title
(F) Compensation	(E) Total of columns	(D) Nontaxable	(C) Retirement and	C compensation	(B) Breakdown of W-2 and/or 1099-MISC compensation	(B) Breakdown of	

Schedule J (Form 990) 2016

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Schedule J (Form 990) 2016

Page 2

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.

individual. 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

ומועומום.								
		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
ANTHONY J. BOZZELLA	≘	285,731.	67,500.	18,230.	21,200.	97,869.	490,530.	0.
WOMEN	€	0.	0.	0.	0.	0.	0.	0.
BRIAN B. SHULMAN, PH.D.	≘	265,122.	0.	1,058.	21,200.	14,727.	302,107.	0.
2 DEAN, SCHOOL OF HEALTH & MED.	⊞	0.	0.	0.	0.	0.	0.	0.
	Ξ							
3	⊞							
	Ξ							
4	(ii)							
	Ξ							
5	⊞							
	∋							
6	⊞							
	∋							
7	€							
	∋							
8	€							
	∋							
9	⊞							
	Ξ							
10	€							
	Ξ							
11	(ii)							
	Ξ							
12	€							
	Ξ							
13	€							
	Ξ							
14	€							
	Ξ							
15	€							
	Ξ							
16	=							
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Schedule J (Form 990) 2016

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Schedule J (Form 990) 2016 Page 3

Part III Supplemental Information

for any additional 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

PART I, LINE 1A

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

TRIPS. PROVIDED BUSINESS SERVICES AS A VOLUNTEER FOR THE UNIVERSITY ON THOSE THE PRESIDENT'S SPOUSE ACCOMPANIED HIM ON CERTAIN BUSINESS TRIPS, AND SHE INCLUDED IN NONTAXABLE BENEFITS IN SCHEDULE J, PART II. THE COST TO THE UNIVERSITY WAS APPROXIMATELY \$7,228. IT

PART II, COLUMN D.

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

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Schedule J (Form 990) 2016

Part III Supplemental Information

for any additional 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

BASKETBALL COACH, KEVIN WILLARD, WOMEN'S BASKETBALL COACH ANTHONY J.

BOZZELLA, AND V.P. FOR ATHLETICS & RECREATIONAL SERVICES, PATRICK G.

LYONS. THEIR ATTENDANCE AT THESE ORGANIZATIONS WERE EXCLUSIVELY BUSINESS

RELATED IN ORDER TO ASSIST UNIVERSITY ADVANCEMENT WITH DONOR CULTIVATION

AND FUNDRAISING EFFORTS. SUCH FEES TOTALED \$12,472, \$16,486, AND \$24,590,

RESPECTIVELY. THEY ARE INCLUDED IN NONTAXABLE BENEFITS IN SCHEDULE J,

PART II.

PART I, LINE 5A

PATRICK G.LYONS, V.P. FOR ATHLETICS & RECREATION SERVICES, RECEIVED

\$75,000 OF INCENTIVE COMPENSATION FOR REACHING CERTAIN PROGRESS GOALS

ASSOCIATED WITH ATHLETIC DEPARTMENT REVENUE. DAVID J. BOHAN, V.P.

ADVANCEMENT, RECEIVED \$54,000 OF INCENTIVE COMPENSATION FOR REACHING

CERTAIN FUNDRAISING GOALS.

PART I, LINE 7

ALYSSA MCCLOUD, V.P. ENROLLMENT MANAGEMENT, RECEIVED A \$55,000

PERFORMANCE BASED BONUS APPROVED BY MANAGEMENT. SHE DID NOT HAVE INPUT

INTO HER BONUS.

Schedule J (Form 990) 2016

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Schedule J (Form 990) 2016

Page 3

Part | 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 4 B AND PART II, LINES 15 AND 16

THE COMPENSATION OF LAW SCHOOL PROFESSORS JOHN B. WEIFING, J.D., LLM AND

JOHN COVERDALE, J.D, PH.D APPEARING IN THE OTHER REPORTABLE COMPENSATION

COLUMN PRIMARILY REPRESENTS PAYMENTS ASSOCIATED WITH A VOLUNTARY EARLY

RETIREMENT PROGRAM.

Schedule J (Form 990) 2016

SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

SETON HALL UNIVERSITY

Supplemental Information on Tax-Exempt Bonds

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 22-1500645

Pari I Bond Issues												
	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issue price	e price	(f) De	(f) Description of purpose	pose.	(g) Defeased		(h) On behalf of issuer	(i) Pooled financing
									Yes No	o Yes	No S	Yes No
A NJEFA - SETON HALL - CIF 2014 D	221829511	646066DG2	04/29/2014		19,369,367. S	SEE PART VI			×		×	×
B NJEFA - SETON HALL - ISSUE 2011 A	221829511	646065U83	06/10/2011		37,578,532. s	SEE PART VI			×		×	×
C NJEFA - SETON HALL - CIF 2014 B	221829511	646066DG2	04/29/2014		19,369,367. s	SEE PART VI			×		×	×
D NJEFA - SETON HALL - ELF 2014 B	221829511	6460658J4	01/30/2014		8,131,497. s	SEE PART VI			×		×	×
					-							
				Α			В	C			D	
1 Amount of bonds retired				372	2,623.	27,4	485,000.		70,037.		9(0,997.
2 Amount of bonds legally defeased												
3 Total proceeds of issue				19,369	9,367.	37,5	78,532.	19,36	69,367.		8,13	1,497.
4 Gross proceeds in reserve funds												
5 Capitalized interest from proceeds												
6 Proceeds in refunding escrows.												
7 Issuance costs from proceeds				11	13,339.	4	11,094.	1	13,339.		ű	4,722.
8 Credit enhancement from proceeds												
9 Working capital expenditures from proceeds												
10 Capital expenditures from proceeds								1,0	014,830.		33(0,900.
11 Other spent proceeds.				1,22	26,845.	37,1	167,438.					
12 Other unspent proceeds												
13 Year of substantial completion				2014		2011	Ľ	2015	01		2015	
				Yes	No	Yes	No	Yes	No	~	Yes	No
14 Were the bonds issued as part of a current refunding issue?	g issue?				×	×			×			×
15 Were the bonds issued as part of an advance refunding issue?	ding issue?			×			×		×			×
16 Has the final allocation of proceeds been made?				×		×		×			×	
17 Does the organization maintain adequate books final allocation of proceeds?	ks and records	to support	ort the	×		×		×			×	
Part III Private Business Use												
				A			₩	C			0	
1 Was the organization a partner in a partnership, or	, or a member of	of an LLC	T	Yes	No	Yes	No	Yes	No	ļ	Yes	No
which owned property infanced by tax-exempt bonds?	13.				>				>			>

Are there any lease arrangements that may result in private business use

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SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

SETON HALL UNIVERSITY

Supplemental Information on Tax-Exempt Bonds

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public

Employer identification number 22-1500645

×		×				×					which owned property financed by tax-exempt bonds?
No	Yes	No	Yes	No	Yes	No	Yes	Ç	r of an LLC	, or a member of	1 Was the organization a partner in a partnership, or a
	D		C	В		Α					
											Part III Private Business Use
	×		×		×		×				final allocation of proceeds?
								ort the	ds to support	ks and records	17 Does the organization maintain adequate books
	×	×			×		×				16 Has the final allocation of proceeds been made? .
×		×			×	×				ding issue?	15 Were the bonds issued as part of an advance refunding issue?.
	×	×		×			×			ng issue?	14 Were the bonds issued as part of a current refunding issue?
No	Yes	No	Yes	No	Yes	No	Yes				
	2016		2018	5	201	014	20				13 Year of substantial completion
		5,715.	27,745								
6,461.	1,046			49,243.	23,9	7,800,307.	7,				11 Other spent proceeds.
		4,285.	8,254			,208,335.	33,				10 Capital expenditures from proceeds
											9 Working capital expenditures from proceeds
											8 Credit enhancement from proceeds
8,426.	4	3,472.	403	06,564.	ω	522,077.					7 Issuance costs from proceeds
											6 Proceeds in refunding escrows.
		5,530.	1,655			,405,009.	2,				5 Capitalized interest from proceeds
											4 Gross proceeds in reserve funds
5,115.	20,80	9,002.	38,059	55,807.	24,25	,935,728.	43,				
											2 Amount of bonds legally defeased.
				35,000.	1,3	,290,000.	2,				1 Amount of bonds retired
	D		ဂ	₩.		Α					
											Part II Proceeds
×	×	×			SEE PART VI	20,805,115.		07/26/2016	N/A	221829511	D NJEFA - SETON HALL - CIF 2016 A
×	×	×			SEE PART VI	38,059,002.		09/15/2016	646066B66	221829511	C NJEFA - SETON HALL - ISSUE 2016 C
×	×	×			SEE PART VI	24,225,807.		07/14/2015	646066MC1	221829511	B NJEFA - SETON HALL - ISSUE 2015 C
×	×	×			SEE PART VI	43,935,728.		07/10/2013	6460656D9	221829511	A NJEFA - SETON HALL - ISSUE 2013 D
Yes No	Yes No	Yes No									
(i) Pooled financing	(h) On behalf of issuer	(g) Defeased		(f) Description of purpose	(f) De	(e) Issue price		(d) Date issued	(c) CUSIP#	(b) Issuer EIN	(a) Issuer name
											Part Bond Issues

For Paperwork Reduction Act Notice, see the Instructions for Form 990. $^{\rm JSA~6E1295}_{\rm 1}1000_{\rm CS}$ F42F $$\rm V$:

Are there any lease arrangements that may result in private business use

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Schedule K (Form 990) 2016

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SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information on Tax-Exempt Bonds

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public

Inspection

SETON HALL UNIVERSITY **Employer identification number** 22-1500645

Part I Bond Issues									ŀ				
(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issue price	rice	(f) Des	(f) Description of purpose	ose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing
									Yes	No V	Yes N	No Yes	s No
A NJEFA - SETON HALL - CIF 2016 B	221829511	646066F54	12/20/2016	30,676,062.		SEE PART VI				×	×	×	
B NJEFA - SETON HALL - ISSUE 2017 D	221829511	646066V64	06/29/2017	41,827,193.	,193. SEE	E PART VI				×	×		×
C													
D													
Part II Proceeds													
A Association for the state of				Α		В		С				D	
3 Total proceeds of issue				30,676,06	,062.	41,82	7,193.						
4 Gross proceeds in reserve funds													
5 Capitalized interest from proceeds													
6 Proceeds in refunding escrows.													
7 Issuance costs from proceeds				246,	,539.	3.4	48,259.						
8 Credit enhancement from proceeds													
9 Working capital expenditures from proceeds													
10 Capital expenditures from proceeds				415,9	,916.								
11 Other spent proceeds						41,47	8,934.						
12 Other unspent proceeds				317,33	,336.								
13 Year of substantial completion				2019		2017						!	
				Yes	N _O	Yes	N _o	Yes	N _O		Yes	z	N _O
14 Were the bonds issued as part of a current refunding issue?	g issue?				X	×							
15 Were the bonds issued as part of an advance refunding issue?	ding issue?				X		×						
16 Has the final allocation of proceeds been made?					×	×							
17 Does the organization maintain adequate books	s and records	to support	ort the										
final allocation of proceeds?				×		×							
Part III Private Business Use													

Are there any lease arrangements that may result in private business use

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Yes

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Yes

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Yes

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Was the organization a partner in a partnership, or a member of an LLC,

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Schedule K (Form 990) 2016

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Part III Private Business Use (Continued) SETON HALL UNIVERSITY 22-1500645 Page 2

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	Was the hedge terminated?	Was the hedge superintegrated?	Term of hedge	Name of provider	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	e bond issue a variable rate issue?	performed	If "Yes" to line 2c, provide in Part VI the date the rebate computation was	No rebate due?	Exception to rebate?	Rebate not due yet?	If "No" to line 1, did the following apply?	ite?	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and		Part IV Arbitrage	requirements under Regulations sections 1.141-12 and 1.145-2?	nonqualified bonds of the issue are remediated in accordance with the	Has the organization established written procedures to ensure that all	sections 1.141-12 and 1.145-2?	, was any remedia	disposed of	If "Yes" to line 8a, enter the percentage of bond-financed property sold or	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?	Does the bond issue meet the private security or payment test?	Total of lines 4 and 5	allottiel section 30 ((c)(3) organization, or a state of local government.	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, property carried on by your organization, and the percentage of the property of the percentage of the perc	than	Enter the percentage of financed property used in a private business use by entities	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?	Are there any research agreements that may result in private business use of bond-financed property?	any management or service contracts relating to the financed property?	If "Yes" to line 3a does the organization routinely engage bond counsel or other outside	iness use of bond-financed property?	Are there any management or service contracts that may result in private	
											×			Yes	Α		×																			Yes	
					×	×			×	×			×	No								%		×	×	5900 %		7900 %	%						×	N _O	
										×				Yes																						Yes	
					×	×			×		×		×	No	B							%				%	/0	%	%							N _O	₩
											×			Yes			×																			Yes	
Si					×	×			×	×			×	No	C							%		×	×	.5900 %		5900 %	%	•		×			×	N _O	ဂ
chedule K (F											×			Yes			×																			Yes	
Schedule K (Form 990) 2016					×	×			×	×			×	No	D							%		×	×	.6700 %		6700 %	%			×			×	No	ם

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Schedule K (Form 990) 2016 7 6 5 4a 8 a 3 a ဂ σ ი σ ဂ σ ٥ ဂ σ Was the hedge terminated?..... Has the organization or the governmental issuer entered No rebate due? If "Yes" to line 8a, was any remedial action taken pursuant to Regulations If "Yes" to line 8a, enter the percentage of bond-financed property sold or Has there been a sale or disposition of any of the bond-financed property to a If "Yes" to line 3c, does the organization routinely engage bond counsel or other If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside Are there any management or service contracts that may result in private Is the bond issue a variable rate issue? Has the issuer filed Form 8038-T, Arbitrage Rebate, Has the organization established written procedures to ensure that all sections 1.141-12 and 1.145-2? nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . Does the bond issue meet the private security or payment test? Enter the percentage of financed property used in a private business use as a other than a section 501(c)(3) organization or a state or local government Enter the percentage of financed property used in a private business use by entities Are there any research agreements that may result in private business use hedge with respect to the bond issue? performed...... If "Yes" to line 2c, If "No" to line 1, did the following apply? another section 501(c)(3) organization, or a state or local government outside counsel to review any research agreements relating to the financed property?... requirements under Regulations sections 1.141-12 and 1.145-2? nonqualified bonds of the issue are remediated in accordance with the Total of lines 4 and 5 result of unrelated trade or business activity carried on by your organization, counsel to review any management or service contracts relating to the financed property? Private Business Use (Continued) Arbitrage provide in Part VI the date the rebate computation was Yield Reduction and into മ qualified 으 ▼ Yes Yes × × 1.1900 1.1900 ⊳ × × × Z × × × × \times × % % % % Yes Yes × Ψ $\boldsymbol{\varpi}$ ×|8 × Z 0 × \bowtie × % |% % % Yes × Yes × 1.0600 1.0600 C ဂ × ×Z × × × $\times | \times$ × × % |% % % Yes × Yes × o .2300 .2300 × × <u>8</u> × × × \bowtie × × × Page 2 8 8 1% |%

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Schedule K (Form 990) 2016 7 6 5 4a 8 a 3 a ဂ σ ი σ ဂ σ ٥ ဂ σ Was the hedge terminated?..... Has the organization or the governmental issuer entered No rebate due? If "Yes" to line 8a, was any remedial action taken pursuant to Regulations If "Yes" to line 8a, enter the percentage of bond-financed property sold or Has there been a sale or disposition of any of the bond-financed property to a If "Yes" to line 3c, does the organization routinely engage bond counsel or other If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside Are there any management or service contracts that may result in private Is the bond issue a variable rate issue? Has the issuer filed Form 8038-T, Arbitrage Rebate, Has the organization established written procedures to ensure that all sections 1.141-12 and 1.145-2? nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . Does the bond issue meet the private security or payment test? Enter the percentage of financed property used in a private business use as a other than a section 501(c)(3) organization or a state or local government Enter the percentage of financed property used in a private business use by entities Are there any research agreements that may result in private business use hedge with respect to the bond issue? performed...... If "Yes" to line 2c, provide in Part VI the date the rebate computation was If "No" to line 1, did the following apply? another section 501(c)(3) organization, or a state or local government outside counsel to review any research agreements relating to the financed property?.. counsel to review any management or service contracts relating to the financed property? requirements under Regulations sections 1.141-12 and 1.145-2? nonqualified bonds of the issue are remediated in accordance with the Total of lines 4 and 5 result of unrelated trade or business activity carried on by your organization, Private Business Use (Continued) Arbitrage Yield Reduction and into മ qualified 으 ▼ Yes Yes × × ⊳ .8000 .8000 × × Z × × × × \times × \bowtie % % % % Yes Yes × × Ψ $\boldsymbol{\varpi}$.8300 .8300 ×|z × × × × × × × × % % % % Yes Yes C ဂ S S ٥ %|% % % Yes Yes O <mark>2</mark> <mark>2</mark> Page 2 % % |% %

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Part IV Arbitrage (Continued) SETON HALL UNIVERSITY 22-1500645

												Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions	٦	of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under	Has the organization established written procedures to ensure that violations		Procedures To Undertake Corrective Action	Has the organization established written procedures to monitor the		Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	Name of provider	5a Were gross proceeds invested in a guaranteed investment contract (GlC)?		
												questions	×		Yes	A	>	<					Yes	Α
												on Sche			No No				×			×	N _O	
												dule K. Se	×		Yes	B	>	<					Yes	В
												e instructi			N _o				×			×	No	
												lons	×		Yes	0	>	<					Yes	C
															No				×			×	No	,
													×		Yes	D	>	∢					Yes	D
															N O				×			×	No	

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SETON HALL UNIVERSITY

Schedule K (Form 990) 2016								Pag
Part IV Arbitrage (Continued)								
	Yes	N _O	Yes	No No	Yes	No No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		×		×		×		×
Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
		×		×		×		×
7 Has the organization established written procedures to monitor the	•		4		\$		\$	
Port V Procedures To Hadertake Corrective Action	*		*		•		•	
Fail Procedures to Undertake Corrective Action								
	Þ				C		0	
	Yes	No	Yes	No	Yes	No	Yes	N _O
voluntary closing agreement program if self-remediation isn't available under applicable regulations?	×		×		×		×	
Part VI Supplemental Information. Provide additional information for responses to questions on S	luestions	on Sche	dule K. Se	chedule K. See instructions	ons			

Schedule K (Form 990) 2016

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SETON HALL UNIVERSITY

m 990) 2016	Schedule K (Form 990) 2016	Sc						ASIS A
			ions	See instructions	chedule K. Se	on Sched	questions	Part VI Supplemental Information. Provide additional information for responses to questions on S
					×		×	voluntary closing agreement program if self-remediation isn't available under applicable regulations?
No	Yes	No	Yes	No	Yes	No	Yes	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the
	0		C				A	
								Part V Procedures To Undertake Corrective Action
					×		×	requirements of section 148?
								7 Has the organization established written procedures to monitor the
				×		×		6 Were any gross proceeds invested beyond an available temporary period?
								rbor for establishing the fair market value o
	-						-	
								b Name of provider
				×		×		5a Were gross proceeds invested in a guaranteed investment contract (GlC)?
No	Yes	No	Yes	No	Yes	No	Yes	
	0		0		₩.		A	
								Part IV Arbitrage (Continued)
Page 3								Schedule K (Form 990) 2016

PART IV, LINE 2C

REBATE LIABILITY RELATED TO ANY OF THESE BOND ISSUES AS OF JUNE 30, UNIVERSITY BOND ISSUES 2011 A, 2013 D, 2015 C, AND 2016 C. REBATE COMPUTATIONS WERE PERFORMED THROUGH JUNE 30, 2017 FOR SETON HALL 2017. THERE IS NO

PART I, COLUMN(F) DESCRIPTION OF PURPOSE

REPAYABLE OVER SEVEN YEARS AND THE REMAINDER REFUNDING OTHER STATE ISSUES PORTION OF THE \$3,875,828 WAS \$2,724,951, WITH \$1,226,845 BEING DEBT UNIVERSITY TO FUND CAPITAL IMPROVEMENTS ON ITS CAMPUS. UNIVERSITY WAS ONE. THE 2004 SERIES A BOND PROCEEDS WERE USED BY THE SERIES A BONDS RELATED TO THREE PRIVATE INSTITUTIONS, OF WHICH THE PORTION BEING \$3,875,828. THE 2014 SERIES B ISSUE IS DISCUSSED BELOW. THE STATE OF NEW JERSEY TO FINANCE CAPITAL IMPROVEMENTS AT INSTITUTIONS OF ADVANCE REFUNDING CIF BONDS, 2014 SERIES D, PURSUANT TO A PROGRAM OF THE 2014 SERIES D ISSUE ADVANCE REFUNDED THE REMAINING BALANCE OF THE 2004 WERE \$19,369,367 WITH THE 2014 B PORTION BEING \$15,493,539 AND THE 2014 D HIGHER EDUCATION. ISSUES, UNDER CUSIP NUMBER 646066DG2. GROSS PROCEEDS FROM BOTH ISSUES ON APRIL 29, 2014 THE NJEFA ISSUED CIF BONDS, 2014 SERIES B, AND ONE FORM 8038 WAS FILED BY THE NJEFA COVERING BOTH THE UNIVERSITY'S

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

LINE 7 DIVIDED BY THE AMOUNT ON PART II, LINE 3, TOTAL PROCEEDS OF ISSUE ALLOCABLE DEBT SERVICE SAVINGS. THE AMOUNT REPORTED ON SCHEDULE K, PART PRIOR YEARS. AS A RESULT OF THIS REFUNDING, AMOUNTS PAYABLE BY EACH THAT PROVIDED GRANT FUNDS FOR CAPITAL IMPROVEMENTS TO THE UNIVERSITY IN III, LINE 5 REPRESENTS THE BOND ISSUANCE COSTS FROM SCHEDULE K, PART II, INSTITUTION, INCLUDING THE UNIVERSITY, WAS ADJUSTED TO TAKE INTO ACCOUNT

SERIES D AND THE 1989 SERIES C ISSUES WERE ISSUED TO FINANCE CAPITAL REFUND THE UNIVERSITY'S 1991 SERIES D AND 1989 SERIES C ISSUES. THE 1991 SERIES G BOND ISSUES. THE 1999 REFUNDING ISSUE WAS ISSUED IN JULY 1999 TO UNIVERSITY'S 1999 REFUNDING, 2001 SERIES A, 2001 SERIES B, AND 2001 646065U83)WAS ISSUED BY THE NJEFA TO CURRENTLY REFUND SETON HALL $_{\rm TO}$ SERIES B ISSUE WHICH WAS ISSUED TO REFUND THE UNIVERSITY'S 1988 SERIES SERIES B ISSUE WAS ISSUED IN JUNE 2001 TO REFUND THE UNIVERSITY'S 1991 SERIES A ISSUE WHICH WAS ISSUED TO FINANCE CAPITAL IMPROVEMENTS. THE 2001 THE UNIVERSITY'S 1991 SERIES A ISSUE WHICH REFUNDED THE UNIVERSITY'S 1985 IMPROVEMENTS. THE 2001 SERIES A ISSUE WAS ISSUED IN JUNE 2001 TO REFUND 2. SETON HALL UNIVERSITY ISSUE, 2011 SERIES A, (CUSIP NUMBER ISSUE WHICH WAS FINANCE CAPITAL IMPROVEMENTS. THE 1976 SERIES A ISSUE WAS ISSUED TO ISSUED TO REFUND THE UNIVERSITY'S 1976 SERIES A ISSUE AND

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

FINANCE CAPITAL IMPROVEMENTS. THE 2001 SERIES G 2001 TO FINANCE CAPITAL IMPROVEMENTS. ISSUE WAS ISSUED IN JUNE

PART II, LINE 3, TOTAL PROCEEDS OF ISSUE. SERVICE ON THE BONDS ALLOCABLE TO THE GRANT. SETON HALL SPENT THE ENTIRE GRANT AGREEMENT OBLIGATING THE GRANTEE TO PAY A PORTION OF THE DEBT SOLD BASED ON THE CREDIT OF THE STATE. EACH INSTITUTION ENTERED INTO A BONDS ISSUED TO FINANCE GRANTS MUST BE APPROVED BY THE STATE TREASURER REMAINDER THAT WAS RECEIVED BY SETON HALL WAS \$2,180,000, OF WHICH PROCEEDS OF THIS ISSUANCE WERE \$15,493,539. THE PROCEEDS WERE ALLOCATED CAPITAL IMPROVEMENTS AT INSTITUTIONS OF HIGHER EDUCATION. THE GROSS ISSUANCE COSTS FROM SCHEDULE K, PART II, LINE 7 DIVIDED BY THE AMOUNT ON AMOUNT REPORTED ON SCHEDULE K, PART III, AMOUNT OF AND ARE REPAYABLE BY THE STATE SUBJECT TO APPROPRIATION. THE BONDS WERE \$1,165,170 WAS A GRANT AND \$1,014,830 WAS DEBT REPAYABLE OVER 20 YEARS. AMOUNT WAS \$2,192,165. AFTER \$12,165 OF APPORTIONED ISSUANCE COSTS, THE TO SIX PRIVATE INSTITUTIONS OF HIGHER EDUCATION. SETON HALL'S APPORTIONED 2014 B, AS NOTED ABOVE, ON APRIL 29, 2014 THE NJEFA ISSUED CIF BONDS, SERIES PURSUANT TO A PROGRAM OF THE STATE OF NEW JERSEY TO FINANCE THE DEBT PROCEEDS ALLOCATED TO LINE 5 IT ON CAPITAL IMPROVEMENTS. THE REPRESENTS THE BOND

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Schedule K (Form 990) 2016

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

ISSUED BY THE NJEFA TO CURRENTLY REFUND SETON HALL UNIVERSITY'S 2009 C SETON HALL UNIVERSITY ISSUE, 2013 SERIES D, (CUSIP 6460656D9) WAS

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

7 DIVIDED BY THE AMOUNT ON PART II, LINE 3, TOTAL PROCEEDS OF ISSUE BONDS AND TO FINANCE A PORTION OF THE COST TO TERMINATE THE RELATED SWAF 1998 a BONDS, AND TO FINANCE CAPITAL IMPROVEMENTS. THE UNIVERSITY'S 2009 SERIES CITIBANK, N.A. THAT HEDGED INTEREST RATE EXPOSURE RELATED TO THE 2009 C OF TERMINATING THE UNIVERSITY'S INTEREST RATE SWAP AGREEMENT WITH BONDS SOLD DIRECTLY TO CAPITAL ONE, N.A., FINANCE A PORTION OF THE COST LINE 5 REPRESENTS THE BOND ISSUANCE COSTS FROM SCHEDULE K, PART II, LINE AGREEMENT WAS \$7,800,307. THE AMOUNT REPORTED ON SCHEDULE K, PART III, 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 BONDS REFUNDED THE UNIVERSITY ISSUE, 1998 SERIES F, ISSUED ON JUNE 29, BY THE NJEFA TO REFUND A 1991 SERIES D SETON HALL UNIVERSITY ISSUE

WERE DEPOSITED IN AN IRREVOCABLE TRUST TO PAY INTEREST ALONG WITH JULY 1, 2019, AND PAY BOND ISSUANCE COSTS OF \$306,564. THE 2008 SERIES E PRINCIPAL OUTSTANDING OF \$22,030,000 ON ITS 2008 SERIES E BONDS THROUGH TOGETHER WITH \$1,850,957 OF 2008 SERIES E DEBT SERVICE RESERVE FUNDS, THE PROCEEDS OF \$24,255,807, WHICH INCLUDED A DEBT PREMIUM OF \$2,050,807, THE NJEFA ISSUE, ALONG WITH 2008 SERIES D, WERE ISSUED BY THE NJEFA TO CURRENTLY SETON HALL UNIVERSITY ISSUE, 2015 C (CUSIP 646066MC1) WAS ISSUED BY TO ADVANCE REFUND SETON HALL UNIVERSITY'S 2008 SERIES E BONDS

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

REFUND SETON HALL UNIVERSITY ISSUES, 2005 SERIES C AND 2006 SERIES A. THE SERIES C ISSUE, WHICH WAS FOR CAPITAL IMPROVEMENTS WAS FOR CAPITAL IMPROVEMENTS AND FOR REFUNDING THE UNIVERSITY'S 1989 2006 SERIES A ISSUE REFUNDED THE UNIVERSITY'S 1996 SERIES E ISSUE, WHICH 2005 SERIES C ISSUE FINANCED CAPITAL IMPROVEMENTS AT THE UNIVERSITY. THE

- CAMPUS 7. SETON HALL UNIVERSITY ISSUE, 2016 SERIES C (CUSIP 646066B66), WAS ISSUED BY THE NJEFA TO FUND CAPITAL IMPROVEMENTS ON THE UNIVERSITY'S
- BONDS PARTIALLY ADVANCE REFUNDED THE 2004 SERIES A BONDS AND OTHER SERIES CAPITAL IMPROVEMENTS TO THE UNIVERSITY IN PRIOR YEARS. THE REMAINDER REFUNDED OTHER STATE ISSUES THAT PROVIDED GRANT FUNDS FOR WAS USED TO REFUND THE REMAINING UNIVERSITY BALANCE OF 2006 SERIES A AND UNIVERSITY'S SHARE OF THE PROCEEDS WAS \$2,326,537, OF WHICH \$1,134,796 PRIVATELY (THEREFORE NO CUSIP #)IN THE PRINCIPAL AMOUNT OF \$20,805,115 PURSUANT TO A PROGRAM OF THE STATE OF NEW JERSEY TO FINANCE CAPITAL REFUNDED CIF BONDS, 2006 SERIES A, AND OTHER SERIES OF CIF BONDS, WHICH WAS ALLOCATED TO FOURTEEN PRIVATE INSTITUTIONS IN NEW JERSEY. IMPROVEMENTS AT INSTITUTIONS OF HIGHER EDUCATION. ON JULY 26, 2016 THE NJEFA ISSUED CIF BONDS, 2016 SERIES A, AND THE BONDS WERE ISSUED THE 2006 SERIES A THE

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

DIVIDED BY THE AMOUNT ON PART II, LINE 3, TOTAL PROCEEDS OF ISSUE REPRESENTS THE BOND ISSUANCE COSTS FROM SCHEDULE K, PART II, LINE BY EACH INSTITUTION WERE ADJUSTED TO TAKE ACCOUNT OF ALLOCABLE OF CIF BONDS FOR CAPITAL IMPROVEMENTS. SERVICES SAVINGS. THE AMOUNT REPORTED ON SCHEDULE K, PART III, LINE THE AMOUNTS PAYABLE TO THE STATE DEBT

BONDS ALLOCABLE TO THE GRANT. THE AMOUNT REPORTED ON SCHEDULE K, PART NO UNIVERSITY, \$766,748 WAS A GRANT AND \$733,252 WAS DEBT REPAYABLE OVER COSTS, WAS \$1,500,000. OF THIS AMOUNT THAT WAS RECEIVED BY THE UNIVERSITY'S APPORTIONED AMOUNT, AFTER \$12,153 OF APPORTIONED ISSUANCE BONDS WERE ISSUED IN THE PRINCIPAL AMOUNT OF \$30,676,062 WHICH WAS FILED BY THE NJEFA COVERING THE ISSUE UNDER CUSIP NUMBER 646066F54. PURSUANT TO A PROGRAM OF THE STATE OF NEW JERSEY TO FINANCE CAPITAL 9. ON DECEMBER 20, 2016 THE NJEFA ISSUED CIF BONDS, 2016 SERIES AGREEMENT OBLIGATING THE GRANTEE TO PAY HALF OF PAYABLE BY THE STATE SUBJECT TO APPROPRIATION. THE BONDS ARE SOLD BASED TWENTY YEARS. ISSUED TO FINANCE GRANTS MUST BE APPROVED BY THE STATE TREASURER AND ARE ALLOCATED TO A TOTAL OF TWELVE PRIVATE INSTITUTIONS IN NEW JERSEY. THE IMPROVEMENTS AT INSTITUTIONS OF HIGHER EDUCATION. THE CREDIT OF THE BOTH AMOUNTS WILL BE SPENT ON CAPITAL IMPROVEMENTS. BONDS STATE. EACH INSTITUTION ENTERED INTO A GRANT THE DEBT SERVICE ON THE ONE FORM 8038 WAS THE

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

III, LINE 5 REPRESENTS THE BOND ISSUANCE COSTS FROM SCHEDULE K, PART II,

LINE 7 DIVIDED BY THE AMOUNT ON PART II, LINE 3, TOTAL PROCEEDS OF

ISSUE.

10. 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.

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SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ) ► 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.

Department of the Treasury Internal Revenue Service

▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open To Public Inspection

Name of the organization

SETON HALL UNIVERSITY

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 of 25b, of Form 990-EZ, Part V, line 40b.							
1	(a) Name of diagnalified person	(b) Relationship between disqualified person and	(c) Description of transaction		rrected?			
	(a) Name of disqualified person	organization			No			
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								

2	Enter the amount of tax incurred by the organization managers of 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	from	an to or n the zation?	(e) Original principal amount	(f) Balance due	(g) In o	lefault?	(h) Ap by bo comm	ard or	(i) W agreer	
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						\$						

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1) TOTAL OF 11		311,730.	SCHOLAR./TUITION REMISSION	EDUCATION
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2016

Schedule L (Form 990 or 990-EZ) 2016 Page 2

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		naring of ization's nues?
					Yes	No
(1)	MARY ANN CHRISTOPHER	BROTHER OF TRUSTEE/REGENT	72,613.	LEGAL SERVICES		Х
(2)	ROBERT J. SLOAN	REGENT	472,338.	TELEPHONE CHARGES		Х
(3)	THOMAS SHARKEY, SR.	REGENT EMERITUS	22,888.	BROKERAGE FEES		Х
(4)	LARRY A. ROBINSON	WIFE OF OFFICER	147,838.	COMPENSATION & BENEFITS		Х
(5)	LARRY A. ROBINSON	DAUGHTER OF OFFICER	66,285.	COMPENSATION & BENEFITS		Х
(6)	MATTHEW BOROWICK	DAUGHTER OF OFFICER	7,987.	COMPENSATION & BENEFITS		Х
(7)	TRACY H. GOTTLIEB	SISTER OF OFFICER	119,713.	COMPENSATION & BENEFITS		Х
(8)	TRACY H. GOTTLIEB	SISTER OF OFFICER	54,394.	COMPENSATION & BENEFITS		х
(9)	TRACY H. GOTTLIEB	DAUGHTER-INLAW OF OFFICER	67,456.	COMPENSATION & BENEFITS		х
(10)						

Part V Supplemental Information

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

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. \$72,613,

WITH 3 BILLS OVER \$10,000, FOR LEGAL SERVICES IN THE YEAR ENDED JUNE 30,

2017.

ROBERT J. SLOAN, REGENT, IS A VICE PRESIDENT AT AT&T. SETON HALL UNIVERSITY PAID AT&T \$472,338 FOR TELEPHONE CHARGES IN THE YEAR ENDED JUNE 30, 2017.

THOMAS SHARKEY, SR., REGENT EMERITUS, AND HIS SON THOMAS SHARKEY, JR.,

ARE THE CHAIRMAN AND PRESIDENT, RESPECTIVELY, OF THE INSURANCE BROKERAGE

COMPANY, MEEKER SHARKEY & HURLEY. SETON HALL DEALS DIRECTLY WITH THEM FOR

ITS LONG TERM DISABILITY BENEFITS. THE CARRIER IS CIGNA. MEEKER SHARKEY &

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Schedule L (Form 990 or 990-EZ) 2016 Page **2**

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	organi	aring of zation's nues?
					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).

HURLEY RECEIVED \$22,888 IN BROKERAGE FEES FOR THIS ARRANGEMENT.

THE WIFE AND DAUGHTER OF DR. LARRY A. ROBINSON, PROVOST & EXECUTIVE V.P., SERVED AS AN EMPLOYEES OF THE UNIVERSITY. IN FISCAL YEAR 2017, THEY RECEIVED TOTAL COMPENSATION AND BENEFITS OF \$147,838 AND \$66,285, RESPECTIVELY.

THE TWO SISTERS AND DAUGHTER-IN-LAW OF DR. TRACY H. GOTTLIEB, V.P. FOR STUDENT SERVICES, SERVED AS EMPLOYEES OF THE UNIVERSITY. IN FISCAL YEAR 2017, THEY RECEIVED TOTAL COMPENSATION AND BENEFITS OF \$119,713, \$54,394, AND \$67,456, RESPECTIVELY.

THE DAUGHTER OF MATTHEW BOROWICK, INTERIM V.P. UNIVERSITY ADVANCEMENT, SERVED AS AN EMPLOYEE OF THE UNIVERSITY. IN FISCAL YEAR 2017, SHE RECEIVED TOTAL COMPENSATION AND BENEFITS OF \$7,987.

ALL TRANSACTIONS WITH INTERESTED PERSONS WERE CONDUCTED AT ARM'S LENGTH,
FOR GOOD AND SUFFICIENT CONSIDERATION, BASED ON TERMS THAT ARE FAIR AND

8263ES F42F

Schedule L (Form 990 or 990-EZ) 2016 Page **2**

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	organi	aring of zation's nues?
				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).

REASONABLE TO AND FOR THE BENEFIT OF THE UNIVERSITY. THE APPLICABLE INTERESTED PERSONS HAD NO INFLUENCE OVER THE DECISIONS TO ENTER INTO THE TRANSACTIONS.

JSA 6E1507 1.000

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

22-1500645

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Employer identification number Name of the organization SETON HALL UNIVERSITY

Par	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 detern noncash contribution	_	,
1	Art - Works of art	Х	3.	121,000.	APPRAISAL		
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications	Х		5,000.	APPRAISAL		
5	Clothing and household						
	goods	Х		2,000.	COST		
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	Х	26.	2,101,000.	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						
15	contribution - Other Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory	Х	11.	43,000.	COST		
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ►(MISCELLANEOUS)	Х	24.	134,000.	COST		
26	Other ►()						
27	Other ►()						
28	Other ►()						
29	Number of Forms 8283 received						
	which the organization completed I	Form 8283,	Part IV, Donee Acknowledg	ement	29	1	
						Yes	No
30a	During the year, did the organizat				_		ĺ
	28, that it must hold for at least the	-					Х
	to be used for exempt purposes for		olding period?		30a		
	If "Yes," describe the arrangement i		tongo naligy that require	so the review of any	nonatandard		
31	Does the organization have a	-		=		х	
220	contributions? Does the organization hire or use						
32a	contributions?	•	•	•	1 1	Х	
h	If "Yes," describe in Part II.						
33	If the organization didn't report an	amount in c	column (c) for a type of pro-	perty for which column (a)) is checked		
	describe in Part II.	a.mount in t	o.a (o) for a type of pro	rong for minori obtainin (a	, .5 5/105/104,		

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

Schedule M (Form 990) (2016)

Schedule M (Form 990) (2016) Page **2**

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.

PART I, LINE 32B

AUCTION COMPANIES ARE USED TO PROCESS AND/OR SELL NONCASH CONTRIBUTIONS

IN "SILENT AUCTIONS" AT SEVERAL FUNDRAISING EVENTS. TO THE EXTENT SETON

HALL UNIVERSITY RECEIVES DONATIONS OF PUBLICLY TRADED SECURITIES, ITS

INVESTMENT BROKER IS ENGAGED TO SELL THOSE SECURITIES.

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

JSA Schedule M (Form 990) (2016)

8263ES F42F V 16-7.17 1004439621 PAGE 83

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

2016
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number 22-1500645

SETON HALL UNIVERSITY

FORM 990, PART III, LINE 1

SETON HALL UNIVERSITY IS THE NATION'S OLDEST DIOCESAN CATHOLIC UNIVERSITY. IN A DIVERSE AND COLLABORATIVE ENVIRONMENT, IT FOCUSES ON ACADEMIC, ETHICAL, AND SPIRITUAL DEVELOPMENT. SETON HALL STUDENTS ARE PREPARED TO BE LEADERS IN THEIR PROFESSIONAL AND COMMUNITY LIVES IN A GLOBAL SOCIETY AND ARE CHALLENGED BY OUTSTANDING FACULTY, AN EVOLVING TECHNOLOGICALLY ADVANCED SETTING, AND VALUES-CENTERED CURRICULA. SETON HALL UNIVERSITY'S 58-ACRE PARK-LIKE MAIN CAMPUS IS LOCATED IN SOUTH ORANGE, NEW JERSEY, ONLY 14 MILES WEST OF NEW YORK CITY. THE UNIVERSITY IS HOME TO TEN NATIONALLY RECOGNIZED AND ACCREDITED SCHOOLS, INCLUDING ITS NATIONALLY-RANKED LAW SCHOOL LOCATED IN NEWARK, NEW JERSEY. WITHIN THESE SCHOOLS THE PROFESSORS OF SETON HALL EDUCATE, SHAPE, AND DEVELOP APPROXIMATELY 6,150 UNDERGRADUATE AND 3,700 GRADUATE STUDENTS, WHO ARE ENROLLED IN MORE THAN 90 RIGOROUS MAJORS. THIS HAS LED TO SETON HALL BEING NATIONALLY RECOGNIZED FOR ACADEMIC EXCELLENCE BY THE PRINCETON REVIEW, U.S. NEWS & WORLD REPORT, AND BLOOMBERG BUSINESSWEEK. REMAINS A PIONEER IN CATHOLIC EDUCATION. IN FY2016, SETON HALL UNIVERSITY AND HACKENSACK UNIVERSITY HEALTH NETWORK (HUHN), FORMED THE SETON HALL-HACKENSACK SCHOOL OF MEDICINE (SOM), A NONPROFIT NEW JERSEY CORPORATION. THE UNIVERSITY AND HUHN EACH CONTROL FIFTY PERCENT OF THE SOM, WITH EACH INSTITUTION APPOINTING FIFTY PERCENT OF THE SOM'S BOARD OF GOVERNORS.

FORM 990, PART VI

PART VI, SECTION A, LINE 7A: THE BOARD OF REGENTS IS RESPONSIBLE FOR THE

ENTIRE MANAGEMENT OF THE AFFAIRS AND CONCERNS OF THE UNIVERSITY. THE
BOARD OF REGENTS IS VESTED WITH THE RESPONSIBILITY, POWER, AND AUTHORITY
TO GOVERN THE UNIVERSITY AND SHALL EXERCISE THE CORPORATE POWERS OF THE
UNIVERSITY UNDER LAW. BOARD OF REGENT EMERITI DO NOT HAVE VOTING
PRIVILEGES.

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

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

PART VI, SECTION B, LINE 12C: THE UNIVERSITY'S CONFLICT OF INTEREST POLICY IS POSTED ON THE UNIVERSITY'S WEB SITE. ALL NEW EMPLOYEES ARE MADE AWARE OF THE POLICY AT THE TIME OF HIRE. FOR SENIOR MANAGEMENT, THE UNIVERSITY REQUIRES AN ANNUAL DISCLOSURE OF SIGNIFICANT FINANCIAL INTERESTS IN, OR EMPLOYMENT OR CONSULTING RELATIONSHIPS WITH, ENTITIES DOING BUSINESS WITH THE UNIVERSITY. THESE ANNUAL DISCLOSURES COVER BOTH SENIOR MANAGEMENT AND THEIR IMMEDIATE FAMILY MEMBERS. WHEN SUCH RELATIONSHIPS EXIST, MEASURES ARE TAKEN TO ADDRESS THE ACTUAL OR PERCEIVED CONFLICT TO PROTECT THE BEST INTERESTS OF THE UNIVERSITY. THE POLICY REQUIRES, AMONG OTHER THINGS, THAT NO MEMBER OF THE BOARD OF REGENTS OR ITS COMMITTEES CAN PARTICIPATE IN ANY DECISION IN WHICH HE OR SHE (OR AN IMMEDIATE FAMILY MEMBER) HAS A MATERIAL FINANCIAL INTEREST. EACH REGENT IS REQUIRED TO CERTIFY COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS AND INDICATE WHETHER THE UNIVERSITY DOES BUSINESS WITH AN ENTITY IN WHICH A REGENT HAS A MATERIAL FINANCIAL INTEREST. WHEN SUCH RELATIONSHIPS EXIST, MEASURES ARE TAKEN TO MITIGATE ANY ACTUAL OR PERCEIVED CONFLICT, INCLUDING REQUIRING THAT SUCH TRANSACTIONS BE CONDUCTED AT ARM'S LENGTH, FOR GOOD AND SUFFICIENT CONSIDERATION, BASED ON TERMS THAT ARE FAIR AND REASONABLE TO AND FOR THE BENEFIT OF THE UNIVERSITY, AND IN ACCORDANCE WITH RELEVANT CONFLICT OF INTEREST LAWS. THE UNIVERSITY IS UNAWARE OF ANY SUCH ASSOCIATIONS CONSIDERED TO BE SIGNIFICANT.

PART VI, SECTION B, LINE 15: SETON HALL UNIVERSITY CAN ENSURE AND DEMONSTRATE THAT OUR COMPENSATION ACTIONS DO NOT INURE TO THE BENEFIT OF

A PRIVATE INDIVIDUAL. WE CAN DEMONSTRATE THAT THE COMPENSATION OF ALL DISQUALIFIED PERSONS, SUCH AS OFFICERS, DIRECTORS, AND KEY EMPLOYEES, IS CONSIDERED REASONABLE AND WOULD ORDINARILY BE PAID FOR LIKE SERVICES BY LIKE ENTERPRISES UNDER LIKE CIRCUMSTANCES. THE REASONABLENESS OF OUR 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, SEC A
OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES:

CARDINAL JOSEPH W. TOBIN STARTED AS TRUSTEE/REGENT ON JANUARY 6, 2017, REPLACING MOST REVEREND JOHN J. MYERS.

MARY J. MEEHAN, PH.D. STARTED AS INTERIM PRESIDENT/TRUSTEE/REGENT ON APRIL 11, 2017. ACCORDINGLY, SHE IS REPORTED ON THE FORM 990 WITH NO CURRENT COMPENSATION (AS SHE DID NOT RECEIVE A W-2 IN CALENDAR YEAR 2016).

A GABRIEL ESTEBAN, PH.D. - PRESIDENT/TRUSTEE/REGENT WAS IN THAT POSITION

Name of the organization

SETON HALL UNIVERSITY

Employer identification number

22-1500645

UP UNTIL APRIL 10, 2017.

KAREN E. BOROFF, PH.D. STARTED AS INTERIM PROVOST ON JANUARY 1, 2017.

COMPENSATION REPORTED IN PART VII FOR CALENDAR YEAR 2016 WAS FROM HER

PREVIOUS POSITION AS PROFESSOR.

LARRY E. ROBINSON, ED.D. - PROVOST WAS IN THAT POSITION UP UNTIL DECEMBER 31, 2016.

MATTHEW BOROWICK, M.B.A. STARTED AS INTERIM VICE PRESIDENT UNIVERSITY ADVANCEMENT ON MARCH 1, 2017. COMPENSATION REPORTED IN PART VII FOR CALENDAR YEAR 2016 WAS FROM HIS PREVIOUS POSITION AS ASSISTANT VICE PRESIDENT.

DAVID J. BOHAN, M.B.A. - VICE PRESIDENT UNIVERSITY ADVANCEMENT UP UNTIL FEBRUARY 28.

PART XI, LINE 9

CHANGE IN VALUE OF INTEREST RATE SWAP AGREEMENTS OF \$2,328,000, LESS THE PROVISION FOR UNCOLLECTIBLE CONTRIBUTIONS RECEIVABLE OF \$902,000, PLUS THE CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS OF \$60,000, LESS EQUITY METHOD INVESTMENTS FY17 WRITE-DOWN OF \$3,011,000.

ATTACHMENT	1	

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
GOURMET DINING SERVICES 400 SOUTH ORANGE AVENUE SOUTH ORANGE, NJ 07079	CATERING	10,431,261.
SAMUEL S GRAHAM, INC. 12 MERRY LANE EAST HANOVER, NJ 07936	GENERAL CONTRACTING	3,538,703.

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

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
LEGACY 7 CONSTRUCTION 328 NEWMANN SPRINGS ROAD RED BANK, NJ 07701	GENERAL CONTRACTING	3,536,598.
TEMCO BUILDING SERVICES ONE PARK AVENUE NEW YORK, NY 10016	HOUSEKEEPING	3,378,145.
KSS ARCHITECTS LLP 337 WITHERSPOON STREET PRINCETON, NJ 08542	ARCHITECT	2,707,471.

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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

OMB No. 1545-0047

22-1500645

20**16**

Part I SETON HALL UNIVERSITY Name of the organization Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. **Employer identification number** 22-1500645

(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.	Complete if the o	rganization answe	ered "Yes" on Fo	orm 990, Part IV,	line 34 because i	t had
(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?
(1) ROMAN CATHOLIC ARCHDIOCESE OF NEWARK 221487308 171 CLIFTON AVENUE NEWARK, NJ 07104	SEE PART VII	LN	501(C)(3)	1	N/A	Yes No
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						

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

Schedule R (Form 990) 2016

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0									(a) Name, address, and EIN of related organization											(a) Name, address, and EIN of related organization	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.
									of related organization	d one or more rela	ed Organizations									(b) Primary activity	ted Organizations more related orga
										ated orga	s Taxable								country)	Legal domicile (state or foreign	s Taxable anizations
									Primary activity	nizations treate	as a Corporati									(d) Direct controlling entity	as a Partnersh s treated as a p
										d as a c	ion or Ti								000	Predincom un exclutation	nip Com artnersh
									Legal domicile (state or foreign country)	orporatio	ust. Cor								11	(e) Predominant income (related, unrelated, excluded from tax under tax under	plete if t ip during
									Direct controlling entity	n or trust durir	nplete if the or									(f) Share of total income	he organizatio the tax year.
									Type of entity (C corp, S corp, or trust)	ng the tax year.	rganization answ									(g) Share of end-of- year assets	n answered "Ye
									Share of total income	•	/ered "Yes								Yes No	(h) Disproportionals allocations?	s" on Form
Sched									al Share of end-of-year assets		on Form 990,									Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	1 990, Part IV, I
ule R (For										- -	Part IV,								Yes No	(j) General or managing partner?	ine 34
Schedule R (Form 990) 2016							+	Yes No	Percentage Section ownership controlled entity?	-										(k) Percentage ownership	

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V 16-7.17

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Schedule

SETON HALL UNIVERSITY	22-1500645
e R (Form 990) 2016	

<u> </u>	(6)	(5)	4	(ω)	(2)	(3		2	s -		q	ъ	0	_	_	_	~	_	_	ъ	9	-	Ф	۵	ဂ	ь	a)	- ;	2	Pa
							(a) Name of related organization	If the answer to any of the above is "Yes," see the instructions for information on who must complete this I	s Other transfer of cash or property from related organization(s).		Reimbursement paid by related organization(s) for expenses	p Reimbursement paid to related organization(s) for expenses	o Sharing of paid employees with related organization(s)		m Performance of services or membership or fundraising solicitations by related organization(s)		k Lease of facilities, equipment, or other assets from related organization(s)	Lease of facilities, equipment, or other assets to related organization(s)				f Dividends from related organization(s)						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?	Note: Complete line 1 if any entity is listed in Parts II III or IV of this schedule	ransactions with related Organizations. Complete if the organization answered the office of Form 390, Factor, line 34, 350, or 30
							(b) Transaction type (a-s)	ine,																				elated organizations lis		0 011 0111 000, 1 01
Sch							(c) Amount involved	including covered relationships and transaction thresholds																				ited in Parts II-IV?		ורוי, ווווכ טד, טטט, טו טט.
Schedule R (Form 990) 2016							(d) Method of determining amount involved	action thresholds	1s	÷	1q	1 _p	10	1n	1m	=	1 _K	=	: :	i i i	1g	: : :	1e	1d	1c	1b	1a		1	
90) 2016							mining ved		×	×	×	×	×		×	×	×	×	: ×	 ×	×		×	×	×	×	×		Yes No	

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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.

or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment	(h)	ctions regardin	ig exclusion for		surient partiterships.	snips.			8	
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under	Are all partners section 501(c)(3) organizations?	Sh total	Share of end-of-year assets	Disproportionate allocations?	Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	Percentage ownership
				Yes No			Yes No		Yes No	
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
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(8)										
(9)										
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(12)										
(13)										
(14)										
(15)										
(16)										
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Schedule R (Form 990) 2016 Page 5

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

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.