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)

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

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

OMB No. 1545-0047

Department of the Treasury Inspection Internal Revenue Service 07/01 . 2018, and ending 06/30, 20 19 A For the 2018 calendar year, or tax year beginning D Employer identification number C Name of organization B Check if applicable SETON HALL UNIVERSITY 22-1500645 Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change 400 SOUTH ORANGE AVENUE (973) 761-9318Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated Amended SOUTH ORANGE, NJ 07079 G Gross receipts \$ 633,448,000. H(a) Is this a group return for Application F Name and address of principal officer: MARY J. Yes Χ Nο subordinates' 400 SOUTH ORANGE AVENUE, SOUTH ORANGE, H(b) Are all subordinates included? Yes No X | 501(c)(3) If "No." attach a list. (see instructions) Tax-exempt status: 501(c) (4947(a)(1) or (insert no.) Website: ▶ WWW.SHU.EDU **H(c)** Group exemption number Form of organization: | X | Corporation L Year of formation: 1856 M State of legal domicile: NJ Association Other > Summary Part I Briefly describe the organization's mission or most significant activities: SETON HALL UNIVERSITY IS A CATHOLIC INSTITUTION OF HIGHER EDUCATION Governance if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 42. Activities & 32. Number of independent voting members of the governing body (Part VI, line 1b) 4,388. 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 899. Total number of volunteers (estimate if necessary) 499,000. 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. **b** Net unrelated business taxable income from Form 990-T, line 38 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 59,790,000. 43,567,000. 358,711,000. 385,469,000. Program service revenue (Part VIII, line 2g) 29,932,000. 2,813,000. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 14,972,000. 12,921,000. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 461,354,000. 446,821,000. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 153,515,000. 141,316,000. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 14 173,882,000. 180,529,000. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) **16a** Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 124,580,000. 141,044,000. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 439,778,000. 475,088,000. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 21,576,000. -28,267,000. Revenue less expenses. Subtract line 18 from line 12 ts or nces **Beginning of Current Year End of Year** Assets | 701,436,000. 722,351,000. 20 Total assets (Part X, line 16) Total liabilities (Part X, line 26) 263,850,000. 260,783,000. 21 458,501,000. 440,653,000. 22 Net assets or fund balances. Subtract line 21 from line 20. Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 04/29/2020 Sign Signature of officer Date Here STEPHEN A. GRAHAM VP FOR FINANCE/CFO Type or print name and title Print/Type preparer's name Preparer's signature Check Paid DANIEL ROMANO , PARTNER 04/29/2020 self-employed P00504182 Preparer ▶GRANT THORNTON, LLP Firm's EIN ▶ 36-6055558 Firm's name **Use Only** Firm's address ▶757 THIRD AVENUE NEW YORK, NY 10017 212-542-9609 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

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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? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
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 \$306,426,000. including grants of \$140,941,000.]) (Revenue \$390,914,000.]) EDUCATIONAL - SETON HALL UNIVERSITY OPERATES TO PROVIDE
	BACCALAUREATE, MASTERS, AND DOCTORAL DEGREES. DAY AND EVENING
	SESSIONS ACCOMMODATE BOTH COMMUTER AND RESIDENTIAL STUDENTS ON A PART-TIME AND FULL TIME BASIS.
41-	(Code) \(\(\(\(\(\) \\ \) \\ \) \(\) \(\) \(\)
4D	(Code:) (Expenses \$102,946,000. including grants of \$11,860,000) (Revenue \$6,845,000) ACADEMIC SUPPORT AND STUDENT SERVICES - ACADEMIC SUPPORT PROVIDES
	SUPPORT SERVICES, SUCH AS LIBRARIES, ACADEMIC TECHNOLOGY, FACULTY CURRICULUM DEVELOPMENT, FOR ITS PRIMARY MISSIONS OF INSTRUCTION,
	RESEARCH AND PUBLIC SERVICE. STUDENT SERVICES PROVIDE VARIOUS
	SERVICES TO STUDENTS, SUCH AS COUNSELING, CAREER GUIDANCE,
	FINANCIAL AID, STUDENT RECORDS, HEALTH SERVICES AND
	TRANSPORTATION, WHICH CONTRIBUTE TO THE STUDENTS' EMOTIONAL AND
	PHYSICAL WELL-BEING AND TO THEIR INTELLECTUAL, CULTURAL AND SOCIAL
	DEVELOPMENT OUTSIDE THE CONTEXT OF THE UNIVERSITY'S FORMAL INSTRUCTIONAL PROGRAMS.
	INDITION INCOME.
4c	(Code:) (Expenses \$ 8,196,000. including grants of \$ 714,000.) (Revenue \$ 0.)
	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.
4 -7	Other program convices (Describe in Schedule O.)
4 d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 417,568,000.

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Part IV Page 3

Part	V Checklist of Required Schedules			I
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	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, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
·	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		- 11
′		7		X
	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	- /		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	_	Х	
	complete Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
)	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
-	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
9	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
a	Schedule D, Parts XI and XII.	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	124		
D		42h		Х
3	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.		X	21
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Λ	
D	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		77	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
,	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
)	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
) a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	-00		
1	Did the organization report more than \$0,000 or grants or other assistance to any domestic organization of	١	Х	
1	domestic government on Part IX, column (A) line 12 If "Ves." complete Schedule I, Parts Land II	71		
21 6A 1.000	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Form	990	/2040

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	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	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	200		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		
21	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	
20		21	21	
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):	00-		v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete		37	
	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		X	<u> </u>
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	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		L
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
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	1
Part		,		I
	Check if Schedule O contains a response or note to any line in this Part V			
	S. C. S. C.		Yes	No
1 2	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 398			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
Ü	reportable gaming (gambling) winnings to prize winners?		Х	
	reportable garining (garining) withings to prize withers:	1c	22	

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Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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 4,388			
	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)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	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	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
	If "Yes," enter the name of the foreign country: ▶ LUXEMBOURG			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
	solicit any contributions that were not tax deductible as charitable contributions?	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	X	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	_		
	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	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 10b			
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	Gross income from members or shareholders			
	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			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
	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? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15	Х	
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
		_	$\alpha \alpha \alpha$	

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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 it Schedule O contains a response of note to any line in this Part VI				Λ
Sect	ion A. Governing Body and Management			Yes	No
		1	2	res	NO
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.		4		
h	Enter the number of voting members included in line 1a, above, who are independent	1b 3	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	ationship with			
	any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or ur				
	supervision of officers, directors, or trustees, or key employees to a management company or other		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's		5		X
6	Did the organization have members or stockholders?		6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to el	ect or appoint			
	one or more members of the governing body?		7a	Х	<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval	by) members,			
	stockholders, or persons other than the governing body?		7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions under	ertaken during			
	the year by the following:		_	3.7	
а	The governing body?		8a	X	-
b	Each committee with authority to act on behalf of the governing body?		8b	Х	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot				X
Cooti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O on B. Policies (This Section B requests information about policies not required by the Inte		9 Code	. \	Λ
Secu	on B. Folicies (This Section B requests information about policies not required by the line	illai Nevellue	Code	Yes	No
			10a	100	X
_	Did the organization have local chapters, branches, or affiliates?		IUa		21
b	If "Yes," did the organization have written policies and procedures governing the activities of		10b		
44.	affiliates, and branches to ensure their operations are consistent with the organization's exempt po	•	11a	Х	_
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	ling the form?	114		
b 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		12a	Х	
ıza b	Were officers, directors, or trustees, and key employees required to disclose annually interests to				
b	rise to conflicts?	_	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the p				
·	describe in Schedule O how this was done	-	12c	Х	
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review ar				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation				
а	The organization's CEO, Executive Director, or top management official		15a	Х	
b	Other officers or key employees of the organization		15b	Х	
	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	r arrangement			
	with a taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization				
	participation in joint venture arrangements under applicable federal tax law, and take steps to				
	organization's exempt status with respect to such arrangements?		16b		<u> </u>
	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), (3)s only) available for public inspection. Indicate how you made these available. Check all that ap X Own website X Another's website X Upon request Other (explain in Sch	ply.	T (Sec	tion 5	501(c)
19	Describe in Schedule O whether (and if so, how) the organization made its governing document	ts, conflict of in	terest	policy	y, and
	financial statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's because the organization's because a graham 400 south orange avenue south orange, no 07079 973 761 9003	books and recor	ds ▶		

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any	box,	unles	Pos heck ss pe	erson	e than o	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)CARDINAL JOSEPH W. TOBIN	1.00									
REGENT / TRUSTEE	0.	Х						0.	0.	0.
(2)MOST REV. JAMES F. CHECCHIO	1.00									
REGENT	0.	Х						0.	0.	0.
(3)MOST REVEREND KURT R. BURNETTE	1.00									
REGENT	0.	Х						0.	0.	0.
(4)MOST REV. DENNIS J. SULLIVAN	1.00									
REGENT	0.	Х						0.	0.	0.
(5)MONSIGNOR ROBERT E. HARAHAN	1.00									
TRUSTEE	0.	X						0.	0.	0.
(6) SR. MARGARET STALLMEYER, C.D.P	1.00									
REGENT	0.	Х						0.	0.	0.
(7)HENRY F. D'ALESSANDRO	1.00							_	_	_
REGENT	0.	Х						0.	0.	0.
(8) FRANCIS J. HAGER	1.00									
REGENT	0.	Х						0.	0.	0.
(9)LEO J. ZATTA	1.00									
REGENT / TRUSTEE	0.	Х						0.	0.	0.
(10) PATRICK M. MURRAY	1.00								_	_
REGENT / TRUSTEE	0.	Х						0.	0.	0.
(11)MARY ANN CHRISTOPHER REGENT/TRUSTEE	1.00	X						0.	0.	0.
	1.00	Λ						0.	0.	0.
(12) JAMES E. COLLINS REGENT/TRUSTEE	0.	X						0.	0.	0.
(13) DR. MARGARET DAMES	1.00	Λ						0.	0.	•
TRUSTEE	0.	X						0.	0.	0.
(14) PAMELA M. SWARTZBERG, ESQ.	1.00	23						0.	· ·	•
TRUSTEE	0.	Х						0.	0.	0.

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Part VII Section A. Officers, Directors, Tr	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	ss pe d a d	ition more rson irect	e than o is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	am	(F) timated lount of other pensation	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: and	om the anization d related unization	t
15) ROBERT S. BASSO	1.00							_	_			
REGENT	0.	X						0.	0.			0.
16) MARK D. BENJAMIN REGENT	1.00	X						0.	0.			0.
17) JAMES T. BOYLE, JR.	1.00	21						0.	0.			<u>·</u>
REGENT/TRUSTEE	0.	X						0.	0.			0.
18) ROBERT B. BUDELMAN, ESQ.	1.00											
REGENT	0.	Х						0.	0.			0.
19) EDWARD C. CERNY	1.00											
REGENT	0.	X						0.	0.			0.
20) EUN-SOOK (LUCY) CHO-LEE, M.D.	1.00											0
REGENT	0.	X						0.	0.			0.
21) KARL P. ADLER REGENT	1.00	X						0.	0.			0.
22) MARK E. GANTON	1.00	Λ						0.	0.			
REGENT	1	X						0.	0.			0.
23) ROBERT C. GARRETT	1.00											
REGENT	0.	Х						0.	0.			0.
24) JOHN D. HAYES REGENT	1.00	Х						0.	0.			0.
25) HELEN LERNER	1.00											
REGENT	0.	Х						0.	0.			0.
1b Sub-total							\blacktriangleright	0.	0.			0.
c Total from continuation sheets to Part VII, S	-						ightharpoons	8,264,053.	44,238.		10,7	
d Total (add lines 1b and 1c)							<u> </u>	8,264,053.	44,238.	1,4	10,7	78.
Total number of individuals (including but not reportable compensation from the organization)		hose 316		d al	OOV	e) who	re	eceived more than	\$100,000 of			
											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	0,0	00?	lf	"Yes	,"	complete Schedu	le J for such		37	
individual										4	X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y										5		X
Section B. Independent Contractors	,											
1 Complete this table for your five highest con	npensated i	ndepe	ende	ent o	conf	tracto	rs t	hat received more	than \$100,000 o	f		

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 95

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Part VII Section A. Officers, Directors, 1 (A)	(B)	<u>,</u>	J •) (C				(D)	(E)	(F)	
(A) Name and title	Average hours per week (list any hours for related	box,	unles er and	Pos heck ss pe	ition more rson irect	e than of is both cor/trust	an	Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensatio from the	
	organizations below dotted line)	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	ner	(W-2/1099-MISC)		organization and related organization	
26) MATTHEW W. WRIGHT REGENT	1.00	X						0.	0.		C
7) BEATRIZ M. MANETTA	1.00	Λ						0.	0.		_
REGENT		X						0.	0.		C
8) KEVIN H. MARINO, ESQ.	1.00							0.	0.		_
REGENT		Х						0.	0.		(
9) RICHARD C. MCMAHON	1.00										_
REGENT	0.	Х						0.	0.		(
0) KIMBERLY A. CAPADONA, ESQ	1.00										
REGENT	0.	Х						0.	0.		(
1) JAMES L. ORSINI	1.00										
REGENT	0.	X						0.	0.		(
2) JOSEPH M. SHERIDAN	1.00										
REGENT	0.	Х						0.	0.		(
3) ROBERT J. SLOAN	1.00										
REGENT/ TRUSTEE	0.	X						0.	0.		(
4) JOHN F. SWIFT REGENT	1.00	.,						0.	0.		,
5) STEPHEN G. WALDIS	1.00	Х						0.	0.		(
REGENT		X						0.	0.		(
6) DR. JOHN F. WILLIAMS	1.00	21						0.	0.		_
REGENT		X						0.	0.		(
						l					
1b Sub-total c Total from continuation sheets to Part VII,	Section A		• •	• •							_
d Total (add lines 1b and 1c)	•						•				_
2 Total number of individuals (including but no							o re	ceived more than	\$100,000 of		_
reportable compensation from the organizat		316				•					
										Yes	N
3 Did the organization list any former of											
employee on line 1a? If "Yes," complete Sche	edule J for su	ch ind	ivid	ual						3	X
4 For any individual listed on line 1a, is the organization and related organizations	greater than	\$15	50,0	00?	If	"Yes	3,"	complete Schedu	le J for such	. 37	
individual										4 X	
5 Did any person listed on line 1a receive of for services rendered to the organization? If										5	Χ
Section B. Independent Contractors											
 Complete this table for your five highest co compensation from the organization. Repor 											

year.

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

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

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	nplo	ye	es,	and I	lig	hest Compensat	ed Employees (a	ontinued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	Pos heck ss pe	erson	e than cois both	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	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)	from the organization and related organizations
37) DAVID L. FLOOD	1.00									
REGENT	0.	Х						0.	0.	0
38) MOST REV. ARTHUR J. SERRATELLI REGENT / TRUSTEE	0.	Х						0.	0.	39 , 150.
39) MONSIGNOR ROBERT COLEMAN	45.00									
REGENT / TRUSTEE	0.	Х						47,548.	0.	71,365
40) MONSIGNOR THOMAS P. NYDEGGER	0.									
REGENT / TRUSTEE	0.	Х						1,000.	44,238.	42,940
41) MONSIGNOR JOSEPH R. REILLY	45.00									
TRUSTEE	0.	Х						37,054.	0.	110,515
42) MONSIGNOR ROBERT J. WISTER TRUSTEE	45.00	Х						59,638.	0.	66,565
43) MARY J. MEEHAN, PH.D. INTERIM PRES./REGENT/TRUSTEE	45.00	Х		Х				808,834.	0.	22,934
44) MONSIGNOR C. ANTHONY ZICCARDI V.P. FOR MISSION & MINISTRY	45.00			Х				69,301.	0.	66,565
45) KAREN E. BOROFF, PH.D. INTERIM PROVOST	45.00			Х				403,991.	0.	46,068
46) MATTHEW BOROWICK, M.B.A. INTERIM V.P. ADVANCEMENT	45.00			Х				255,854.	0.	106,650
47) DENNIS J. GARBINI, M.B.A. V.P. ADMINISTRATION	45.00			Х				365,545.	0.	47,218
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A						> >			, 10
Total number of individuals (including but not reportable compensation from the organization)		hose 316		d al	bov	e) who	o re	eceived more than	\$100,000 of	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										Yes No
4 For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	50,0	00?	i If	"Yes	5, "	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 "You										5 X

Section B. Independent Contractors

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 ▶

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Part VII Section A. Officers, Directors, Tru	· ·	<u>,</u>	<u>. p c</u>				9.	·	1 1	
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe	rson	e than o is both or/trusto	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	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)	from the organization and related organizations
8) TRACY H. GOTTLIEB, PH.D.	45.00									
V.P. STUDENT SERVICES	0.			Х				254,716.	0.	45,65
9) STEPHEN A. GRAHAM, M.B.A.	45.00									
V.P. FINANCE & CFO	0.			Χ				311,090.	0.	39,49
O) CATHERINE A KIERNAN, J.D.	45.00									
V.P. & GENERAL COUNSEL	0.			Χ				394,636.	0.	96,28
l) ALYSSA MCCLOUD, PH.D.	45.00									
V.P. ENROLLMENT MANAGEMENT	0.			Х				361,759.	0.	34,07
2) PATRICK G. LYONS, M.B.A.	45.00									
V.P. ATHLETICS AND RECREATION	3.00			Х				682,745.	0.	66,29
3) KATHLEEN BOOZANG, JD, LLM	45.00							250 050		24.07
DEAN SCHOOL OF LAW	0.				X			358,052.	0.	34,07
4) JOYCE A. STRAWSER, PH.D.	45.00							0.66 0.60	_	00.00
DEAN STILLMAN SCHOOL BUSINESS	0.				X			266,362.	0.	82,38
5) PETER W. SHOEMAKER, PH.D.	45.00				3.7			104 400	_	F2 00
DEAN COLLEGE OF ARTS & SCIENCE	0.				X			184,483.	0.	53,09
5) BRIAN B. SHULMAN, PH.D.	45.00				3.7			276 575	_	26.04
DEAN SCHOOL HEALTH & MEDICAL	0.				X			276,575.	0.	36,84
7) KEVIN WILLARD	45.00					3.7		1 061 060	_	74 15
HEAD COACH MEN'S BASKETBALL	0.					X		1,961,262.	0.	74,17
B) ANTHONY J. BOZZELLA HEAD COACH WOMEN'S BASKETBALL	45.00					37		270 072		02 04
						Х		379,072.	0.	83,94
b 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 organizatio	limited to t		liste				re	ceived more than	\$100,000 of	
Teportable compensation from the organizatio		21(,							Va-
										Yes
3 Did the organization list any former office	er, directo	r. or	tri	ıste	e.	kev e	mn	lovee or highes	t compensated	

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated			
	employee on line 1a? If "Yes," complete Schedule J for such individual	3		Х
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	individual	4	Х	<u> </u>
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual			
	for services rendered to the organization? If "Yes," complete Schedule J for such person	5		X

Section B. Independent Contractors

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

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

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

				_	,		_	hest Compensat		(<u>u, </u>	
(A) Name and title	(B) Average hours per week (list any hours for	box,	not ch unless er and	s pei	more rson irect	than o	an ee)	(D) Reportable compensation from the	(E) Reportal compensatio related organizati	n from I ons	am com	(F) timated ount or other pensati	of ion
	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)	orga and	om the anizatio I related inization	on d
) ANDREA BARTOLI, PH.D.	45.00												
DEAN SCHOOL OF DIPLOMACY	0.					Х		282,617.		0.		57,5	586
) STEPHEN J LUBBEN, JD, LLM LAW SCHOOL PROFESSOR	45.00					Х		266,864.		0.		55,8	332
) JASON Z. YIN, MBA, PH.D FINANCE PROFESSOR	45.00					Х		235,055.		0.		31,0)94
		-											
	-												
b Sub-total c Total from continuation sheets to Part VII, S	Postion A						>						
d Total (add lines 1b and 1c)													
Total number of individuals (including but not reportable compensation from the organization	limited to t		listed				re	ceived more than	\$100,000 c	of			
reportable compensation from the organization) P	310	,									Yes	No
Did the organization list any former office													
employee on line 1a? If "Yes," complete Scheo											3		Х
For any individual listed on line 1a, is the organization and related organizations gr	reater than	\$15	0,00	00?	' If	"Yes	," (complete Schedu	sation from <i>le J for</i> s	the <i>uch</i>			
individual											4	X	
Did any person listed on line 1a receive or for services rendered to the organization? If ")											5		Х
ection B. Independent Contractors Complete this table for your five highest concompensation 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 ▶

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Part VIII Statement of Revenue

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512-514
g 1	а	Federated campaigns	1a					
and Other Similar Amounts	b	Membership dues	1b					
₹	С	Fundraising events	1c	623,000.				
<u> </u>	d	Related organizations	1d					
ັສ	е	Government grants (contribu	tions) 1e	29,126,000.				
je	f	All other contributions, gifts,	-	12 010 000				
<u>5</u>		and similar amounts not included		13,818,000.				
a a	g h	Noncash contributions included in Total. Add lines 1a-1f			43,567,000.			
3	<u> </u>	Total. Add lines to the series		Business Code	23,031,033			
,	a	TUITION & FEES		900099	349,004,000.	349,004,000.		
<u> </u>	h	ROOM AND BOARD		900099	36,210,000.	36,210,000.		
3	c	MEDICAL RESIDENCY PROGRAM		900004	255,000.	255,000.		
3	d							
2	е							
5	f	All other program service rev						
-	g	Total. Add lines 2a-2f		▶	385,469,000.			T
3		,	cluding dividen					
		and other similar amounts).			3,301,000.		-16,000.	3,317,00
5		Income from investment of	•	·	280,000. 156,000.		20.000	280,00
3		Royalties	(i) Real	(ii) Personal	156,000.		20,000.	136,00
		0	327,000.					
	a b	Gross rents	31,000.					
		Rental income or (loss)	296,000.					
		Net rental income or (loss)			296,000.			296,00
7	a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	185,299,000.	9,000.				
	b	Less: cost or other basis						
		and sales expenses	185,660,000.	416,000.				
		Gain or (loss)	-361,000.	-407,000.				
	d	Net gain or (loss)		▶	-768,000.			-768,00
8 Siles Veneral	а	Gross income from fundra events (not including \$	623,000.					
		of contributions reported on	line 1c).					
5		See Part IV, line 18						
		Less: direct expenses			-199,000.			-199,00
		Net income or (loss) from full	-		-199,000.			-199,00
9		Gross income from gaming See Part IV, line 19	а					
		Less: direct expenses			0.			
10	а	Gross sales of inventoreturns and allowances	•					
		Less: cost of goods sold Net income or (loss) from sal			0.			
		Miscellaneous Revenue	e	Business Code				
11	а	NCAA/CONFERENCE DISTRIBUT	IONS	900099	4,681,000.	4,681,000.		
	b	ATHLETICS TICKET SALES		900099	2,164,000.	2,164,000.		
	С	PARKING		812930	1,247,000.			1,247,00
	d	All other revenue			6,627,000.	5,445,000.	495,000.	687,00
		Total. Add lines 11a-11d		.	14,719,000.			

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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).

300	Check if Schedule O contains a resp	•		· · · · · · · · · · · · · · · · · · ·	
<u>Do</u>			(B)		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	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	610,000.	610,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	152,905,000.	152,905,000.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,				
	trustees, and key employees	6,285,000.	3,605,000.	1,720,000.	960,000.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	298,000.	298,000.		
7	Other salaries and wages	130,628,000.	109,482,000.	17,856,000.	3,290,000.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	7,410,000.	6,209,000.	1,014,000.	187,000.
9	Other employee benefits	26,413,000.	21,344,000.	4,137,000.	932,000.
10	Payroll taxes	9,495,000.	7,959,000.	1,297,000.	239,000.
11	Fees for services (non-employees):				
а	Management	159,000.	143,000.	16,000.	
	Legal	970 , 000.	401,000.	569,000.	
	Accounting	249,000.		249,000.	
d	Lobbying	188,000.		188,000.	
е	Professional fundraising services. See Part IV, line 17.	0.			
1	Investment management fees	5,006,000.		5,006,000.	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	28,101,000.	24,196,000.	3,327,000.	578,000.
12	Advertising and promotion	2,042,000.	1,642,000.	219,000.	181,000.
13	Office expenses	8,277,000.	6,312,000.	1,430,000.	535,000.
14	Information technology	6,256,000.	2,895,000.	3,357,000.	4,000.
15	Royalties	0.			
16	Occupancy	12,853,000.	12,843,000.	10,000.	
17	Travel	8,928,000.	7,961,000.	595,000.	372,000.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.	0.647.000	F20 000	010 000
19	Conferences, conventions, and meetings	3,396,000.	2,647,000.	530,000.	219,000.
20	Interest	7,863,000.	7,758,000.	105,000.	
21	Payments to affiliates	18,851,000.	17,889,000.	004 000	70 000
22	Depreciation, depletion, and amortization	2,224,000.		884,000.	78,000.
23	Insurance	2,224,000.	176,000.	2,048,000.	
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.)	7,510,000.	7,070,000.	215 000	125,000.
_	REPAIRS AND MAINTENANCE	15,148,000.	15,148,000.	315,000.	123,000.
-	MEDICAL SCHOOL BAD DEBT PROVISION	1,309,000.	10,140,000.	1,309,000.	
-	BOOKS AND SUBSCRIPTIONS	3,591,000.	3,362,000.	215,000.	14,000.
_	· 	8,123,000.	4,713,000.	3,400,000.	10,000.
	All other expenses	475,088,000.	417,568,000.	49,796,000.	7,724,000.
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	1,0,000,000.	117,000,000.	13, 130,000.	
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)	0.			
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Part X Balance Sheet

ı e	וונא	Datance Officer			
		Check if Schedule O contains a response or note to any line in this P	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	14,415,000.	1	12,940,000.
	2	Savings and temporary cash investments	1,357,000.	2	26,892,000.
	3	Pledges and grants receivable, net	12,275,000.	3	10,930,000.
	4	Accounts receivable, net	5,305,000.	4	9,306,000.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	5	0.
ets	7	Notes and loans receivable, net	10,818,000.	7	8,861,000.
Assets	8	Inventories for sale or use	0.	8	0.
٩	9	Inventories for sale or use Prepaid expenses and deferred charges	16,956,000.	9	23,036,000.
	_	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 609, 373, 000.			
	b	Less: accumulated depreciation	327,740,000.	10c	328,222,000.
	11	Investments - publicly traded securities ATCH 3	121,579,000.	11	94,058,000.
	12	Investments - other securities. See Part IV, line 11	174,334,000.	12	186,769,000.
	13	Investments - program-related. See Part IV, line 11	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	37,572,000.	15	422,000.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	722,351,000.	16	701,436,000.
	17	Accounts payable and accrued expenses	37,716,000.	17	41,962,000.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	14,265,000.	19	10,996,000.
	20	Tax-exempt bond liabilities	180,949,000.	20	176,139,000.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
S	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
abi		disqualified persons. Complete Part II of Schedule L	0.	22	0.
=	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	30,920,000.	25	31,686,000.
	26	Total liabilities. Add lines 17 through 25	263,850,000.	26	260,783,000.
ses		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
Fund Balances	27	Unrestricted net assets	253,627,000.	27	240,341,000.
Bal	28	Temporarily restricted net assets	107,670,000.	28	100,145,000.
pu	29	Permanently restricted net assets	97,204,000.	29	100,167,000.
or Fui		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	458,501,000.	33	440,653,000.
_	34	Total liabilities and net assets/fund balances	722,351,000.	34	701,436,000.
_			, ,		Form 990 (2018)

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SETON HALL UNIVERSITY

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Part	XI Reconciliation of Net Assets						
	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			21,0		
2	Total expenses (must equal Part IX, column (A), line 25)	2			88,0		
3	Revenue less expenses. Subtract line 2 from line 1	3		-28,267,000.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	45	458,501,000.			
5	Net unrealized gains (losses) on investments	5		10,348,000.			
6	Donated services and use of facilities	6		0.			
7	Investment expenses	7				0.	
8							
9							
10	· · · · · · · · · · · · · · · · · · ·						
33, column (B))							
Part							
	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	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 cor	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	ted or	n a				
	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	ght				
	of the audit, review, or compilation of its financial statements and selection of an independent acc	counta	nt?	2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, e	explain	in				
	Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	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 und	lergo	the		_		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b	X		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SETON HALL UNIVERSITY

Employer identification number 22-1500645

Par	tΙ	Reason for Public Cha	irity Status (All o	organizations must d	omplet	e this pa	art.) See instructions	i <u>.</u>
he	org	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches descr	ribed in s	ection 1	70(b)(1)(A)(i).	
2	Χ	A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)	
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	tate:					
5		An organization operated	for the benefit of	a college or universit	y owned	d or ope	rated by a governme	ental unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	vernment or gove	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7		An organization that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public
		described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8		A community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)			
9		An agricultural research org	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	I in conjunction with a	land-grant college
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). Ei	nter the	name, city, and state o	f the college or
		university:						
0		An organization that norma receipts from activities rela support from gross investmacquired by the organizatio	ted to its exempt finent income and un in after June 30, 19	unctions - subject to on the subject to on the subject to one of the subject to subject to one of the subject	certain e able inco (a)(2) . (0	xception me (less Complete	s, and (2) no more tha s section 511 tax) from e Part III.)	n 331/3 % of its
1		An organization organized	•	•	-			
2		An organization organized	•	•	•			
		of one or more publicly su						
		Check the box in lines 12a t	hrough 12d that d	escribes the type of si	upporting	g organiz	zation and complete lir	nes 12e, 12f, and 12g.
а		<u> Type I.</u> A supporting orga	•	•	•		• , ,	
		the supported organization	on(s) the power to	regularly appoint or e	lect a ma	ajority of	the directors or truste	es of the
		supporting organization. `	-					
b		☐ Type II. A supporting org	•					
		control or management of	• • • •	=	the sam	e persor	ns that control or man	age the supported
		organization(s). You must						
С		☐ Type III functionally integrated integrated in the property in the pro						lly integrated with,
		its supported organizatior		•				
d					-			- : :
		that is not functionally inte		•	-		•	d an attentiveness
		requirement (see instruct	·					
е	L	Check this box if the orga						I, Type III
_	_	functionally integrated, or	• •			organizat	ion.	
		iter the number of supported	•					
g		ovide the following information			1			
	(i) N	lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))	docui	ment?	instructions)	instructions)
					Yes	No		
A)								
B)								
C)								
D)								
E)								
ota								

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

Schedule A (Form 990 or 990-EZ) 2018

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	42,850,000.	44,070,000.	42,295,000.	59,790,000.	43,567,000.	232,572,000.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	42,850,000.	44,070,000.	42,295,000.	59,790,000.	43,567,000.	232,572,000.
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% of the amount shown on line 11, column (f).						0.
_6	Public support. Subtract line 5 from line 4						232,572,000.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 8	Amounts from line 4	42,850,000.	44,070,000.	42,295,000.	59,790,000.	43,567,000.	232,572,000.
9	similar sources	5,805,000.	5,543,000.	5,602,000.	4,968,000.	4,029,000.	25,947,000.
	activities, whether or not the business is regularly carried on	507,000.	518,000.	534,000.	804,000.	499,000.	2,862,000.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1	2,613,000.	2,732,000.	2,746,000.	2,883,000.	2,255,000.	13,229,000.
11	Total support. Add lines 7 through 10						274,610,000.
12	Gross receipts from related activities, etc. (s	ee instructions)				12	1,789,972,000.
13	First five years. If the Form 990 is for organization, check this box and stop here.	or the organizat	ion's first, second	d, third, fourth,	or fifth tax yea	ar as a section	
Sec	tion C. Computation of Public Supp						
14	Public support percentage for 2018 (lin	ne 6, column (f)	divided by line	11, column (f)).		14	84.69 %
15	Public support percentage from 2017	Schedule A, Pa	rt II, line 14			15	84.52 %
16a	331/3% support test - 2018. If the org	ganization did n	ot check the box	x on line 13, an	nd line 14 is 33	1/3 % or more, c	
	box and stop here. The organization qu			-			
b	331/3% support test - 2017. If the org						
	this box and stop here . The organization	•		•			
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization						
	Part VI how the organization meets the			=			
_	organization						
b	10%-facts-and-circumstances test - 2	-					
	15 is 10% or more, and if the orga						
	Explain in Part VI how the organization						
46	supported organization						
18	Private foundation. If the organization						
	instructions						00 or 000 EZ) 2018

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

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

Sec	tion A. Public Support			, i	'	,	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly						
12	Other income. Do not include gain or						
14	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 for	or the organiza	tion's first, seco	nd, third. fourth	or fifth tax v	ear as a section	501(c)(3)
	organization, check this box and stop here .	Ü	,	, ,	,		` ` ` '
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2018 (line 8,		<u> </u>	mn (f))		. 15	%
16	Public support percentage from 2017 Scheo					16	<u> </u>
	tion D. Computation of Investment			· • •		- 1	,,,
<u> 17</u>	Investment income percentage for 2018 (lin			13. column (f))		17	%
18	Investment income percentage from 2017 S					18	<u>%</u>
	331/3% support tests - 2018. If the org						
	17 is not more than 331/3%, check this						
h	331/3% support tests - 2017. If the organ		_	•		• • •	
D	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization of		=			• • •	

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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 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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
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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) below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	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		
	on B. Type I Supporting Organizations	110		
			Yes	No
	Did the directors, trustees, or membership of one or more supported organizations have the power to			
1	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.			
Socti	on C. Type II Supporting Organizations	2		
Section	on C. Type ii Supporting Organizations		Yes	No
	Management of the committee of the commi		163	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)? <i>If "No," describe in Part VI how control</i>			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on 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		
Section	on 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	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.		•	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
u	the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify</i>			
	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 activities but for the organization's involvement.	24		
•		2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
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			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	ization	s	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization			
Ocation A. Adimeted Nathurana		(A) Drian Vann	(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
		(A) I Hol Teal	(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-functionally	y integra	ited Type III supporting	g organization (see
instructions).	_		· - ·

Schedule A (Form 990 or 990-EZ) 2018

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	tions (continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	
	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 2018 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-2018	(iii) Distributable Amount for 2018
_1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
e	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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	2014	2015	2016	2017	2018	TOTAL
INCOME FUNDRAISING EVENTS	485,000.	460,000.	456,000.	538,000.	321,000.	2,260,000.
PARKING	1,462,000.	1,583,000.	1,577,000.	1,640,000.	1,247,000.	7,509,000.
OTHER REVENUE	666,000.	689,000.	713,000.	705,000.	687,000.	3,460,000.
OTHER REVENUE	000,000.	000,000.	713,000.	703,000.	337,000.	3,400,000.
TOTALS	2,613,000.	2,732,000.	2,746,000.	2,883,000.	2,255,000.	13,229,000.

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

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

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

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

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

Tax)	e organization answered "Yes," (see separate instructions), ther Section 501(c)(4), (5), or (6) org		Tax) (see separate in	nstructions) or Form 990-E	EZ, Part V, line 35c (Prox		
	e of organization	anizationo. Compioto i art ini.		Employer ide	ntification number		
	ON HALL UNIVERSITY			22-1500			
		organization is exempt under	section 501(c) or				
1	Provide a description of the definition of "political campa	organization's direct and indirect p	political campaign ac	ctivities in Part IV. (see in	nstructions for		
2							
3 Par	t I-B Complete if the c	campaign activities (see instruction organization is exempt under s	section 501(c)(3)				
1		cise tax incurred by the organization		. . ¢			
2		cise tax incurred by the organization m					
3		a section 4955 tax, did it file Form					
-							
	If "Yes," describe in Part IV.				. L les L No		
		organization is exempt under	section 501(c), ex	cept section 501(c)(3).		
1	•	expended by the filing organization	. , ,		<i>/</i> -		
2	Enter the amount of the filir	ng organization's funds contributed	I to other organizati	ons for section			
3	line 17b	enditures. Add lines 1 and 2. En		▶\$			
5	4 Did the filing organization file Form 1120-POL for this year? Yes						
	(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)							

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

Schedule C (Form 990 or 990-EZ) 2018

(6)

22-1500645 Page 2

SCII	edule C (Folili 990 of 990-EZ) 2018 CETOIN	111111111111111111111111111111111111111	LVDIII		22 1	500015 Fage 2
Pa	complete if the organization section 501(h)).	on is exer	npt under sectior	1 501(c)(3) and f	iled Form 5768 (ele	
Α	Check ► if the filing organization be address, EIN, expenses, a	•	• , ,		ch affiliated group mem	ber's name,
В	Check ▶ if the filing organization ch	ecked box	A and "limited contro	l" provisions apply	/.	
	Limits on Lobi	ying Expen	ditures		(a) Filing	(b) Affiliated
	(The term "expenditures" m)	organization's totals	group totals
1a	Total lobbying expenditures to influence	public opin	ion (grass roots lobb	ying)		
b	Total lobbying expenditures to influence	a legislativ	e body (direct lobbyi	ng)		
c	: Total lobbying expenditures (add lines 1	a and 1b) .				
c	Other exempt purpose expenditures					
е	Total exempt purpose expenditures (ad	d lines 1c ar	nd 1d)			
f	Lobbying nontaxable amount. Enter the	ne amount	from the following	table in both		
	columns.					
	If the amount on line 1e, column (a) or (b) is	The lobbying	ng nontaxable amount	is:		
	Not over \$500,000	20% of the	amount on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 p	lus 15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 p	lus 10% of the excess	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 p	lus 5% of the excess of	ver \$1,500,000.		
	Over \$17,000,000					
_	Grassroots nontaxable amount (enter 2					
	Subtract line 1g from line 1a. If zero or l					
	Subtract line 1f from line 1c. If zero or le					
j	If there is an amount other than zero			_		
	reporting section 4911 tax for this year?	·				Yes No
			raging Period Under			
	(Some organizations that made					ins below.
	See	the separa	te instructions for I	ines 2a through 2	(f.)	
	Lab	hulaa Fuas	ndituras During 4 V	ar Averaging Deri	a d	
	LOD	bying Expe	nditures During 4-Ye ⊺	ear Averaging Peri	od	
	Calendar year (or fiscal year (a beginning in)) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
_ c	: Total lobbying expenditures					
_ c	Grassroots nontaxable amount					
•	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2018

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NC (election under section 501(h)).	T filed	d For	n 5768		
	(a	1)		(b)	
For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No	,	Amount	
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:					
a Volunteers?		Х			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х				
c Media advertisements?		Х			
d Mailings to members, legislators, or the public?	X			1	.,200
e Publications, or published or broadcast statements?		Х			
f Grants to other organizations for lobbying purposes?	Х				,610
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X			197	,263
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X			
i Other activities?		Х		010	070
j Total. Add lines 1c through 1i				218	3 , 073
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X			
b If "Yes," enter the amount of any tax incurred under section 4912		-			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(E)	or c	oction		
501(c)(6).	(0)(3)	, UI 5	ection		
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			Г	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2	1
3 Did the organization make only in house lobbying expenditures of \$2,000 of less:				3	1
Part 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,"	OR (I	b) Pai	t III-A, I	ine 3, is	;
answered "Yes."			4		
1 Dues, assessments and similar amounts from members			1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amo	unts (of			
political expenses for which the section 527(f) tax was paid).					
a Current year			20		
·			2a		
b Carryover from last year			2b		
b Carryover from last year			2b 2c		
 b Carryover from last year	es		2b		
 b Carryover from last year	es n of th	ie .	2b 2c		
 b Carryover from last year. c Total. 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portio excess does the organization agree to carryover to the reasonable estimate of nondeductible line. 	es n of th obbyin	ie .	2b 2c 3		
 b Carryover from last year	es n of th obbyin	ie Ig	2b 2c		
 b Carryover from last year. c Total. 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portio excess does the organization agree to carryover to the reasonable estimate of nondeductible line. 	es n of th obbyin	ie Ig	2b 2c 3		
 b Carryover from last year. c Total. 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portio excess does the organization agree to carryover to the reasonable estimate of nondeductible l and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) 	es n of th obbyin	ne ng	2b 2c 3 4 5	A, lines 1	1 and
 b Carryover from last year. c Total. 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portio excess does the organization agree to carryover to the reasonable estimate of nondeductible land political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information 	es n of th obbyin	ne ng	2b 2c 3 4 5	A, lines '	1 and
 b Carryover from last year. c Total. 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portio excess does the organization agree to carryover to the reasonable estimate of nondeductible land political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated) 	es n of th obbyin	ne ng	2b 2c 3 4 5	A, lines ´	1 and
 b Carryover from last year. c Total. 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portio excess does the organization agree to carryover to the reasonable estimate of nondeductible land political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated) 	es n of th obbyin	ne ng	2b 2c 3 4 5	A, lines ´	1 and
b Carryover from last year. c Total. 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portio excess does the organization agree to carryover to the reasonable estimate of nondeductible I and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.	es n of th obbyin	ne ng	2b 2c 3 4 5	A, lines ´	1 and
b Carryover from last year. c Total. 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portio excess does the organization agree to carryover to the reasonable estimate of nondeductible I and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.	es n of th obbyin	ne ng	2b 2c 3 4 5	A, lines ´	1 and
b Carryover from last year. c Total. 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portio excess does the organization agree to carryover to the reasonable estimate of nondeductible I and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.	es n of th obbyin	ne ng	2b 2c 3 4 5	A, lines ´	1 and
b Carryover from last year. c Total. 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portio excess does the organization agree to carryover to the reasonable estimate of nondeductible I and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.	es n of th obbyin	ne ng	2b 2c 3 4 5	A, lines ´	1 and
b Carryover from last year. c Total. 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portio excess does the organization agree to carryover to the reasonable estimate of nondeductible I and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.	es n of th obbyin	ne ng	2b 2c 3 4 5	A, lines ´	1 and

Part IV Supplemental Information (continued)

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

SETON HALL UNIVERSITY LOBBIED STATE LEGISLATORS REGARDING ANNUAL

INDEPENDENT COLLEGE APPROPRIATIONS AND AID FOR INDEPENDENT COLLEGE

STUDENTS. EFFORTS CONSISTED OF DIRECT MAILINGS, PHONE CALLS AND PERSONAL

MEETINGS. MEMBERS OF CONGRESS WERE CONTACTED REGARDING STUDENT AID AND

GRANTS FOR VARIOUS UNIVERSITY PROGRAMS. THE UNIVERSITY'S STAFF IS

INVOLVED IN LOBBYING EFFORTS. THE VALUE OF THAT STAFF TIME IS

APPROXIMATELY \$30,466. THOSE COSTS HAVE BEEN REPORTED ON LINE 7 (OTHER

SALARIES AND WAGES) AND NOT SEPARATELY IDENTIFIED ON LINE 11 (D) IN PART

IX, STATEMENT OF FUNCTIONAL EXPENSES.

SCHEDULE D (Form 990)

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

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

SET	TON HALL UNIVERSITY			22-1500645
Pa	rt I Organizations Maintaining Donor Adv			Accounts.
	Complete if the organization answered	"Yes" on Form 990, Pa	ırt IV, line 6.	
		(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor	advisors in writing that	the assets held	in donor advised
	funds are the organization's property, subject to the	e organization's exclusive	legal control?	Yes No
6	Did the organization inform all grantees, donors, a	and donor advisors in writ	ting that grant fu	unds can be used
	only for charitable purposes and not for the bene	fit of the donor or donor	advisor, or for a	iny other purpose
	conferring impermissible private benefit?			Yes No
Pa	rt II Conservation Easements.			
	Complete if the organization answered			
1	Purpose(s) of conservation easements held by the	e organization (check all tha	ıt apply).	
	Preservation of land for public use (e.g., rec	reation or education)	Preservation	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 h	eld a qualified conservation	on contribution in	
	easement on the last day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements	3		2b
С	Number of conservation easements on a certified	historic structure included	in (a)	2c
d	Number of conservation easements included in (conservation)	c) acquired after 7/25/06,	and not on a	
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, tran	nsferred, released, extingu	iished, or termin	nated by the organization during the
	tax year 🕨			
4	Number of states where property subject to conse			
5	Does the organization have a written policy reg			-
	violations, and enforcement of the conservation ea			
6	Staff and volunteer hours devoted to monitoring, inspec	eting, handling of violations,	and enforcing con	servation easements during the year
	>			
7	Amount of expenses incurred in monitoring, inspec	ting, handling of violations	, and enforcing c	onservation easements during the year
	> \$			
8	Does each conservation easement reported on line			
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports			•
	balance sheet, and include, if applicable, the text of		inization's financ	ial statements that describes the
Do	organization's accounting for conservation easeme		ourse or Othe	r Cimilar Accets
Pa	Organizations Maintaining Collections Complete if the organization answered			r Similar Assets.
	·	·		
1a	If the organization elected, as permitted under SI works of art, historical treasures, or other similar	FAS 116 (ASC 958), not	to report in its	revenue statement and balance sheet
	public service, provide, in Part XIII, the text of the fo	ootnote to its financial sta	tements that des	scribes these items.
b	If the organization elected, as permitted under	SFAS 116 (ASC 958), to	report in its re	evenue statement and balance sheet
	works of art, historical treasures, or other similar	ar assets held for public		
	public service, provide the following amounts relat	<u> </u>		
	(i) Revenue included on Form 990, Part VIII, line 1			1 002 000
	(ii) Assets included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X			▶\$ <u>1,892,000</u> .
2	ii tile digaliization leceived of field works of a	it, ilistoricai treasures, o	i Otilei Siiiliai	assets for illiancial gain, provide the
	following amounts required to be reported under S			
a	Revenue included on Form 990, Part VIII, line 1.			
b For l	Assets included in Form 990, Part X Paperwork Reduction Act Notice, see the Instructions fo			
rorl	rapelwork Reduction ACT NOTICE, SEE THE INSTRUCTIONS TO	FUIII 330.		Schedule D (Form 990) 2018

	rt Organizations Maintaini	ng Collections o	f Δrt Histo	orical Tre	asures (or Other	Similar Assets (c	continued	Page Z
3	Using the organization's acquisition								
•	collection items (check all that app		011101 1000	140, 01100	it uniy on t	10 101101	ing that are a eigh	miodin do	0 01 110
а	X Public exhibition	.37.	d	Loan	or exchang	ne progra	ms		
b	X Scholarly research		e	Other	-	,o p.og.a			
C	X Preservation for future gene	rations	_						
4	Provide a description of the organ		ns and expl	ain how	thev furthe	er the or	ganization's exemp	t purpose	in Part
	XIII.				,		9 _l .		
5	During the year, did the organization	on solicit or receive	donations	of art, hist	orical trea	sures, or	other similar		
	assets to be sold to raise funds rath	ner than to be main	ntained as pa	art of the	organizatio	n's colle	ction?	Yes	X No
Pa	rt IV Escrow and Custodial A								
	Complete if the organiza	ition answered "Y	es" on For	m 990, F	Part IV, Iin	e 9, or r	eported an amoui	nt on For	m
	990, Part X, line 21.								
1 a	Is the organization an agent, truste								
	included on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement i	n Part XIII and con	nplete the fo	llowing tal	ole:				
	De visaria y la stance						Amount		
	Beginning balance								
	Additions during the year								
e	Distributions during the year								
f	Ending balance Did the organization include an am	ount on Form 000	Dort V line		<u>1</u> 1		account liability?	Yes	No
	If "Yes," explain the arrangement i						_		H
	rt V Endowment Funds.	I Fait Aiii. Check	nere ii tile e	хріапаціої	i ilas beeli	provided	UII FAIL AIII		
га	Complete if the organiza	ation answered "\	es" on For	m 990. F	Part IV. lin	e 10.			
	o o mproto mano o rgames	(a) Current year	(b) Pric		(c) Two ye		(d) Three years back	(e) Four ye	ears back
1.	Beginning of year balance	271,090,000		9,000.			263,948,000.		74,000.
	Contributions	2,304,000		6,000.		4,000.	4,424,000.		27,000.
	Net investment earnings, gains,								
C	and losses	10,675,000	. 25,04	1,000.	30,47	6,000.	-879,000.	10,75	50,000.
Ч	Grants or scholarships	3,474,000	. 3,48	7,000.	3,45	5,000.	2,807,000.	2,74	12,000.
	Other expenditures for facilities								
·	and programs	9,780,000	. 11,43	1,000.	14,61	6,000.	15,669,000.	15,98	38,000.
f	Administrative expenses	1,653,000	. 2,11	8,000.	1,17	4,000.	2,113,000.	3,47	73,000.
q	End of year balance	269,162,000	. 271,09	0,000.	259,79	9,000.	246,904,000.	263,94	18,000.
2	Provide the estimated percentage	of the current year	r end baland	e (line 1a	column (a)) held as		•	
a	Board designated or quasi-endown	nent ▶ 35.100	0 %		(3.	,,	•		
b	Permanent endowment ► 37.2								
С	Temporarily restricted endowment	▶ 27.7000 %	, 0						
	The percentages on lines 2a, 2b, a	and 2c should equa	l 100%.						
3a	Are there endowment funds not in	the possession of	the organiza	ation that	are held a	nd admir	nistered for the		
	organization by:							Y	es No
	(i) unrelated organizations							3a(i)	ζ
	(ii) related organizations							3a(ii)	X
b	If "Yes" on line 3a(ii), are the relate	ed organizations lis	ted as requir	ed on Sch	edule R?.			3b	
4	Describe in Part XIII the intended u		ation's endo	wment fu	nds.				
Pa	rt VI Land, Buildings, and Equ Complete if the organize	.ipment. ation answered "`	Yes" on Fo	rm 990	Part IV lir	ne 11a !	See Form 990 Pa	art X line	10
	Description of property	(a) Cost	or other basis		or other basis	1		l) Book value	
	Lond	,	estment)	· ·	ther)	-	reciation	2 002	2,000.
1a	Land				992,000 567,000		39,000.	2,992	
b	Buildings			330,6	001,000	231,1	39,000.	<u> </u>	, 000.
C	Leasehold improvements			52 (277,000	12 0	05,000.	9 17	2,000.
a	Equipment				137,000		03,000.	22,830	
<u>e</u> Toto	Other		rm 900 Dad				NO 1 , 000 .	328,222	

Schedule D (Form 990) 2018 Page 3

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

complete if the organization anomolog		, . a ,
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives (2) Closely-held equity interests (3) Other ATTACHMENT 1		
(A) OUTSIDE TRUST	9,050,000.	FMV
(B) HEDGE FUNDS	40,588,000.	FMV
(C) COMMINGLED FUNDS	1,015,000.	FMV
(D) PRIVATE EQUITY FUNDS	5,566,000.	FMV
(E) VENTURE CAPITAL	5,621,000.	FMV
(F) LIQUID FIXED INCOME	20,259,000.	FMV
(G) ILLIQUID FIXED INCOME	34,943,000.	FMV
(H) OPPORTUNISTIC	26,613,000.	F'MV
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	186,769,000.	

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) REFUNDABLE U.S. GOV'T GRANTS	9,936,000.
(3) CONDITIONAL ASSET RETIRE OBLIG	9,230,000.
(4) CAPITAL LEASE OBLIGATION	11,508,000.
(5) ACCRUED POSTRETIREMENT BENEFIT	1,012,000.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	31,686,000.

^{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

JSA 8E1270 1.000 Schedule D (Form 990) 2018 Schedule D (Form 990) 2018 Page **4**

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	۱.	
1	Total revenue, gains, and other support per audited financial statements	1	304,866,000.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	Net unrealized gains (losses) on investments		
a	Donated services and use of facilities		
b	Donated Services and use of lacinities		
С.	recoveries of prior year grants		
d	Other (Describe III Part XIII.)	2e	10,736,000.
е	Add lines 2a through 2d	3	294,130,000.
3	Subtract line 2e from line 1	3	234,130,000.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b. 5,006,000.		
а	investment expenses not included on Form 330, Fait Viii, line 75 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
b	Other (Describe III) at All.)	4.	152 601 000
	Add lines 4a and 4b	4c	152,691,000. 446,821,000.
5 Part	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 rn	440,021,000.
rait	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		200 714 000
1	Total expenses and losses per audited financial statements	1	322,714,000.
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	869,000.
3	Subtract line 2e from line 1	3	321,845,000.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
·	Investment expenses not included on Form 990, Part VIII, line 7b 4a 5,006,000.		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	153,243,000.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	475,088,000.
Part	XIII Supplemental Information.		
2; Par	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform PAGE 5		

JSA 8E1271 1.000

Part XIII Supplemental Information (continued)

PART III, LINE 4

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

PART V, LINE 4

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

Part XIII Supplemental Information (continued)

PART X, LINE 2 - 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 THE VALUE OF THE SPLIT-INTEREST AGREEMENTS OF \$39,000.

PART XI, LINE 4B - OTHER

FINANCIAL AID OF \$148,237,000, LESS RENTAL EXPENSE OF \$31,000, AND LESS SPECIAL EVENTS EXPENSES OF \$521,000.

Schedule D (Form 990) 2018 SETON HALL UNIVERSITY 22-1500645 Page 5

Part XIII Supplemental Information (continued)

PART XII, LINE 2D - OTHER

SPECIAL EVENTS EXPENSE OF \$521,000 AND RENTAL EXPENSE OF \$31,000 REDUCED

BY PROVISION FOR UNCOLLECTIBLE CONTRIBUTIONS RECEIVABLE ADDED BACK OF

\$110,000

PART XII, LINE 4B - OTHER

FINANCIAL AID OF \$148,237,000.

	ATTACHMENT 1	
SCHEDULE D, PART VII - INVESTMENTS - OTHER SECURITIES		
		COST
DESCRIPTION	BOOK VALUE	OR FMV
LONG EQUITY	23,118,000.	FMV
DIVERSIFYING ASSETS	11,111,000.	FMV
REAL ASSETS	8,885,000.	FMV
TOTALS	<u>186,769,000.</u>	

SCHEDULE E (Form 990 or 990-EZ)

Schools

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Part I

Name of the organization SETON HALL UNIVERSITY Employer identification number

22-1500645

1 С	mi		YES	N
ı	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,			
	bylaws, other governing instrument, or in a resolution of its governing body?	1	Х	
	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,	2	X	
	programs, and scholarships?		21	
	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	
	OFF OURDI EMENERAL DAGE			
	SEE SUPPLEMENTAL PAGE			
	Does the organization maintain the following?			
3	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
)	Records documenting that scholarships and other financial assistance are awarded on a racially		37	
	nondiscriminatory basis?	4b	Х	
;	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Х	
ł	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	5a		
_	etadonte ligita di pinnogoci. Li i i i i i i i i i i i i i i i i i	<u> </u>		
b	Admissions policies?	5b		
;	Employment of faculty or administrative staff?	5c		
	Scholarships or other financial assistance?			
ı	Scholarships of other linancial assistance?	5d		
•	Educational policies?	5e		
•	Use of facilities?	5f		
3	Athletic programs?	5g		
1	Other extracurricular activities?	5h		
•	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	311		
	, , , , , , , , , , , , , , , , , , ,			
	December of the control of the contr		v	
3	Does the organization receive any financial aid or assistance from a governmental agency?	6a 6b	X	
0	If you answered "Yes" on either line 6a or line 6b, explain on Part II.	90		
	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	Х	

Schedule E (Form 990 or 990-EZ) (2018) 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 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.

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

OMB No. 1545-0047 2018 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

SET	ON HALL UNIVERSITY				22-15006	45
Par	General Information o Form 990, Part IV, line 14th		Outside the	United States. Compl	ete if the organization a	answered "Yes" or
1	For grantmakers. Does the orga assistance, the grantees' eligibili grants or assistance?	ty for the grant	ts or assistanc	e, and the selection criteri	a used to award the	Yes No
2	For grantmakers. Describe in Foutside the United States.				_	d other assistance
3	Activities per Region. (The follow (a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	e duplicated if additional sp (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	(f) Total expenditures for and investments in the region
(1)	CENTRAL AMERICA/CARIBBEAN	0.	0.	INVESTMENTS		133,785,000.
(2)	EUROPE	0.	0.	INVESTMENTS		29,153,000.
(3)	EAST ASIA AND THE PACIFIC	0.	0.	PROGRAM SERVICES	STUDENT RECRUITMENT	63,000.
(4)	EAST ASIA AND THE PACIFIC	0.	0.	PROGRAM SERVICES	MBA PROGRAM	58,000.
(5)	EUROPE	0.	0.	PROGRAM SERVICES	COMPLIANCE CERT.	85,000.
(6)	SOUTH AMERICA	0.	0.	PROGRAM SERVICES	COMPLIANCE CERT	57,000.
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a b	Total from continuation sheets to Part I					163,201,000.
С	Totals (add lines 3a and 3b)					163,201,000.

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

Schedule F (Form 990) 2018 Page 2

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 recinient who received more than the non-bard in a simple of the organization answered "Yes" on Form 990,

	Fait (v) lille 13, for any recipient who received more than \$2,000. Fait it can be dublicated it additional space is needed.	scipielit Milo leceiv		מונוו כמוו הבינ	מטווכמופט וו מטטונוי	olial space is	וופפטפט.		
	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	ount of ash ance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
5									
2)									
e									
5									
5)									
3)									
3									
۳									
.									
ē,									
3									
2)									
<u>3</u>									
<u>4</u>									
5)									
6)									
2 Er	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt	anizations listed abov	e that are recognized as c	harities by the	foreign country, rec	ognized as tax	x-exempt		

Schedule F (Form 990) 2018

ယ

Enter total number of other organizations or entities

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Schedule F (Form 990) 2018

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.

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	8	9	0)	13	12)	13)	14)	15)	16)	17)	8
(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) 2018

Part IV Foreign Forms Page 4

гагі	r oreign r orms			
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; don't 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
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)	X	Yes	□ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)		Yes	X No

Schedule F (Form 990) 2018 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).

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

BY VIRTUE OF ITS INVESTMENTS IN VARIOUS LIMITED PARTNERSHIP INVESTMENTS,

SETON HALL UNIVERSITY MAY INVEST IN PASSIVE FOREIGN INVESTMENT COMPANIES

AND/OR FOREIGN PARTNERSHIPS; TO THE EXTENT THE UNIVERSITY IS REQUIRED TO

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

ATTACHED TO THE UNIVERSITY'S FORM 990-T.

PART I, LINES 3, (3) & (4)

SUPPORT FOR STUDENT RECRUITMENT AND ACADEMIC EXCHANGE PROGRAM

DEVELOPMENTS. DURING FY2019, THE STILLMAN SCHOOL CONTINUED TO OFFER AN

EXECUTIVE-STYLE MBA PROGRAM IN COLLABORATION WITH VIAGOLD INTERNATIONAL

EDUCATION MANAGEMENT GROUP, WITH COHORTS IN BEIJING, SHANGHAI AND 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, (5)

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

Schedule F (Form 990) 2018 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).

EUROPE.

PART 1, LINE 3, (6) SOUTH AMERICA

THE PHARMACEUTICAL, BIOTECH, AND MEDICAL DEVICE INDUSTRIES ARE INCREASINGLY FACING A MORE CHALLENGING REGULATORY AND ENFORCEMENT LANDSCAPE THROUGHOUT LATIN AMERICA (LATAM). THIS INTENSIVE, MULTI-DAY EDUCATIONAL AND TRAINING CERTIFICATE PROGRAM IN HEALTH CARE COMPLIANCE ADDRESSES THE LEGAL, REGULATORY, AND COMPLIANCE ISSUES FACED BY LIFE SCIENCES MANUFACTURERS AS WELL AS THEIR CONSULTANTS AND THIRD PARTIES DOING BUSINESS IN LATAM.

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, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Inspection

	of the organization					Employer identification	on number
SETO	ON HALL UNIVERSITY					22-1500645	
Part	Fundraising Activities. Con	nplete if the orga	nization a	answered	I "Yes" on Form	990, Part IV, line	17.
	Form 990-EZ filers are not	required to comp	lete this p	oart.			
1	Indicate whether the organization rais	sed funds through	any of the	following	activities. Check	all that apply.	
а	Mail solicitations	е	Solic	itation of	non-government g	rants	
b	Internet and email solicitations	f			government grant		
C	Phone solicitations	g			ising events	-	
d	In-person solicitations	9			og ovorc		
	Did the organization have a written o	r oral agreement w	vith any inc	dividual (in	ocluding officers of	lirectore truetees	
2 a	or key employees listed in Form 990						Yes No
b	If "Yes," list the 10 highest paid indi						
_	compensated at least \$5,000 by the		(1411414100	io, paroac	ant to agreement	andor winom and	
	•	J					
			(III) Did to			(v) Amount paid to	(-1) A
	(i) Name and address of individual	(ii) Activity		draiser have r control of	(iv) Gross receipts	(or retained by)	(vi) Amount paid to (or retained by)
	or entity (fundraiser)	(,, ., .,		outions?	from activity	fundraiser listed in col. (i)	organization
			Yes	No			
1			100				
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total			<u> </u>	<u> Þ</u>			
3	List all states in which the organiza	tion is registered of	or licensed	to solicit	contributions or	has been notified	it is exempt from
	registration or licensing.						

22-1500645

Schedule G (Form 990 or 990-EZ) 2018

Schedule G (F	Form 990 or 990-EZ) 2018	Page 2
Part II	Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or r	eported
	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.	

		events with gross receipts gre	ater than \$5,000.	3	,	
			(a) Event #1 LS DINNER DANCE	(b) Event #2 MANY ARE ONE	(c) Other events	(d) Total events (add col. (a) through
മ			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	142,000.	148,000.	654,000.	944,000.
ď	2	Less: Contributions Gross income (line 1 minus	87,000.	59,000.	477,000.	623,000.
	٠ 	line 2)	55,000.	89,000.	177,000.	321,000.
	4	Cash prizes				
Ś	5	Noncash prizes				
euse	6	Rent/facility costs	19,000.		34,000.	53,000.
Direct Expenses	7	Food and beverages	45,000.	41,000.	176,000.	262,000.
Direc	8	Entertainment	1,000.	69,000.	14,000.	84,000.
	9	Other direct expenses	26,000.	7,000.	88,000.	121,000.
	10 11 rt	Direct expense summary. Add line Net income summary. Subtract lin Gaming. Complete if the org. \$15,000 on Form 990-EZ, line	ne 10 from line 3, colu anization answered "	ımn (d)	<u> </u>	520,000. -199,000. reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
& B	1	Gross revenue				
Ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
_	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	Yes% No	
	7	Direct expense summary. Add line	es 2 through 5 in colu	mn (d)	>	
	8	Net gaming income summary. Su	btract line 7 from line	1, column (d)	>	
9 a k	ì	Enter the state(s) in which the orgals the organization licensed to confit "No," explain:		in each of these state	es?	Yes No
l O a		Were any of the organization's gaming If "Yes," explain:	g licenses revoked, susp		iring the tax year?	Yes No

Sched	dule G (Form 990 or 990-EZ) 2018		Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		
	formed to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
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?	Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the		
	amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party:		
	Name ▶		
	Address ▶		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No
b			
Par			

Schedule G (Form 990 or 990-EZ) 2018

(Form 990) **SCHEDULE I**

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.

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

OMB No. 1545-0047

Open to Public 2018

Department of the Treasury Internal Revenue Service

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

OE T OIN	TINE CIVE A DITION TO						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Part I	General Information on Grants and Assistance	Assistanc	е					
1 Do	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees	bstantiate th	e amount of the	grants or assistar	າce, the grantees'	eligibility for the grants or assistance, and	or assistance, and	
the 2 De:	the selection criteria used to award the grants or assistance?	or assistancures for mor	æ? nitoring the use c	ring the use of grant funds in the t	United States.			Yes
Part II	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Com	mestic Or	ganizations an	d Domestic Gov	ernments. Com	plete if the organization answered "Yes" on Form 990,	tion answered "Ye	s" on Form 990,
	Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if a	at received	more than \$5,	000. Part II can b		ıdditional space is needed	eded.	
	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) TOWNSHIP	SHIP OF SOUTH ORANGE VILLAGE							
76 S.	. ORANGE AVE. SOUTH ORANGE, NJ 07079	226002309	115	519,000.				CONTRIBUTION
(2) SOUT	(2) SOUTH ORANGE PERFORMING ARTS CENTER, INC.							
1 SC	SOPAC WAY SOUTH ORANGE, NJ 07079	320074004	501(C)(3)	16,000.				GENERAL PURPOSE
(3) SAINT	T PAUL'S OUTREACH							
110	110 CRUSADER AVE WEST ST. PAUL, MN 55118	411621192	501(C)(3)	9,000.				GENERAL PURPOSE
(4) AMER	(4) AMERICAN CONFERENCE ON DIVERSITY							
200	200 CENTENNIAL AVE., PISCATAWAY, NJ 08854	32-0154928	501(C)(3)	15,000.				GENERAL PURPOSE
(5) IONA	(5) IONA COLLEGE							
715	CHELE, NY 10801	13-3508093	501(C)(3)	15,000.				GENERAL PURPOSE
(6) SIST	(6) SISTERS OF CHARITY OF SAINT ELIZABETH							
P.O.	BOX 476 CONVENT STATION, NJ 07961	22-1487343	501(C)(3)	12,000.				GENERAL PURPOSE
(7) CABW	CABWAYLINGO APPALACHIAN MISSION INC							
P.O.	BOX 81 DUNLOW, WV 25511	81-3590310	501(C)(3)	8,000.				GENERAL PURPOSE
(8) PAYE	(8) PAYPAL CHARITABLE GIVING FUND							
12501	1 ST. NW 1202 WASHINGTON, DC 20005	45-0931286	501(C)(3)	16,000.				GENERAL PURPOSE
9)								
5								
3								
11)								
12)								
							,	0
3 2 Ent	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	overnment or overnment or	organizations list 1 table	ted in the line 1 tab	ē.		•	

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

Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018)

Page 2

Part III can be du	Faire III Grants and Other Assistance to Domestic Individuals. Complete if the organization answer
Part III can be duplicated if additional space is needed.	Pr Assistance to Domest
ce is needed.	tic individuals
	i. Complete ii t
	ne organization
	answered res
	red "Yes" on Form 990, Part IV, line 22.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 FEDERAL AWARDS	2,044.	10,773,000.			
2 STATE OF NEW JERSEY AWARDS	1,857.	13,231,000.			
3 INSTITUTIONAL SUPPORT	11,080.	128,901,000.			
4					
5					
6					
7					
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.	nformation re	quired in Part I,	line 2, Part III, c	column (b); and any o	ther additional

PART I, LINE

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) (2018)

Schedule I (Form 990) (2018) **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. Page 2

	-					
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
-						
2						
အ						
4						
OI						
6						
7						
Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column information.	nformation rec	quired in Part I,	line 2, Part III, c	olumn (b); and any o	(b); and any other additional

THE UNIVERSITY, THEREBY ENSURING THAT THE FUNDS ARE EXPENDED FOR THE

INTENDED PURPOSES.

PART II, LINE 2, (H) PURPOSE OF GRANT ASSISTANCE:

SOUTH ORANGE PERFORMING ARTS CENTER, INC. (SOPAC) - CONSTRUCTION OF SOUTH

ORANGE PERFORMING ARTS CENTER.

Schedule I (Form 990) (2018)

SCHEDULE J (Form 990)

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.

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

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

Department of the Treasury Internal Revenue Service Name of the organization

SETON HALL UNIVERSITY

Inspection 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			
	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)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	1b		Х
2	explain	10		
-	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:			
а	Receive a severance payment or change-of-control payment?	4a		X
h	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	70		
	The root to any or miso to o, not the percent and provide the applicable amounte for each from in rank in.			
	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		X
	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:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
-	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		Χ
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) 2018

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

	4			:				
(A) Name and Title		(i) Base compensation	(b) Breakdown of W-z and/or 1099-MISC compensation (ii) Bonus & incentive reportable compensation compensation compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
MARY J. MEEHAN, PH.D. (≘	614,585.	152,125.	42,124.	22,000.	934.	831,768.	0.
INTERIM PRES:/REGENT/TRUSTEE (<u>∃</u>	0.	0.	0.	0.	0.	0.	0.
DROFF, PH.D.	≘	357,667.	36,000.	10,324.	22,000.	24,068.	450,059.	0.
2INTERIM PROVOST (I	≘,	0.	0.	0.	0.	0.	0.	0.
3OROWICK, M.B.A	≘	226,992.	21,200.	7,662.	18,480.	88,170.	362,504.	0.
3 INTERIM V.P. ADVANCEMENT (≘	0.	0.	0.	0.	0.	0.	0.
NIS J. GARBINI, M.B.A	≘	322,581.	32,640.	10,324.	22,000.	25,218.	412,763.	0.
4 ^{V.P.} ADMINISTRATION (≘	0.	0.	0.	0.	0.	0.	0.
CY H. GOTTLIEB, PH.D	≘	222,281.	22,522.	9,913.	18,198.	27,460.	300,374.	0.
5 ^{V.P.} STUDENT SERVICES (i	≘	0.	0.	0.	0.	0.	0.	0.
PHEN A. GRAHAM, M.B.A	≘	275,981.	27,540.	7,569.	22,000.	17,495.	350,585.	0.
6 ^{V.P.} FINANCE & CFO	≘	0.	0.	0.	0.	0.	0.	0.
HERINE A KIERNAN, J.D	≘	350,470.	35,342.	8,824.	22,000.	74,281.	490,917.	0.
7 ^{V.P. & GENERAL COUNSEL} (6	≘	0.	0.	0.	0.	0.	0.	0.
SSA MCCLOUD, PH.D.	≘	299,190.	55,000.	7,569.	22,000.	12,070.	395,829.	0.
8 V.P. ENROLLMENT MANAGEMENT (i	≘	0.	0.	0.	0.	0.	0.	0.
RICK G. LYONS, M.B.A	≘	420,899.	240,000.	21,846.	22,000.	44,290.	749,035.	0.
9 ^{V.P.} ATHLETICS AND RECREATION (i	∄	0.	0.	0.	0.	0.	0.	0.
BOOZANG, JD, LLM	Ξ	343,394.	10,000.	4,658.	22,000.	12,070.	392,122.	0.
10 DEAN SCHOOL OF LAW (i	€	0.	0.	0.	0.	0.	0.	0.
STRAWSER, PH.D	≘	265,304.	0.	1,058.	21,563.	60,817.	348,742.	0.
11 DEAN STILLMAN SCHOOL BUSINESS (i	€	0.	0.	0.	0.	0.	0.	0.
SHOEMAKER, PH.D	≘	184,080.	0.	403.	15,659.	37,435.	237,577.	0.
12 DEAN COLLEGE OF ARTS & SCIENCE (≘	0.	0.	0.	0.	0.	0.	0.
SHULMAN, PH.D.	≘	274,951.	0.	1,624.	22,000.	14,845.	313,420.	0.
13 DEAN SCHOOL HEALTH & MEDICAL (€	0.	0.	0.	0.	0.	0.	0.
	≘	1,736,016.	190,000.	35,246.	22,000.	52,170.	2,035,432.	0.
14 HEAD COACH MEN'S BASKETBALL (i	€	0.	0.	0.	0.	0.	0.	0.
	≘	297,666.	62,500.	18,906.	22,000.	61,943.	463,015.	0.
15HEAD COACH WOMEN'S BASKETBALL (€	0.	0.	0.	0.	0.	0.	0.
PH.D.	≘	273,793.	0.	8,824.	22,000.	35,586.	340,203.	0.
16 DEAN SCHOOL OF DIFLOMACY (€	0.	0.	0.	0.	0.	0.	0.
							000	Sobodiilo I (Eomo 000) 2040

Schedule J (Form 990) 2018

individual.

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. 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

Schedule J (Form 990) 2018	Sche						
							16 (ii)
							(i)
							15 (ii)
							(3)
							14 (ii)
							13 (ii)
							(0)
							12 (ii)
							(0)
							11 (ii)
							(0)
							10 (ii)
							(i)
							9 (ii)
							(3)
							8 (ii)
							(i)
							7 (ii)
							(i)
							6 (ii)
							(i)
							5 (ii)
							(0)
							4 (ii)
							(i)
							3 (ii)
0.			0.	0.	0.	0.	
0.	266,149.	19,866.	11,228.	2,151.	0.	232,904.	, MBA, PH.D
0.	0.	0.	0.	0.	0.	0.	
0.	322,696.	33,868.	21,964.	337.	0.	266,527.	STEPHEN J LUBBEN, JD, LLM (i)
as deferred on prior Form 990		COLOR	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) 2018

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

HOUSING AND RELATED SERVICES WERE PROVIDED AT NO CHARGE TO MEMBERS OF ITS

PRIEST COMMUNITY WHICH INCLUDED AN OFFICER, ALONG WITH CERTAIN REGENTS

AND TRUSTEES LISTED IN FORM 990, PART VII (MONSIGNOR ANTHONY ZICCARDI,

MONSIGNOR JOSEPH R.REILLY, MONSIGNOR ROBERT COLEMAN, MONSIGNOR THOMAS P.

NYDEGGER, AND MONSIGNOR ROBERT J. WISTER). THE VALUE OF THE HOUSING AND

RELATED BENEFITS ARE INCLUDED IN NONTAXABLE BENEFITS IN SCHEDULE J, PART

II.

BOZZELLA, AND V.P. ATHLETICS & RECREATIONAL SERVICES, PATRICK G. LYONS. BASKETBALL COACH, THE UNIVERSITY PAID MEMBERSHIP FEES KEVIN WILLARD, WOMEN'S BASKETBALL COACH ANTHONY J. TO A COUNTRY CLUB FOR ITS MEN'S

Z THEIR ATTENDANCE AT THESE ORGANIZATIONS WERE EXCLUSIVELY BUSINESS RELATED ORDER TO ASSIST UNIVERSITY ADVANCEMENT WITH DONOR CULTIVATION AND

FUNDRAISING EFFORTS. SUCH FEES TOTALED \$19,309, \$20,817, AND \$21,797,

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

PART II

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.

w irs gov/Form990 for instructions an

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

20**18**

Open to Public

Employer identification number 22-1500645

									1	(
Part	t Bond Issues									-		
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issue price	(f) Des	(f) Description of purpose		(g) Defeased		(h) On behalf of issuer	(i) Pooled financing
									Yes No	Yes	No	Yes No
>	A NJEFA - SETON HALL - CIF 2014 D	221829511	646066DG2	04/29/2014	19,369,367.	. SEE PART VI			×		×	×
W	B NJEFA - SETON HALL - ISSUE 2011 A	221829511	646065U83	06/10/2011	37,578,532	. SEE PART VI			×		×	×
0	C NJEFA - SETON HALL - CIF 2014 B	221829511	646066DG2	04/29/2014	19,369,367.	. SEE PART VI			×		×	×
D	D NJEFA - SETON HALL - ELF 2014 B	221829511	6460658J4	01/30/2014	8,131,497.	. SEE PART VI			×		×	×
Рa	Part II Proceeds											
						0	1	٠,١)		۱ <u>۱</u>	
, _	Amount of bonds retired				778,642	2. 30,200	00,000.	145	, 734.		16	3,273.
ωÍι	Total proceeds of issue				19,369,367.	37,5	78,532.	19,369	367.		8,131	1,497.
4	Gross proceeds in reserve funds											
51	Capitalized interest from proceeds											
6	Proceeds in refunding escrows.											
7	Issuance costs from proceeds				113,339	. 4	11,094.	113	,339.		رب ن	4,722.
∞	Credit enhancement from proceeds											
9	Working capital expenditures from proceeds											
10	Capital expenditures from proceeds							1,014	,830.		330,	0,900.
:	Other spent proceeds.				1,226,845	. 37,1	67,438.					
12	Other unspent proceeds											
13	Year of substantial completion				2014	2011		2015			2015	
					Yes No	Yes	No	Yes	N _o	Yes	S	No
1	Were the bonds issued as part of a refunding	issue of	tax-exempt bonds	nds (or,								
	if issued prior to 2018, a current refunding issue)?				×	×			×			×
15	Were the bonds issued as part of a refunding	issue of	taxable bonds	s (or, if								
	issued prior to 2018, an advance refunding issue)?				×		×		×			×
16	Has the final allocation of proceeds been made?				×	×		×		×		
17	Does the organization maintain adequate books	ks and records	s to support	ort the								
	final allocation of proceeds?				×	×		×		\times		

JSA

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

8E1295 1.000

OMB No. 1545-0047

SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

► Attach to Form 990.

Employer identification number 22-1500645

Open to Public

20 **1 8**

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

Part I C NJEFA - SETON HALL - ISSUE 2016 C B NJEFA SETON HALL UNIVERSITY A NJEFA - SETON HALL - ISSUE D NJEFA - SETON HALL - CIF 2016 A Bond Issues SETON HALL - ISSUE 2015 C (a) Issuer name 2013 221829511 221829511 221829511 221829511 (b) Issuer EIN (c) CUSIP# 646066B66 646066MC1 6460656D9 (d) Date issued 07/10/2013 07/26/2016 09/15/2016 07/14/2015 (e) Issue price 43,935,728 20,805,115. 38,059,002. 24,225,807. SEE PART VI SEE PART VI SEE PART VI SEE PART VI (f) Description of purpose (g) Defeased Yes S O Yes No (h) On behalf of issuer × (i) Pooled financing Yes No

×

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<u>ر</u>	Paid Proceeds								
		A		B		0		D	
_	Amount of bonds retired	6,110,	0,000.	2,70	2,700,000.			2	20,647
2	Amount of bonds legally defeased								
ယ	Total proceeds of issue	43,93	935,728.	24,25	5,807.	38,059	9,002.	20,805	5,115.
4	Gross proceeds in reserve funds								
51	Capitalized interest from proceeds	2,405,)5,009.			1,65	55,530.		
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	52	522,077.	30	306,564.	40	403,472.	4	8,426
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	33,208,	18,335.			36,00	36,000,000.		
1	Other spent proceeds	7,800,	0,307.	23,94	9,243.			1,04	6,461
12	Other unspent proceeds								
13	Year of substantial completion	2014		2015		2018		2016	
		Yes	N _o	Yes	N _o	Yes	N _O	Yes	N _o
4	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or,								
	if issued prior to 2018, a current refunding issue)?	×			×		×	×	
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if								
	issued prior to 2018, an advance refunding issue)?		×	×			×		×
16	Has the final allocation of proceeds been made?	×		×		×		×	
17	Does the organization maintain adequate books and records to support the								
	final allocation of proceeds?	×		×		×		×	

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

Schedule K (Form 990) 2018

JSA

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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.

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

OMB No. 1545-0047
20**18**

Open to Public

Employer identification number 22-1500645

	(f) Description of purpose	(n) Defeased	┪	_	(i) Pooled
(e) Issue price	(i) pescription of purpose	(9)		<u>⊆</u>	financing
		Yes No	Ύe	No	Yes No
30,676,062.	SEE PART VI	×		×	×
41,827,193.	SEE PART VI	×		×	×
i					
Α	В	••		٥	
39,066.					
30,676,062.	. 41,827,193.				
246,539.	. 348,259.				
733,252.					
	41,478,934.				
2019	2017				
N _o	Yes No Yes	No	Yes		N _o
٤	<				
×	×				
×	×				
	X				
	×				
	,676,062. ,827,193. ,827,193. 39,066 39,066 46,539 46,539 No	A B 39,066. 76,062. SEE PART VI 39,066. 76,062. 41,827,193. 46,539. 348,259. 41,478,934. 9 2017 No Yes No Yes X X X X X X	MA B C 39,066. 39,066. 46,539. 41,478,934. 9 2017 No Yes No Yes No Yes No X X X X X X X X X X X X X X X X X X	Yes No Yes No No Yes No No No No No No No N	SEE PART VI Yes No Yes

JSA

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Schedule K (Form 990) 2018

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JSA 9 7 6 G 8 a Зa ဂ σ ဂ σ ۵ ဂ σ 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 Are there any research agreements that may result in private business use 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 Was the organization a partner in a partnership, or a member of an LLC If "No" to line 1, did the following apply? Has the issuer filed Form 8038-T, Arbitrage Rebate, Has the organization established written procedures to ensure that all 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 which owned property financed by tax-exempt bonds? If "Yes" to line 2c, provide in Part VI the date the rebate computation was sections 1.141-12 and 1.145-2?.................... result of unrelated trade or business activity carried on by your organization, 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? Is the bond issue a variable rate issue? requirements under Regulations sections 1.141-12 and 1.145-2? Total of lines 4 and 5 nonqualified bonds of the issue are remediated in accordance with the there any lease arrangements that may result in private business use **Private Business Use** Arbitrage Yield Reduction and ᅌ 으 Yes Yes \bowtie \bowtie ⋗ × × \bowtie \bowtie \bowtie \bowtie \bowtie \bowtie \bowtie \bowtie % % % % Yes Yes \bowtie Ψ $\boldsymbol{\varpi}$ × \bowtie Z 0 \bowtie \bowtie % |% % % Yes \bowtie Yes \bowtie ဂ ဂ × \bowtie \bowtie \bowtie \times \bowtie \bowtie \bowtie \bowtie ⋉∣⋜ % 8 8 % \bowtie Yes \bowtie Yes O × \bowtie \bowtie \bowtie \bowtie \bowtie \bowtie \bowtie \bowtie 8

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Page 2

ω			ဂ	ь	a	2		_		Par	9	ဂ	٥	8	7	ဝ	QI	4	٩	ი	5	မ	8		_	<u>a</u>
Is the bond issue a variable rate issue?	ad	ল	No rebate due?	Exception to rebate?	Rebate not due yet?	If "No" to line 1, did the following apply?	Penalty in Lieu of Arbitrage Rebate?	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and		Part IV Arbitrage	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	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	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government.	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?	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	or service contracts that roperty?	Are there any lease arrangements that may result in private business use of bond-financed property?	which owned property financed by tax-exempt bonds?	Was the organization a partner in a partnership, or a member of an LLC.	Trivate business use
			×					Yes	P		×														Yes >	>
×				×	×		×	No					%	×	×	%	%	%		×		×	×	×	No	
					×			Yes	B																Yes	0
×			×	×			×	No	w				%			%	%	%							No	
					×			Yes			×														Yes	
×			×	×			×	N _o	ဂ				%	×	×	%	%	%		×		×	×	×	No C	٥
				×	×			Yes	_		×														Yes	
×			×				×	No	O				%	×	×	%	%	%		×		×	×	×	No No	ק

		Þ		В		C		D	
_	Was the organization a partner in a partnership, or a member of an LLC,	Yes	N _O	Yes	No	Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?		×		>				
2	Are there any lease arrangements that may result in private business use of		<		<				
	bond-financed property?		Þ		>				
မ	Are there any management or service contracts that may result in private business use of bond-financed property?		×		×				
ь									
C	Are there any research agreements that may result in private business use of bond-financed property?		×		×				
۵	If "Yes" to line 3c, does the organization routinely engage bond of outside counsel to review any research agreements relating to the fina								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		
O1	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		%		%		%		
စ	Total of lines 4 and 5		%		%		%		
7	Does the bond issue meet the private security or payment test?		×		×				
8	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?		×		×				
ь	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		
ဂ	e 8a, was any remedial action taken pursuant to 1-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	×		×					
Pa	Part IV Arbitrage								
		P		- ₩		0		0	
_	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	< <mark>8</mark>	Yes	< No	Yes	No	Yes	No
2	If "No" to line 1. did the following apply?								
a	Rebate no	×		×					
Ь	Exception to rebate?		×		×				
ဂ	No rebate due?		×		×				
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
ა	le the head issue a variable rate issue?		×		×				
ω	Is the bond issue a variable rate issue?		×		×				

22-1500645

Schedule K (Form 990) 2018

Arbitrage (Continued) SETON HALL UNIVERSITY

			ions	e instructi	chedule K. See Instructions	s on Sche	questions	Part VI Supplemental Information. Provide additional information for responses to
	×		×		×		: ×	applicable regulations?
								program if self-reme
								of federal tax requirements are timely identified and corrected through the
No	Yes	No	Yes	No	Yes	No	Yes	Has the organization established written procedures to ensure that violations
)	D	.,	C		В		Α	
								ertake Corrective A
	×		×		×		×	nts of section 148?
								7 Has the organization established written procedures to monitor the
X		X		×		×		6 Were any gross proceeds invested beyond an available temporary period?
								the GIC satis
								b Name of provider
×		×		×		×		5a Were gross proceeds invested in a guaranteed investment contract (GIC)?
								e Was the hedge terminated?
								d Was the hedge superintegrated?
								c Term of hedge
								b Name of provider
×		×		×		×		hedge with respect to the bond issue?
No	Yes	No	Yes	No	Yes	No	Yes	4a Has the organization or the governmental issuer entered into a qualified
	0	()	C		В		Þ	
								Part V Arbitrage (Continued)

Schedule K (Form 990) 2018

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	applicable regulations?	voluntary closing agreement program if self-remediation isn't available under	of faderal tay requirements are timely identified and corrected through the	Has the organization established written procedures to ensure that violations	Procedures to Undertake Corrective Action	Dupo de la Control I de la Con	7 Has the organization established written procedures to monitor the	6 Were any gross proceeds invested beyond an available temporary period?	d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	c Term of GIC	5a Were gross proceeds invested in a guaranteed investment contract (GIC)?	e Was the hedge terminated?	d Was the hedge superintegrated?	c Term of hedge	b Name of provider	hedg	4a Has the organization or the governmental issuer entered into a qualified	
											o question:	X			Yes		, h	<										Yes	P
											s on Sche				20				×			×					×	No	
											dule K. Se	×			Yes		,	<										Yes	B
											e instruct				No				×			×					×	No	
											ions	X			Yes		Ņ	<										Yes	
															No C				×			×					×	No	C
												×			Yes		, h	<										Yes	
															No C				×			×					×	No	ס

	SETON HALL UNIVERSITY	22-1500645
Schedule K	K (Form 990) 2018	Page 3
Part IV	Arbitrage (Continued)	

											Part VI Supplemental Information. Provide additional information for responses to questions on Sc		voluntary closing agreement program if self-remediation isn't available under			Perit V Procedures To Undertake Corrective Action	Inquire III or Section 140:	7 Has the organization established written procedures to monitor the	6 Were any gross proceeds invested beyond an available temporary period?	d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	c Term of GIC	b Name of provider	5a Were gross proceeds invested in a guaranteed investment contract (GIC)?	e Was the hedge terminated?	d Was the hedge superintegrated?	c Term of hedge	b Name of provider	hedge with respect to the bond issue?	4a Has the organization or the governmental issuer entered into a qualified	
											questions	×		-	Yes		\$	<								_			Yes	▶
											on Sched			3	Z				×				×					×	No	
											hedule K. See instructions	×		5	Yan B		~ ~	<											Yes	- ₩
											e instruct			3	Z				×				×					×	No	
											ions			-															Yes	
														2	N N														No	C
														- 6															Yes	
														1	Z D														No	ס

PART IV, LINE 2C

2014 LIABILITY RELATED TO FOR ALL REBATE COMPUTATIONS WERE PERFORMED IN THE JUNE AND JULY 2019 TIME FRAME D, SETON HALL UNIVERSITY BOND ISSUES LISTED IN PART 2011 ₽ CIF 2014 B, ANY OF ΉH THE UNIVERSITY'S 2014 ₽, AND 2013 ISSUES AS OF JUNE 30, 2019. . . THERE I, INCLUDING CIF S NO REBATE

PART I, COLUMN(F) DESCRIPTION OF PURPOSE

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

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

ALLOCABLE DEBT SERVICE SAVINGS PRIOR YEARS. THAT PROVIDED GRANT FUNDS FOR CAPITAL IMPROVEMENTS TO THE UNIVERSITY IN 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 INSTITUTION, INCLUDING THE UNIVERSITY, WAS ADJUSTED TO TAKE INTO ACCOUNT ΑS A RESULT OF THIS REFUNDING, AMOUNTS PAYABLE BY EACH

FINANCE CAPITAL IMPROVEMENTS. THE 2001 SERIES G UNIVERSITY'S 1991 UNIVERSITY'S 1991 SERIES D AND 1989 SERIES C ISSUES. THE 1991 SERIES WAS ISSUED BY THE NJEFA TO CURRENTLY REFUND SETON HALL UNIVERSITY'S 1999 TO ISSUE WHICH SERIES SERIES THE 2001 AND THE 1989 SERIES C ISSUES WERE ISSUED TO FINANCE CAPITAL IMPROVEMENTS. THE 1999 REFUNDING ISSUE WAS ISSUED IN JULY 1999 TO REFUND THE REFUNDING, SERIES FINANCE CAPITAL IMPROVEMENTS. THE SETON HALL UNIVERSITY ISSUE, A ISSUE WHICH WAS ISSUED TO FINANCE CAPITAL IMPROVEMENTS. THE 2001 Ш Ш SERIES ISSUE WHICH ISSUE WAS 2001 SERIES A, WASA ISSUE WAS ISSUED IN JUNE 2001 TO REFUND THE ISSUED TO REFUND THE SERIES A ISSUE WHICH REFUNDED THE UNIVERSITY'S 1985 ISSUED WAS ISSUED TO REFUND THE UNIVERSITY'S IN JUNE 2001 TO REFUND THE UNIVERSITY'S 2001 SERIES B, 2011 SERIES A, (CUSIP NUMBER 646065U83) 1976 SERIES A ISSUE UNIVERSITY'S 1976 AND 2001 SERIES G ISSUE WAS ISSUED IN JUNE SERIES WAS1988 BOND ISSUES ISSUED TO A ISSUE AND SERIES

2001 TO FINANCE CAPITAL IMPROVEMENTS

CAPITAL IMPROVEMENTS AT INSTITUTIONS OF HIGHER EDUCATION. THE GROSS 2014 REMAINDER THAT WAS RECEIVED BY SETON HALL WAS \$2,180,000, OF WHICH AMOUNT WAS \$2,192,165. AFTER \$12,165 OF APPORTIONED ISSUANCE COSTS, THE TO SIX PRIVATE INSTITUTIONS OF HIGHER EDUCATION. SETON HALL'S APPORTIONED PROCEEDS AS NOTED ABOVE, ON APRIL 29, 2014 THE NJEFA ISSUED CIF BONDS, SERIES B , PURSUANT TO A PROGRAM OF THE STATE OF NEW JERSEY TO FINANCE OF THIS ISSUANCE WERE \$15,493,539. THE PROCEEDS WERE ALLOCATED

SERVICE BONDS ISSUED TO FINANCE GRANTS MUST BE APPROVED BY THE STATE TREASURER AMOUNT OF GRANT AGREEMENT OBLIGATING THE GRANTEE SOLD BASED ON THE CREDIT OF \$1,165,170 WAS A GRANT AND \$1,014,830 WAS DEBT REPAYABLE OVER 20 YEARS AND ARE REPAYABLE ON THE BONDS ALLOCABLE TO THE GRANT. SETON HALL SPENT THE ENTIRE THE DEBT PROCEEDS ALLOCATED TO BY THE STATE SUBJECT TO APPROPRIATION. THE BONDS WERE THE STATE. EACH INSTITUTION ENTERED INTO A TO PAY A PORTION OF THE IT ON CAPITAL IMPROVEMENTS

LEASING FUND ("ELF") PROGRAM BONDS, INSTITUTIONS OF THE ON JANUARY 30, STATE OF HIGHER EDUCATION. THE ELF 2014 B ISSUE IS ALLOCATED TO NEW JERSEY TO FINANCE CAPITAL IMPROVEMENTS 2014 THE NJEFA ISSUED HIGHER EDUCATION EQUIPMENT SERIES 2014 ₽, PURSUANT TO A PROGRAM

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

BONDS ISSUED TO REMAINDER THAT WAS RECEIVED BY SETON HALL WAS \$1,511,931, OF WHICH EQUIPMENT PURCHASES AT SIX PRIVATE INSTITUTIONS OF HIGHER EDUCATION. THE GRANT AGREEMENT OBLIGATING THE GRANTEE SOLD BASED ON THE AND ARE REPAYABLE \$1,181,031 WAS A GRANT AND \$330,900 WAS DEBT REPAYABLE OVER 9 YEARS AMOUNT WAS \$1,522,184. AFTER \$10,253 OF APPORTIONED ISSUANCE COSTS, THE GROSS PROCEEDS OF THIS ISSUANCE WERE AMOUNT OF SERVICE ON THE BONDS ALLOCABLE THE DEBT PROCEEDS ALLOCATED TO FINANCE GRANTS MUST BE APPROVED BY THE CREDIT OF BY THE STATE SUBJECT THE TO STATE. THE \$8,131,497. SETON HALL'S APPORTIONED GRANT. EACH INSTITUTION ENTERED INTO TO APPROPRIATION. TO PAY A PORTION IT ON EQUIPMENT SETON HALL SPENT THE STATE 얽 THE BONDS WERE THE TREASURER DEBT ENTIRE

 Ω BONDS, AND TO OH BONDS SOLD DIRECTLY TO CAPITAL ONE, N.A., FINANCE A PORTION OF THE COST ISSUED BY THE NJEFA TO CURRENTLY REFUND SETON HALL UNIVERSITY'S 2009 THAT FINANCED CAPITAL IMPROVEMENTS 1998 CITIBANK, N.A. BONDS REFUNDED THE TERMINATING THE UNIVERSITY'S INTEREST RATE SWAP AGREEMENT WITH SETON HALL UNIVERSITY ISSUE, 2013 SERIES D, (CUSIP 6460656D9) WAS ВY THE NJEFA TO FINANCE CAPITAL IMPROVEMENTS. THE UNIVERSITY'S THAT HEDGED INTEREST RATE EXPOSURE RELATED TO UNIVERSITY ISSUE, REFUND A 1991 SERIES D AT THE UNIVERSITY. THE PORTION OF THE 1998 SETON HALL UNIVERSITY ISSUE SERIES F, ISSUED 9 8 THE 2009 2009 SERIES JUNE 29,

22-1500645

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

BONDS AND AGREEMENT WAS \$7,800,307. 2013 D TOTAL PROCEEDS OF \$43,935,728 THAT WAS USED TO REFUND THE 2009 C TO FINANCE A PORTION OF THE COST TO TERMINATE THE RELATED SWAP

WAS FOR CAPITAL IMPROVEMENTS AND FOR REFUNDING THE UNIVERSITY'S 1989 2006 SERIES A ISSUE REFUNDED THE UNIVERSITY'S 1996 SERIES E ISSUE, WHICH THE NJEFA TO ADVANCE REFUND SETON HALL UNIVERSITY'S 2008 SERIES • ⊙ SERIES C ISSUE, WHICH WAS FOR CAPITAL IMPROVEMENTS 2005 SERIES C REFUND SETON HALL UNIVERSITY ISSUES, 2005 SERIES C AND 2006 SERIES A. ISSUE, ALONG WITH 2008 SERIES D, WERE ISSUED BY THE NJEFA TO CURRENTLY JULY 1, 2019, WERE DEPOSITED IN AN IRREVOCABLE TRUST TO PAY INTEREST ALONG WITH TOGETHER WITH \$1,850,957 OF 2008 SERIES THE PROCEEDS OF PRINCIPAL OUTSTANDING OF \$22,030,000 ON ITS SETON HALL UNIVERSITY ISSUE, 2015 C (CUSIP 646066MC1) WAS ISSUED BY AND PAY BOND ISSUANCE COSTS OF \$306,564. THE 2008 SERIES ISSUE FINANCED CAPITAL IMPROVEMENTS AT THE UNIVERSITY. THE \$24,255,807, WHICH INCLUDED A DEBT PREMIUM OF \$2,050,807, E DEBT SERVICE RESERVE FUNDS, 2008 SERIES 口 BONDS THROUGH 口 BONDS THE 口

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

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

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

UNIVERSITY'S SHARE OF THE WHICH WAS ALLOCATED TO FOURTEEN PRIVATE INSTITUTIONS IN NEW JERSEY. THE PROCEEDS WAS \$2,326,537, OF WHICH \$1,134,796

WAS USED TO REFUND THE REMAINING UNIVERSITY BALANCE OF 2006 SERIES A AND

THE REMAINDER REFUNDED OTHER STATE ISSUES THAT PROVIDED GRANT FUNDS FOR

BONDS PARTIALLY ADVANCE REFUNDED THE 2004 SERIES A BONDS AND OTHER SERIES CAPITAL IMPROVEMENTS TO THE UNIVERSITY IN PRIOR YEARS. THE 2006 SERIES A

OH CIF BONDS FOR CAPITAL IMPROVEMENTS. THE AMOUNTS PAYABLE TO THE STATE

EACH INSTITUTION WERE ADJUSTED TO TAKE ACCOUNT OF ALLOCABLE DEBT

SERVICES SAVINGS

9. ON DECEMBER 20, 2016 THE NJEFA ISSUED CIF BONDS, 2016 SERIES

PURSUANT TO A PROGRAM OF THE STATE OF NEW JERSEY TO FINANCE CAPITAL

INSTITUTIONS OF HIGHER EDUCATION. ONE FORM 8038 WAS FILED

IMPROVEMENTS AT

ВY THE NJEFA COVERING THE ISSUE UNDER CUSIP NUMBER 646066F54. THE BONDS

WERE ISSUED IN THE PRINCIPAL AMOUNT OF \$30,676,062 WHICH WAS ALLOCATED TO

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

APPORTIONED AMOUNT, AFTER \$12,153 OF APPORTIONED ISSUANCE COSTS, WAS \$1,500,000. OF THIS AMOUNT THAT WAS RECEIVED BY THE UNIVERSITY, \$766,748 TOTAL OF TWELVE PRIVATE INSTITUTIONS IN NEW JERSEY. THE UNIVERSITY'S

WAS A GRANT AND \$733,252 WAS DEBT REPAYABLE OVER TWENTY YEARS. BOTH AMOUNTS WILL BE SPENT ON CAPITAL IMPROVEMENTS. BONDS ISSUED TO FINANCE

GRANTS MUST BE APPROVED BY THE STATE TREASURER AND ARE PAYABLE BY THE

STATE SUBJECT TO APPROPRIATION. THE BONDS ARE SOLD BASED ON THE CREDIT OF

THE STATE. EACH INSTITUTION ENTERED INTO A GRANT AGREEMENT OBLIGATING THE

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

GRANT.

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

8263ES F42F

4/29/2020

SCHEDULE L

Department of the Treasury Internal Revenue Service **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.

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

OMB No. 1545-0047

2018

Open To Public Inspection

Name of the organization						Employer identification number 22-1500645								
SETON HALL UNIVERSI		0.1												
Part I Excess Benefit Complete if the											line 40	0b.		
1 (a) Name of disqualified	(b) Relationship between disqualified person and				d (c) Description of t			transaction			Corrected			
			organization				(a) Description of transaction					Υe	s No	
(1)													_	
(2)													_	
(3)													_	
(4)													_	
(5) (6)													+	
2 Enter the amount of t	av incurred b	v the organiz	ation	mana	agore or dieg	ualifia	d parsons during	the ver	or.					
under section 4958										. ¢				
3 Enter the amount of ta														
• Enter the amount of te	ax, ii diiy, oii ii	110 2, 45010,		Duioca	by the organ	nzatio				Ψ_				
Part II Loans to and/or	From Interes	sted Persons												
Complete if the organization rep							ine 38a or Form 9	990, Parl	t IV, Iir	ne 26;	or if th	ne		
(a) Name of interested person	(b) Relationship	(c) Purpose of (d)		Loan to or (e) Original		(f) Balance due	(a) In default?		(h) Approved ((i) W	ritten		
(a) Name of interested person	with organization	loan	fro	m the	principal amount			(9)	(3)		by board or a		agreement?	
			organ	nization?						comn	nittee?			
			То	From				Yes	No	Yes	No	Yes	No	
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8) (9)														
(10)														
Tatal							<u> </u>							
Part III Grants or Assis						–	Ψ							
Complete if the						, line 2	27.							
(a) Name of interested person	(b) Relationship between interested person and the organization			(c) Amount of assistance (d) Type of assista			(d) Type of assistance	nce (e) Purpose of assistance						
(1) TOTAL OF 12					236,226.	SCHOL	AR/TUITION REMIS	SION	EDUCAT	ION				
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														

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

Schedule L (Form 990 or 990-EZ) 2018

(10)

Schedule L (Form 990 or 990-EZ) 2018 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 ATTACHMENT 1	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

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.

\$951,636, FOR LEGAL SERVICES IN THE YEAR ENDED JUNE 30, 2019.

ROBERT J. SLOAN, TRUSTEE/REGENT, IS A VICE PRESIDENT AT AT&T. SETON HALL UNIVERSITY PAID AT&T \$210,665 FOR TELEPHONE CHARGES IN THE YEAR ENDED JUNE 30, 2019.

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 &

HURLEY RECEIVED \$22,807 IN BROKERAGE FEES FOR THIS ARRANGEMENT.

Schedule L (Form 990 or 990-EZ) 2018 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	(e) Sharing of organization's revenues?	
				Yes	No
_(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

FRANCIS J. HAGER, REGENT, HAS BUSINESS RELATIONSHIP WITH APPOMATTOX

CAPITAL, THE UNIVERSITY'S OUTSOURCED ENDOWMENT PORTFOLIO MANAGER. THE

UNIVERSITY PAID APPOMATTOX MANAGEMENT FEES IN FY 2019 OF \$717,560.

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 2019, THEY RECEIVED TOTAL COMPENSATION AND BENEFITS OF \$125,720, \$49,824, AND \$70,979, RESPECTIVELY.

THE DAUGHTER OF MATTHEW BOROWICK, INTERIM V.P. UNIVERSITY ADVANCEMENT, SERVED AS AN EMPLOYEE OF THE UNIVERSITY. IN FISCAL YEAR 2019, SHE RECEIVED TOTAL COMPENSATION AND BENEFITS OF \$51,109.

GOURMET DINING, LLC, A SUBSTANTIAL CONTRIBUTOR, IS A UNIVERSITY VENDOR PROVIDING FOOD SERVICES. SETON HALL UNIVERSITY PAID GOURMET DINING, LLC \$12,747,810 IN FY 2019.

Schedule L (Form 990 or 990-EZ) 2018 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 ization'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).

ALL TRANSACTIONS WITH INTERESTED PERSONS WERE 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. THE APPLICABLE

INTERESTED PERSONS HAD NO INFLUENCE OVER THE DECISIONS TO ENTER INTO THE

TRANSACTIONS.

Schedule L (Form 990 or 990-EZ) 2018 Page 2

Business Transactions Involving Interested Persons. Part IV

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).

ATTACHMENT 1

SCHEDULE L, PART IV

(A) NAME OF INTERESTED PERSON MARY ANN CHRISTOPHER (B) RELATIONSHIP BROTHER OF TRUSTEE/REGENT

(C) AMOUNT 951,636. (D) DESCRIPTION OF TRANSACTION LEGAL SERVICES (E) SHARING ORGANIZATION REVENUE? YES X NO

(A) NAME OF INTERESTED PERSON ROBERT J. SLOAN

EMPLOYER OF TRUSTEE/REGENT (B) RELATIONSHIP

(C) AMOUNT 210,665. (D) DESCRIPTION OF TRANSACTION TELEPHONE CHARGES (E) SHARING ORGANIZATION REVENUE? YES X NO

(A) NAME OF INTERESTED PERSON THOMAS SHARKEY, SR. (B) RELATIONSHIP REGENT EMERITUS 22,807. (D) DESCRIPTION OF TRANSACTION BROKERAGE FEES (E) SHARING ORGANIZATION REVENUE? YES

(A) NAME OF INTERESTED PERSON FRANCIS J. HAGER

(B) RELATIONSHIP BUSINESS RELATIONSHIP WITH REGENT

X NO

(C) AMOUNT 717,560. (D) DESCRIPTION OF TRANSACTION MANAGEMENT FEES (E) SHARING ORGANIZATION REVENUE? YES X NO

(A) NAME OF INTERESTED PERSON TRACY H.GOTTLIEB (B) RELATIONSHIP SISTER OF OFFICER (C) AMOUNT 125.720

(D) DESCRIPTION OF TRANSACTION COMPENSATION & BENEFITS

(E) SHARING ORGANIZATION REVENUE? YES X NO Schedule L (Form 990 or 990-EZ) 2018 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).

ATTACHMENT 1 (CONT'D)

SCHEDULE L, PART IV

(A) NAME OF INTERESTED PERSON TRACY H.GOTTLIEB

(B) RELATIONSHIP SISTER OF OFFICER

(C) AMOUNT 49,824.

(D) DESCRIPTION OF TRANSACTION COMPENSATION & BENEFITS

(E) SHARING ORGANIZATION REVENUE? YES X NO

(A) NAME OF INTERESTED PERSON TRACY H.GOTTLIEB

(B) RELATIONSHIP DAUGHTER-IN-LAW OF OFFICER

(C) AMOUNT 70,979.

(D) DESCRIPTION OF TRANSACTION COMPENSATION & BENEFITS

(E) SHARING ORGANIZATION REVENUE? YES X NO

(A) NAME OF INTERESTED PERSON MATTHEW BOROWICK
(B) RELATIONSHIP DAUGHTER OF OFFICER
(C) AMOUNT 51,109.

(D) DESCRIPTION OF TRANSACTION COMPENSATION & BENEFITS

(E) SHARING ORGANIZATION REVENUE? YES X NO

(A) NAME OF INTERESTED PERSON GOURMET DINING LLC
(B) RELATIONSHIP SUBSTANTIAL CONTRIBUTOR

(C) AMOUNT 12,747,810.
 (D) DESCRIPTION OF TRANSACTION FOOD SERVICES
 (E) SHARING ORGANIZATION REVENUE? YES X NO

SCHEDULE M (Form 990)

Noncash Contributions

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

► Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

SETON HALL UNIVERSITY

Employer identification number

22-1500645

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	Method of contrib	leterminir	
1	Art - Works of art	X	25.	590,000.	APPRAISAL		
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications			6,000.	APPRAISAL		
5	Clothing and household						
	goods	X		2,000.	COST		
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded		22.	572,000.	SELLING PR	ICE	
10	Securities - Closely held stock						
11	Securities - Partnership, LLC,						
	or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation						
	contribution - Historic						
	structures						
14	Qualified conservation						
	contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory	X	19.	54,000.	COST		
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ►(MISCELLANEOUS)	Х	31.	325,000.	COST		
26	Other ►()						
27	Other ►()						
28	Other ►()						
29	Number of Forms 8283 received	by the org	anization during the tax ye	ear for contributions for			
	which the organization completed I	Form 8283,	Part IV, Donee Acknowledg	ement	29		8.
						Yes	No
30 a	During the year, did the organizat				- 1		
	28, that it must hold for at least t	•					
	to be used for exempt purposes for		olding period?		3	0a	X
b	If "Yes," describe the arrangement						
31	Does the organization have a						
	contributions?					31 X	
32a	Does the organization hire or use	•	•	• •			
	contributions?				3	2a X	<u> </u>
b	If "Yes," describe in Part II.						
33	If the organization didn't report an	amount in o	column (c) for a type of pro	perty for which column (a) is checked,		
	describe in Part II.						

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

Schedule M (Form 990) 2018

SETON HALL UNIVERSITY 22-1500645

Schedule M (Form 990) (2018) 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.

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.

OMB No. 1545-0047

2018

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 (THE "UNIVERSITY") IS THE NATION'S OLDEST DIOCESAN CATHOLIC UNIVERSITY. IN A DIVERSE AND COLLABORATIVE ENVIRONMENT, IT FOCUSES ON ACADEMIC, ETHICAL, AND SPIRITUAL DEVELOPMENT. STUDENTS ARE PREPARED TO BE LEADERS IN THEIR PROFESSIONAL AND COMMUNITY LIVES IN A GLOBAL SOCIETY AND ARE CHALLENGED BY OUTSTANDING FACULTY, A TECHNOLOGICALLY ADVANCED SETTING, AND VALUES-CENTERED CURRICULA. THE UNIVERSITY IS HOME TO TEN NATIONALLY RECOGNIZED AND ACCREDITED SCHOOLS LOCATED ON THREE CAMPUSES, ALL WITHIN 15 MILES OF NEW YORK CITY. TTS MAIN CAMPUS IS IN SOUTH ORANGE, NEW JERSEY, ITS NATIONALLY RANKED LAW SCHOOL IS IN NEWARK, NEW JERSEY, AND ITS INTERPROFESSIONAL HEALTH SCIENCES ("IHS") CAMPUS IS IN THE CITY OF CLIFTON AND THE TOWNSHIP OF NUTLEY, NEW JERSEY. WITHIN THESE TEN SCHOOLS, THE PROFESSORS OF SETON HALL EDUCATE, SHAPE AND DEVELOP APPROXIMATELY 6,200 UNDERGRADUATE AND 4,000 GRADUATE STUDENTS, WHO ARE ENROLLED IN 90 RIGOROUS MAJORS. HAS LED TO THE UNIVERSITY BEING NATIONALLY RECOGNIZED FOR ACADEMIC EXCELLENCE BY THE PRINCETON REVIEW, U.S. NEWS AND WORLD REPORT, AND BLOOMBERG BUSINESSWEEK. THE UNIVERSITY REMAINS A PIONEER IN CATHOLIC EDUCATION.

IN JUNE 2015, THE UNIVERSITY AND HACKENSACK UNIVERSITY HEALTH NETWORK

("HUHN"), ACTING ON BEHALF OF HACKENSACK UNIVERSITY MEDICAL CENTER

("HUMC"), SIGNED AN AGREEMENT TO ESTABLISH THE PRINCIPLE ELEMENTS OF A

LONG-TERM RELATIONSHIP TO DEVELOP AN UNDERGRADUATE SCHOOL OF MEDICINE, AS

Employer identification number

22-1500645

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

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

OPERATIONS IN JULY 2018 WITH THE UNIVERSITY BEING THE DEGREE-GRANTING INSTITUTION.

ON MARCH 19, 2018, THE UNIVERSITY AND HMH REACHED AN AGREEMENT FOR THE TRANSITION OF THE MD PROGRAM AND THE FULL CONTROL OF THE SOM TO HMH. UNDER THIS AGREEMENT, THE UNIVERSITY'S MEMBERSHIP INTEREST IN KINGSLAND WAS TRANSFERRED TO HMH AND ALL COSTS ASSOCIATED WITH THE KINGSLAND LEASE WERE ASSUMED BY HMH, WITH A SUBLEASE ESTABLISHED WITH THE UNIVERSITY. IN ADDITION, THE ENTIRE FINANCIAL RESPONSIBILITY FOR THE SOM WAS TRANSFERRED TO HMH EFFECTIVE JULY 1, 2018, ALTHOUGH THE UNIVERSITY WILL CONTINUE TO PERFORM CERTAIN ADMINISTRATIVE FUNCTIONS FOR THE SOM. THE NAME OF THE MD PROGRAM WAS CHANGED TO THE HACKENSACK MERIDIAN SCHOOL OF MEDICINE AT SETON HALL UNIVERSITY. THE UNIVERSITY RETAINS FULL CONTROL OF ACADEMIC MATTERS ASSOCIATED WITH THE MD PROGRAM UNTIL SUCH TIME AS THE SOM EARNS INDEPENDENT ACCREDITATION AS A STANDALONE ENTITY WITH THE LCME AND MIDDLE STATES, AND THE APPROPRIATE ACTIONS HAVE TAKEN PLACE RELATED TO ALL OTHER APPLICABLE REGULATORY BODIES. ONCE THIS OCCURS, CONTROL OF THE MD PROGRAM WILL BE TRANSFERRED TO HMH AND THE UNIVERSITY WILL NO LONGER BE THE DEGREE-GRANTING INSTITUTION. THE MD PROGRAM WILL THEN BE NAMED THE HACKENSACK MERIDIAN SCHOOL OF MEDICINE ("HMSOM"). UNDER THE STRATEGIC ACADEMIC PARTNERSHIP AGREEMENT ENTERED INTO BETWEEN THE UNIVERSITY, HMH AND THE HMSOM, THE UNIVERSITY WILL REMAIN A STRATEGIC ACADEMIC PARTNER OF HMH AND THE HMSOM WHEREBY THE UNIVERSITY AND THE HMSOM WILL HAVE AN INTEGRATED CURRICULUM, 25% OF THE SEATS IN EACH CLASS OF THE MD PROGRAM WILL BE RESERVED FOR UNIVERSITY GRADUATES WHO RESIDE IN NEW JERSEY,

PROVIDED THEY MEET THE STANDARDS OF ADMISSION SET BY THE HMSOM, AND THE UNIVERSITY'S CON AND SHMS GRADUATES WILL BE GIVEN PREFERENCE FOR CLINICAL PLACEMENTS. THE MD PROGRAM COMMENCED ACADEMIC OPERATIONS IN JULY 2018 WITH THE UNIVERSITY BEING THE DEGREE-GRANTING INSTITUTION.

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

FORM 990, PART VI

PART VI, SECTION A, LINE 7A: THE BOARD OF REGENTS IS RESPONSIBLE FOR THE ENTIRE MANAGEMENT OF THE AFFAIRS AND CONCERNS OF THE UNIVERSITY. THE BOARD OF REGENTS IS VESTED WITH THE RESPONSIBILITY, POWER, AND AUTHORITY 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

Employer identification number

22-1500645

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

Name of the organization

SETON HALL UNIVERSITY

22-1500645

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.

Schedule O (Form 990 or 990-EZ) 2018 Page **2**

Name of the organization

SETON HALL UNIVERSITY

Employer identification number
22-1500645

FORM 990, PART VII, SECTION A

MARY J. MEEHAN, PH.D. STARTED AS INTERIM PRESIDENT/TRUSTEE/REGENT ON APRIL 11, 2017.

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

FORM 990, PART XI, LINE 9

ADD BACK THE RECOVERY FOR UNCOLLECTIBLE CONTRIBUTIONS RECEIVABLE OF \$110,000 LESS THE CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS OF \$39,000.

ATTACHMENT 1

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
TORCON, INC. 328 NEWMAN SPRINGS ROAD, STE 5 RED BANK, NJ 07701-5685	GENERAL CONTRACTING	15,256,420.
GOURMET DINING, LLC 400 SOUTH ORANGE AVENUE SOUTH ORANGE, NJ 07079	FOOD SERVICES	11,367,576.
ATALIAN GLOBAL SERVICES 417 FIFTH AVE., 9TH FL. NEW YORK, NY 10016	HOUSEKEEPING	4,113,681.
ASPIRE TECHNOLOGY PARTNERS 25 JAMES WAY EATONTOWN, NJ 07724	GENERAL CONTRACTING	2,893,312.
YETKA CORPORATION 465 SHREWSBURY AVE SHREWSBURY, NJ 07702	GENERAL CONTRACTING	2,216,212.

Schedule O (Form 990 or 990-EZ) 2018 Page **2**

Name of the organization	Employer identification number
SETON HALL UNIVERSITY	22-1500645
	ACHMENT 2

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION BOOK VALUE BOOK VALUE

PREPAID EXPENSES 16,956,000. 23,036,000.

TOTALS 16,956,000. 23,036,000.

ATTACHMENT 3

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	COST OR FMV
CORPORATE EQUITY	85,452,000.	67,951,000.	FMV
CORPORATE BONDS	32,579,000.	16,916,000.	FMV
CASH AND TEMPORARY INVESTMENTS	3,548,000.	9,191,000.	FMV
TOTALS	121,579,000.	94,058,000.	

SETON HALL UNIVERSITY

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

OMB No. 1545-0047

22-1500645

Name of the organization

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

Department of the Treasury Internal Revenue Service SETON HALL UNIVERSITY **Employer identification number** 22-1500645

501 (C) (3)	(if section	501(c)(3)
ά	Legal dolllicile (state Exempt Code sector	(d)
		section Public c

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

Schedule R (Form 990) 2018

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SETON HALL UNIVERSITY 22-1500645

Schedule R (Form 990) 2018 **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.

(7)	(6)	(5)	(4)	(3)	9	(2)	(1)			Part IV	(7)	(6)	(5)	(4)	(3)	3	(1)		
									(a) Name, address, and EIN of related organization	Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.									(a) Name, address, and EIN of related organization
) I of related organization	ted Organizations				·					(b) Primary activity
										Taxable ated orga								coality)	Legal domicile (state or foreign
									(b) Primary activity	as a Corpora									(d) Direct controlling entity
										tion or ted as a								0	inco inco exo exo
									(c) Legal domicile (state or foreign country)	Trust. Com corporation								1	(e) Predominant income (related, unrelated, excluded from tax under sections 5.12 - 5.14)
									(d) Direct controlling entity	plete if the org									(f) Share of total income
									(e) Type of entity (C corp, S corp, or trust)	e organization answ luring the tax year.									(g) Share of end-of- year assets
									(f) Share of total income	ered "Yes								Yes No	(h) Disproportionate allocations?
									(g) Share of end-of-year assets	" on Form 990									(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)
									Percen ssets owner	, Part IV,								Yes No	(j) General or managing partner?
								Yes No	(h) (i) Percentage Section ownership 512(b)(13) controlled entity?	_									(k) Percentage ownership

Schedule R (Form 990) 2018

Schedule
R (Form
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Receipt of indexest. (ii) annulities, (iii) royalities, or (iv) rent from a controlled entity. 1	JSA	(6)	(5)	(4)	(3)	(2)	(1)		2 If th				p Reir	o Sha		_		k Lea						→ Divio	e Loai		c Gift,	b Gift,	a Rec	1 Duri
line, including covered relationships and tra (b) (c) Transaction type (a-s) Amount involved								(a) Name of related organization	e answer to any of the above is "Yes," see the instructions for information on who must comp	er transfer of cash or property from related organization(s)	er transfer of cash or property to related organization(s)	nbursement paid by related organization(s) for expenses	nbursement paid to related organization(s) for expenses	ring of paid employees with related organization(s)	ring of facilities, equipment, mailing lists, or other assets with related organization(s)	ronnance of services of membership of fundraising solicitations by related organization(s).	formance of services of membership or fundraising solicitations for related organization(s)	se of facilities, equipment, or other assets from related organization(s)		se of facilities equipment or other assets to related organization(s)		hase of assets from related organization(s)	ु of assets to related organization(s)	dends from related organization(s)	ns or loan guarantees by related organization(s)	ns or loan guarantees to or for related organization(s)	grant, or capital contribution from related organization(s)	grant, or capital contribution to related organization(s)	eipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	During the tax year, did the organization engage in any of the following transactions with one or more rela
ered relationships and transaction thresholds. (c) Amount involved Amount involved Schedule R (Form 990) 2								(b) Transaction type (a-s)	line,																					
1	Sc							(c) Amount involved	vered relationships and trans																					ted organizations listed in Parts II-IV?
1a 1b 1c 1c 1d 1c 1d 1e 1f 1g 1h 1h 1i 1l 1h 1h 1h 1h 1h 1h 1h 1h 1k 1h 1h 1k 1h	hedule R							Methoc amc	saction thre		1 1 1 1		•	•		•	•	:	•									•		
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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) triat was not a related organization. See instructions regarding exclusion for certain investment partitions and	janiization, see mstru	refair and an	in excinsion in	CELIGIII IIIVES	fillelit baltie	olipo.						
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			sections 512-514)	Yes No			Yes	8 0	<u> </u>	Yes	N _O	
(1)											-	
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Schedule R (Form 990) 2018 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.