# Return of Organization Exempt From Income Tax 

07/01, 2019, and ending


## Part I Summary

1 Briefly describe the organization's mission or most significant activities:


## Part II Signature Block

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


JSA
$9 E 10651.000$

## Part III Statement of Program Service Accomplishments

 Check if Schedule O contains a response or note to any line in this Part III1 Briefly describe the organization's mission:
SEE SCHEDULE O
$\qquad$
$\qquad$

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.
4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501 (c)(3) and 501 (c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: $\quad$ ) (Expenses \$ 301,705,000. including grants of \$ $145,948,000$. $)$ (Revenue \$ _ 394, 857,000. $)$
EDUCATIONAL - SETON HAL $\bar{L}$ 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.
$\qquad$
$\qquad$
$\qquad$
$\qquad$

4b (Code:__ $\quad$ (Expenses \$ 97,370,000.including grants of \$ 12,141,000._)(Revenue \$__ $8,178,000 . \quad)$
ACADEMIC SUPPORT AND STUDENT SERVICES - ACADEMIC SUPPORT PROVIDES
SUPPORT SERVICES, SUCH AS LIBRARIES, ACADEMIC TECHNOLOGY, FACULTY
CURRICULUM DEVELOPMENT, FOR ITS PRIMARY MISSIONS OF INSTRUCTION,
RESEARCH AND PUBLIC SERVICE. STUDENT SERVICES PROVIDE VARIOUS
SERVICES TO STUDENTS, SUCH AS COUNSELING, CAREER GUIDANCE,
FINANCIAL AID, STUDENT RECORDS, HEALTH SERVICES AND
TRANSPORTATION, WHICH CONTRIBUTE TO THE STUDENTS' EMOTIONAL AND
PHYSICAL WELL-BEING AND TO THEIR INTELLECTUAL, CULTURAL AND SOCIAL
DEVELOPMENT OUTSIDE THE CONTEXT OF THE UNIVERSITY'S FORMAL
INSTRUCTIONAL PROGRAMS.

4c (Code: $\quad$ ) (Expenses \$ 7,764,000. including grants of \$ $\quad 643,000$. ) (Revenue \$ _
RESEA $\overline{R C H}$, TRAINING \& PUBLIC SERVICES - ENABLES FACULTY TO EXPLORE
NEW AREAS OF EDUCATION, LEARNING AND KNOWLEDGE AND PROVIDES
NON-INSTRUCTIONAL SERVICES TO INDIVIDUALS AND GROUPS EXTERNAL TO
THE UNIVERSITY. THE UNIVERSITY ALSO OFFERS FINANCIAL SUPPORT TO
STUDENTS THROUGH ACADEMIC SCHOLARSHIPS AND WORK-STUDY PROGRAMS,
WHICH ARE FUNDED BY FEDERAL, STATE AND PRIVATE GRANTS.

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$
) (Revenue \$ )
4e Total program service expenses $406,839,000$.
JSA 9 E1020 2.000

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?
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
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.
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
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.
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
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
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.
a Did the organization report an amount for land, buildings, and equipment in Part X , line 10? If "Yes," complete Schedule D, Part VI
b Did the organization report an amount for investments-other securities in Part X, line 12 that is $5 \%$ or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII
c 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.
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
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
$f$ 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 . . . . .
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.
14a Did the organization maintain an office, employees, or agents outside of the United States?.
b Did the organization have aggregate revenues or expenses of more than $\$ 10,000$ from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV
15 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
16 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
17 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)
18 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
19 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
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
21 Did the organization report more than $\$ 5,000$ of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

|  | Yes | No |
| :---: | :---: | :---: |
| 1 | X |  |
| 2 | X |  |
| 3 |  | X |
| 4 | X |  |
| 5 |  | X |
| 6 |  | X |
| 7 |  | X |
| 8 | X |  |
| 9 |  | X |
| 10 | X |  |
| 11a | X |  |
| 11b | X |  |
| 11c |  | X |
| 11d | X |  |
| 11e | X |  |
| 11 f | X |  |
| 12a | X |  |
| 12b |  | X |
| 13 | X |  |
| 14a | X |  |
| 14b | X |  |
| 15 |  | X |
| 16 |  | X |
| 17 |  | X |
| 18 | X |  |
| 19 |  | X |
| 20a |  | X |
| 20b |  |  |
| 21 | X |  |

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
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.
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $\$ 100,000$ as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines $24 b$ through 24d and complete Schedule K. If "No," go to line 25a
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?.
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?.
25a 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
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.
26 Did the organization report any amount on Part X, line 5 or 22 , for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or $35 \%$ controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a $35 \%$ controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III .
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):
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.
c A $35 \%$ controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV
29 Did the organization receive more than $\$ 25,000$ in non-cash contributions? If "Yes," complete Schedule M
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I
32 Did the organization sell, exchange, dispose of, or transfer more than $25 \%$ of its net assets? If "Yes," complete Schedule N, Part II.
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.
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
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
b If "Yes" to line 35 a, 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
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
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
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.

|  | Yes | No |
| :---: | :---: | :---: |
| 22 | X |  |
| 23 | X |  |
| 24a | X |  |
| 24b |  | X |
| 24c |  | X |
| 24d |  | X |
| 25a |  | X |
| 25b |  | X |
| 26 | X |  |
| 27 | X |  |
| 28a |  | X |
| 28b | X |  |
| 28c | X |  |
| 29 | X |  |
| 30 | X |  |
| 31 |  | X |
| 32 |  | X |
| 33 |  | X |
| 34 | X |  |
| 35a |  | X |
| 35b |  |  |
| 36 |  | X |
| 37 |  | X |
| 38 | X |  |

Part V Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response or note to any line in this Part V
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . . . . . . $\mid$ 1a $\mid 372$
b Enter the number of Forms $W$-2G included in line 1a. Enter -0 - if not applicable $\qquad$

| $1 \mathbf{1 a}$ | 372 |
| ---: | ---: |
| $\mathbf{1 b}$ | 0. |

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

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.

|  |  |
| ---: | ---: |
| $\mathbf{2 a}$ | 4,384 |

b If at least one is reported on line $2 a$, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and $2 a$ is greater than 250, you may be required to e-file (see instructions)
3a Did the organization have unrelated business gross income of $\$ 1,000$ or more during the year?
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O
4a 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)?.
b 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).
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?.
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?
c If "Yes" to line 5 a or 5b, did the organization file Form 8886-T?
6a 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?
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
7 Organizations that may receive deductible contributions under section 170(c).
a 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?
b If "Yes," did the organization notify the donor of the value of the goods or services provided?
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?
 response to line $8 \mathrm{a}, 8 \mathrm{~b}$, or 10 b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

## Section A. Governing Body and Management

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 on Schedule O.
b Enter the number of voting members included on line 1a, above, who are independent.
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?.
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?.
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . .
5 Did the organization become aware during the year of a significant diversion of the organization's assets?.
6 Did the organization have members or stockholders?
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:
a The governing body?.
b Each committee with authority to act on behalf of the governing body?.
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at
the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. . . . . . . . . . . .


|  |  |  |
| :--- | :--- | :--- |
| $\mathbf{8 a}$ | $X$ |  |
| 8 b | X |  |
|  |  |  |
| $\mathbf{9}$ |  | $X$ |

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)
10a Did the organization have local chapters, branches, or affiliates?
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . .
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.
12a Did the organization have a written conflict of interest policy? If "No," go to line 13
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done
13 Did the organization have a written whistleblower policy?.
14 Did the organization have a written document retention and destruction policy?.
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?
a The organization's CEO, Executive Director, or top management official
b Other officers or key employees of the organization If "Yes" to line 15 a or 15b, describe the process in Schedule O (see instructions).
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?.

|  | Yes | No |
| :---: | :--- | :--- |
| $10 a$ |  | $X$ |
| $10 b$ |  |  |
| $11 a$ | $X$ |  |
| $12 a$ | $X$ |  |
| $12 b$ | $X$ |  |
| $12 c$ | $X$ |  |
| 13 | $X$ |  |
| 14 | $X$ |  |
|  |  |  |
| $15 a$ | $X$ |  |
| $15 b$ | $X$ |  |
|  |  |  |
| $16 a$ |  | $X$ |
|  |  |  |
| $16 b$ |  |  |

## Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
X Own website X Another's website
X Upon request
Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records STEPHEN A. GRAHAM 400 SOUTH ORANGE AVENUE SOUTH ORANGE, NJ 07079

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
Check if Schedule O contains a response or note to any line in this Part VII . . . . . . . . . . . . . . . . . . . . . . . . . . . . X
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0-in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $\$ 100,000$ from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than $\$ 100,000$ of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than $\$ 10,000$ of reportable compensation from the organization and any related organizations.
See instructions for the order in which to list the persons above.
$\square$ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) <br> Name and title | (B) <br> Average hours per week (list any hours for related organizations below dotted line) | (C) <br> Position <br> (do not check more than one box, unless person is both an officer and a director/trustee) |  |  |  |  |  | (D) <br> Reportable compensation from the organization (W-2/1099-MISC) | (E) <br> Reportable compensation from related organizations (W-2/1099-MISC) | (F) <br> Estimated amount of other compensation from the organization and related organizations |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | $\begin{array}{\|c\|c\|} \hline \text { O } \\ \stackrel{\rightharpoonup}{3} \\ \text { in } \end{array}$ |  |  | $\begin{aligned} & \text { To } \\ & \stackrel{3}{3} \\ & \text { © } \end{aligned}$ |  |  |  |
| (1)KEVIN WILLARD | 60.00 |  |  |  |  |  |  |  |  |  |
| HEAD COACH MEN'S BASKETBALL | 0. |  |  |  |  | X |  | 2,234,915. | 0. | 71,258. |
| (2)CATHERINE A. KIERNAN, J.D. | 45.00 |  |  |  |  |  |  |  |  |  |
| V.P.\& GEN. COUNSEL THRU 12/19 | 0. |  |  | X |  |  |  | 2,008,897. | 0. | 98,582. |
| (3)JOSEPH E. NYRE, PH.D. | 60.00 |  |  |  |  |  |  |  |  |  |
| PRES IDENT/CEO/REGENT/TRUSTEE | 0. | X |  | X |  |  |  | 923,332. | 0. | 36,860. |
| (4)PATRICK G. LYONS, M.B.A. | 60.00 |  |  |  |  |  |  |  |  |  |
| EVP OPERATIONS/CHIEF OF STAFF | 0. |  |  | X |  |  |  | 669,969. | 0. | 47,135. |
| (5)MARY J. MEEHAN, PH.D. | 45.00 |  |  |  |  |  |  |  |  |  |
| INTERIM PRES./REGENT/TRUSTEE | 0. | X |  | X |  |  |  | 652,973. | 0. | 22,780. |
| (6)ANTHONY J. BOZZELLA | 60.00 |  |  |  |  |  |  |  |  |  |
| HEAD COACH WOMEN'S BASKETBALL | 0. |  |  |  |  | X |  | 389,410. | 0. | 75,970. |
| (7)KAREN E. BOROFF, PH.D. | 45.00 |  |  |  |  |  |  |  |  |  |
| INTERIM PROVOST THRU 6/2020 | 0. |  |  | X |  |  |  | 411,930. | 0. | 46,615. |
| (8)ALYSSA MCCLOUD, PH.D. | 45.00 |  |  |  |  |  |  |  |  |  |
| V.P. ENROLLMENT MANAGEMENT | 0. |  |  | X |  |  |  | 394,096. | 0. | 34,393. |
| (9)MATTHEW BOROWICK, M.B.A. | 45.00 |  |  |  |  |  |  |  |  |  |
| INTERIM V.P. ADVANCEMENT | 0. |  |  | X |  |  |  | 313,478. | 0. | 102,874. |
| (10)KATHLEEN BOOZANG, JD, LLM | 45.00 |  |  |  |  |  |  |  |  |  |
| DEAN, SCHOOL OF LAW | 0. |  |  |  | X |  |  | 381,251. | 0. | 34,393. |
| (11) DENNIS J. GARBINI, M.B.A. | 45.00 |  |  |  |  |  |  |  |  |  |
| FORMER V.P. ADMINISTRATION | 0. |  |  |  |  |  | X | 365,809. | 0. | 47,765. |
| (12)STEPHEN A. GRAHAM, M.B.A. | 45.00 |  |  |  |  |  |  |  |  |  |
| V.P. FINANCE \& CFO | 0. |  |  | X |  |  |  | 333,757. | 0. | 41,004. |
| (13)STEPHEN J. LUBBEN, JD, LLM | 45.00 |  |  |  |  |  |  |  |  |  |
| LAW SCHOOL PROFESSOR | 0. |  |  |  |  | X |  | 297,138. | 0. | 57,077. |
| (14) JOYCE A. STRAWSER, PH.D. | 45.00 |  |  |  |  |  |  |  |  |  |
| DEAN, STILLMAN SCHOOL BUSINESS | 0. |  |  |  | X |  |  | 279,253. | 0. | 54,441. |

JSA

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

## (A) <br> Name and title



## 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 not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

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
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
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

## 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.


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

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

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
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

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


## 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.


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

| (A) <br> Name and title | (B) <br> Average hours per week (list any hours for related organizations below dotted line) | (C) <br> Position (do not check more than one box, unless person is both an officer and a director/trustee) |  |  |  |  |  | (D) <br> Reportable compensation from the organization (W-2/1099-MISC) | (E)Reportablecompensation fromrelatedorganizations(W-2/1099-MISC) | (F) <br> Estimated amount of other compensation from the organization and related organizations |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  | ㄲ․ $\stackrel{3}{3}$ |  |  |  |  |
| ( 37) PATRICK M. MURRAY | 1.00 | X |  |  |  |  |  |  |  |  |  |
| REGENT / TRUSTEE | 0. |  |  |  |  |  |  | 0 | 0. |  | 0 |
| ( 38) MARY ANN CHRISTOPHER | 1.00 | X |  |  |  |  |  |  |  |  |  |
| REGENT/TRUSTEE | 0. |  |  |  |  |  |  | 0 | 0. |  | 0 |
| ( 39) MARK E. GANTON | 1.00 | X |  |  |  |  |  |  |  |  |  |
| REGENT / TRUSTEE | 0. |  |  |  |  |  |  | 0 | 0. |  | 0 |
| 40) ROBERT J. SLOAN | 1.00 | X |  |  |  |  |  |  |  |  |  |
| REGENT / TRUSTEE | 0. |  |  |  |  |  |  | 0 | 0. |  | 0 |
| 41) PAMELA M. SWARTZBERG, ESQ. | 1.00 | X |  |  |  |  |  |  |  |  |  |
| TRUSTEE | 0. |  |  |  |  |  |  | 0 | 0. |  | 0 |
| ( 42) JAMES E. COLLINS | 1.00 | X |  |  |  |  |  |  |  |  |  |
| REGENT | 0. |  |  |  |  |  |  | 0 | 0. |  | 0 |
| 43) HENRY F. D'ALESSANDRO | 1.00 | X |  |  |  |  |  |  |  |  |  |
| REGENT | 0. |  |  |  |  |  |  | 0 | 0. |  | 0 |
| ( 44) ROBERT S. BASSO | 1.00 | X |  |  |  |  |  |  |  |  |  |
| REGENT | 0. |  |  |  |  |  |  | 0 | 0. |  | 0 |
| ( 45) MARK D. BENJAMIN | 1.00 | X |  |  |  |  |  |  |  |  |  |
| REGENT | 0. |  |  |  |  |  |  | 0. | 0. |  | 0 |
| ( 46) ROBERT B. BUDELMAN, ESQ. | 1.00 | X |  |  |  |  |  |  |  |  |  |
| REGENT | 0. |  |  |  |  |  |  | 0 | 0. |  | 0 |
| ( 47) EDWARD C. CERNY | 1.00 | X | - |  |  |  |  | 0. | 0. | 0 |  |
| REGENT | 0. |  |  |  |  |  |  |  |  |  |  |
| 1b Sub-total <br> c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) |  |  |  |  |  |  |  | 0. | 0. |  | 0. |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |

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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
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


## 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.


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

| (A) <br> Name and title | (B) <br> Average hours per week (list any hours for related organizations below dotted line) | (C) <br> Position (do not check more than one box, unless person is both an officer and a director/trustee) |  |  |  |  |  | (D) <br> Reportable compensation from the organization (W-2/1099-MISC) | (E)Reportablecompensation fromrelatedorganizations(W-2/1099-MISC) | (F) <br> Estimated amount of other compensation from the organization and related organizations |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | $\begin{aligned} & \hline \text { 울 } \\ & \stackrel{\rightharpoonup}{\sim} \end{aligned}$ |  |  | $\begin{array}{\|l\|} \hline \text { To } \\ \text { 勇 } \end{array}$ |  |  |  |  |
| ( 48) EUN-SOOK (LUCY) CHO-LEE, M.D. | 1.00 | X |  |  |  |  |  |  |  |  |  |
| REGENT | 0. |  |  |  |  |  |  | 0. | 0. |  | 0 . |
| ( 49) DAVID L. FLOOD | 1.00 | X |  |  |  |  |  |  |  |  |  |
| REGENT | 0. |  |  |  |  |  |  | 0. | 0. |  | 0. |
| ( 50) ROBERT C. GARRETT | 1.00 | X |  |  |  |  |  |  |  |  |  |
| REGENT | 0. |  |  |  |  |  |  | 0. | 0. |  | 0. |
| ( 51) RICHARD A. GIUDITTA, JR. | 1.00 | X |  |  |  |  |  |  |  |  |  |
| REGENT | 0. |  |  |  |  |  |  | 0. | 0. |  | 0 . |
| ( 52) FRANCIS J. HAGER | 1.00 | X |  |  |  |  |  |  |  |  |  |
| REGENT | 0. |  |  |  |  |  |  | 0. | 0. |  | 0. |
| ( 53) HELEN LERNER | 1.00 | X |  |  |  |  |  |  |  |  |  |
| REGENT | 0. |  |  |  |  |  |  | 0. | 0. |  | 0. |
| ( 54) ANTHONY MASHERELLI | 1.00 | X |  |  |  |  |  |  |  |  |  |
| REGENT | 0. |  |  |  |  |  |  | 0. | 0. |  | 0 . |
| ( 55) RICHARD C. MCMAHON | 1.00 | X |  |  |  |  |  |  |  |  |  |
| REGENT | 0. |  |  |  |  |  |  | 0. | 0. |  | 0. |
| ( 56) JOHN F. SWIFT | 1.00 | X |  |  |  |  |  |  |  |  |  |
| REGENT | 0. |  |  |  |  |  |  | 0. | 0. |  | 0. |
| ( 57) STEPHEN G. WALDIS | 1.00 | X |  |  |  |  |  |  |  |  |  |
| REGENT | 0. |  |  |  |  |  |  | 0. | 0. |  | 0. |
| ( 58) MATTHEW W. WRIGHT | 1.00 | X | X |  |  |  |  | 0. | 0. | 0. |  |
| REGENT | 0. |  |  |  |  |  |  |  |  |  |  |
| 1b Sub-total <br> c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) |  |  |  |  |  |  |  | 0. | 0. | 0. |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |

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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


## 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.


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

## (A) <br> Name and title



2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 338

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
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 .

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

## 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.


Part VIII Statement of Revenue
Check if Schedule O contains a response or note to any line in this Part VIII . . . . . . . . . . . . . . . . . . . . . . . . $\square$


Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.
 section 401(k) and 403(b) employer contributions)

9 Other employee benefits
10 Payroll taxes
11 Fees for services (nonemployees):
a Manageme
b Legal
c Accounting
d Lobbying
e Professional fundraising services. See Part IV, line 17.
f Investment management fees
g Other. (If line 11 g amount exceeds $10 \%$ of line 25 , column
(A) amount, list line 11 g expenses on Schedule O .).

12 Advertising and promotion
13 Office expenses
14 Information technology. . . . . . . . . . . . .
15 Royalties
16 Occupancy
17 Travel
18 Payments of travel or entertainment expenses for any federal, state, or local public officials
19 Conferences, conventions, and meetings
20 Interest
21 Payments to affiliates
22 Depreciation, depletion, and amortization
23 Insurance
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24 e . If line 24 e amount exceeds $10 \%$ of line 25 , column (A) amount, list line 24 e expenses on Schedule O.)
aREPAIRS AND MAINTENANCE
bBOOKS AND SUBSCRIPTIONS
cOTHER EXPENSES
d
e All other expenses
25 Total functional expenses. Add lines 1 through 24e
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

| (A) Total expenses | (B) <br> Program service <br> expenses | (C) Management and general expenses | (D) Fundraising expenses |
| :---: | :---: | :---: | :---: |
| 782,000. | 782,000. |  |  |
| 157,950,000. | 157, 950,000. |  |  |
| 0. |  |  |  |
| 0. |  |  |  |
| 8,143,000. | 3,070,000. | 3,643,000. | 1,430,000. |
| 671,000. | 671,000. |  |  |
| 133,495,000. | 112,710,000. | 17,235,000. | 3,550,000. |
| 7,968,000. | 6,723,000. | 1,033,000. | 212,000. |
| 30,359,000. | 24,444,000. | 5,018,000. | 897,000. |
| 9,252,000. | 7,816,000. | 1,191,000. | 245,000. |
| 218,000. | 201,000. | 17,000. |  |
| 1,953,000. | 916,000. | 1,037,000. |  |
| 283,000. |  | 283,000. |  |
| 219,000. |  | 219,000. |  |
| 0. |  |  |  |
| 5,729,000. |  | 5,729,000. |  |
| 24,875,000. | 21, 623, 000. | 2,709,000. | 543, 000. |
| 2, 305,000. | 1,986,000. | 288,000. | 31,000. |
| 7,048,000. | 5,698,000. | 945,000. | 405,000. |
| 7,851,000. | 924,000. | 6,926,000. | 1,000. |
| 0. |  |  |  |
| 11,371,000. | 11,371,000. |  |  |
| 7,042,000. | 6,288,000. | 526,000. | 228,000. |
| 0. |  |  |  |
| 2,747,000. | 2,260,000. | 340,000. | 147,000. |
| 7,848,000. | 7,746,000. | 102,000. |  |
| 0. |  |  |  |
| 19,648,000. | 18,665,000. | 905,000. | 78,000. |
| 2,627,000. | 270,000. | 2,357,000. |  |
| 6,903,000. | 5,184,000. | 1,576,000. | 143,000. |
| 3,400,000. | 3, 354, 000 . | 31,000. | 15,000. |
| 8,010,000. | 6,187,000. | 1,723,000. | 100,000. |
|  |  |  |  |
|  |  |  |  |
| 468,697,000. | 406,839,000. | 53,833,000. | 8,025,000. |
| 0. |  |  |  |

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


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)

| $\ldots$ |  |
| ---: | ---: |
| 1 | $456,494,000$ |
| 2 | $468,697,000$. |
| 3 | $-12,203,000$. |
| 4 | $440,653,000$. |
| 5 | $9,852,000$. |
| 6 | 0. |
| 7 | 0. |
| 8 | 0. |
| 9 | $-274,000$. |
|  |  |
| 10 | $438,028,000$. |

## Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII. $\qquad$
1 Accounting method used to prepare the Form 990: $\square$ Cash $\square$ Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:Separate basis
 Consolidated basis $\square$ Both consolidated and separate basis
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:

## X Separate basis $\quad \square$ Consolidated basis $\quad \square$ Both consolidated and separate basis

c If "Yes" to line $2 a$ or $2 b$, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits


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.

Name of the organization
SETON HALL UNIVERSITY
Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.
The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)
$1 \square$ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 X A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
$3 \quad$ A hospital or a cooperative hospital service organization described in section $\mathbf{1 7 0 ( b ) ( 1 ) ( A ) ( i i i ) .}$
$4 \quad$ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
$5 \square$ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
$6 \square$ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
$7 \quad$ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section $170(b)(1)(A)(v i)$. (Complete Part II.)
$8 \square$ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
$9 \quad$ An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
10 An organization that normally receives: (1) more than $331 / 3 \%$ of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than $331 / 3 \%$ of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
$12 \square$ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines $12 \mathrm{e}, 12 \mathrm{f}$, and 12 g .
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
b $\qquad$ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
e $\square$ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
$f$ Enter the number of supported organizations

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

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? |  | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Yes | No |  |  |
| (A) |  |  |  |  |  |  |
| (B) |  |  |  |  |  |  |
| (C) |  |  |  |  |  |  |
| (D) |  |  |  |  |  |  |
| (E) |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |

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

| Section A. Public Support |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Calendar year (or fiscal year beginning in) |  | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| $1$ | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 44,070,000. | 42,295,000. | 59,790,000. | 43,567,000. | 45,513,000. | 235,235,000. |
|  | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . |  |  |  |  |  | 0. |
|  | The value of services or facilities furnished by a governmental unit to the organization without charge . |  |  |  |  |  | 0. |
|  | Total. Add lines 1 through 3 | 44,070,000. | 42,295,000. | 59,790,000. | 43,567,000. | 45,513,000. | 235,235,000. |
|  | 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 |  |  |  |  |  | 235,235,000. |
| Section B. Total Support |  |  |  |  |  |  |  |
| Calendar year (or fiscal year beginning in) <br> 7 Amounts from line 4. . . . . . . . . . . <br> 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources |  | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|  |  | 44,070,000. | 42,295,000. | 59,790,000. | 43,567,000. | 45,513,000. | 235,235,000. |
|  |  | 5,543,000. | 5,602,000. | 4,968,000. | 4,029,000. | 2,787,000. | 22,929,000. |
|  | Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . . . . | 518,000. | 534,000. | 804,000. | 499,000. | 171,000. | 2,526,000. |
| $10$ | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . AT.CH. $1 . .$. | 2,732,000. | 2,746,000. | 2,883,000. | 2,255,000. | 1,438,000. | 12,054,000. |
| 11 | Total support. Add lines 7 through 10 |  |  |  |  |  | 272,744,000. |
| $\begin{aligned} & 12 \\ & 13 \end{aligned}$ | Gross receipts from related activities, etc. ( | instructions) |  |  |  |  | 865,237,000. |
|  | First five years. If the Form 990 is organization, check this box and stop here | he organiza | first, seco | third, fourth, | fifth tax ye | as a section | $1(c)(3)$ |
| Section C. Computation of Public Support Percentage |  |  |  |  |  |  |  |
|  | Public support percentage for 2019 | column | ded by lin | column (f) |  |  | $86.25 \%$ |
|  | Public support percentage from 2018 | hedule A, Pa |  |  |  |  | 84.69 \% |
| 16a | $331 / 3 \%$ support test $\mathbf{- 2 0 1 9}$. If the or box and stop here. The organization | ization did n fies as a pub | check the box y supported | n line 13, a anization. | $14 \text { is } 33$ | \% or more, | ck this X |
|  | $331 / 3 \%$ support test $\mathbf{- 2 0 1 8}$. If the or this box and stop here. The organizati | zation did n qualifies as a | heck a box <br> blicly suppo | ine 13 or 16 organizatio | and line 15 | $31 / 3 \% \text { or m }$ | check |
| 17a | 10\%-facts-and-circumstances test $10 \%$ or more, and if the organization Part VI how the organization meets organization. | 9. If the org eets the "fa "facts-and- | zation did and-circums mstances" | check a box es" test, ch The organ | line 13,16 this box a on qualifies | 16b, and stop here. a publicly | 14 is lain in ported $\square$ |
|  | $10 \%$-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is $10 \%$ or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. |  |  |  |  |  |  |
| 18 | Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions |  |  |  |  |  |  |

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

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

## Section A. Public Support

Calendar year (or fiscal year beginning in)
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 $\qquad$
The value of services or facilities furnished by a governmental unit to the organization without charge

6 Total. Add lines 1 through 5 . .

7 a 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
8 Public support. (Subtract line 7c from line 6.)
Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Amounts |  |  |  |  |  |  |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . . . . . . . . . . . . |  |  |  |  |  |  |
| Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . . |  |  |  |  |  |  |
| Add lines 10a and 10b |  |  |  |  |  |  |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. |  |  |  |  |  |  |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . . . . . . |  |  |  |  |  |  |
| Total support. (Add lines 9, 10c, 11, and 12.) |  |  |  |  |  |  |

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

## Section C. Computation of Public Support Percentage



19a $331 / 3 \%$ support tests - 2019. If the organization did not check the box on line 14 , and line 15 is more than $331 / 3 \%$ and line 17 is not more than $331 / 3 \%$, check this box and stop here. The organization qualifies as a publicly supported organization .
b $331 / 3 \%$ support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than $331 / 3 \%$, and line 18 is not more than $331 / 3 \%$, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions $\qquad$ JSA
(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

1 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.
5 a 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.)


11 Has the organization accepted a gift or contribution from any of the following persons?
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
b A family member of a person described in (a) above?
c A $35 \%$ controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

|  | Yes | No |
| :--- | :--- | :--- |
|  |  |  |
| 11a |  |  |
| 11b |  |  |
| 11c |  |  |

## Section B. Type I Supporting Organizations

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


## Section C. Type II Supporting Organizations

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


## Section D. All Type III Supporting Organizations

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?
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).

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.


## Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
a $\square$ The organization satisfied the Activities Test. Complete line 2 below.
b The organization is the parent of each of its supported organizations. Complete line $\mathbf{3}$ below.
c $\quad \square$ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

## 2 Activities Test. Answer (a) and (b) below.

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
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.
3 Parent of Supported Organizations. Answer (a) and (b) below.
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
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.


## Part V

 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations$1 \square$ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

Schedule A (Form 990 or 990-EZ) 2019

| Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) |  |  |  |
| :---: | :---: | :---: | :---: |
| Section D - Distributions |  |  | Current Year |
| 1 Amounts paid to supported organizations to accomplish e | empt purposes |  |  |
| Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity |  |  |  |
| Administrative expenses paid to accomplish exempt purposes of supported organizations |  |  |  |
| Amounts paid to acquire exempt-use assets |  |  |  |
| Qualified set-aside amounts (prior IRS approval required) |  |  |  |
| Other distributions (describe in Part VI). See instructions. |  |  |  |
| Total annual distributions. Add lines 1 through 6. |  |  |  |
| Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. |  |  |  |
| Distributable amount for 2019 from Section C, line 6 |  |  |  |
| Line 8 amount divided by line 9 amount |  |  |  |
| Section E - Distribution Allocations (see instructions) | Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
| Distributable amount for 2019 from Section C, line 6 |  |  |  |
| Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions. |  |  |  |
| Excess distributions carryover, if any, to 2019 |  |  |  |
| From 2014 . . . . . . . |  |  |  |
| From 2015 . . . . . . . |  |  |  |
| From 2016 . . . . . . . |  |  |  |
| From 2017 . . . . . . . |  |  |  |
| From 2018 . . . . . . . |  |  |  |
| Total of lines 3a through e |  |  |  |
| Applied to underdistributions of prior years |  |  |  |
| Applied to 2019 distributable amount |  |  |  |
| Carryover from 2014 not applied (see instructions) |  |  |  |
| Remainder. Subtract lines 3g, 3h, and 3ifrom 3f. |  |  |  |
| 4 Distributions for 2019 from Section D, line 7: |  |  |  |
| Applied to underdistributions of prior years |  |  |  |
| Applied to 2019 distributable amount |  |  |  |
| Remainder. Subtract lines 4a and 4b from 4. |  |  |  |
| Remaining underdistributions for years prior to 2019, if any. Subtract lines 3 g and 4 a from line 2. For result greater than zero, explain in Part VI. See instructions |  |  |  |
| Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. |  |  |  |
| Excess distributions carryover to 2020. Add lines 3 j and 4c. |  |  |  |
| Breakdown of line 7: |  |  |  |
| Excess from 2015. . . . |  |  |  |
| Excess from 2016. . . . |  |  |  |
| Excess from 2017. . . . |  |  |  |
| Excess from 2018. . . . |  |  |  |
| Excess from 2019. . . . |  |  |  |

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

ATTACHMENT 1
SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION

INCOME FUNDRAISING EVENTS

PARKING

OTHER REVENUE

TOTALS

2015

460,000.

1,583,000. 1,577,000.

689,000. 713,000.
$2,732,000 . \quad 2,746,000$

2017

538, 000 .
$1,640,000$.

705,000.

2,883,000.

2018

321,000.

1,247,000.

687,000.

2,255,000.

TOTAL

136,000.
$1,911,000$.

1,004,000. 7,051,000.

| $298,000$. | $3,092,000$. |
| ---: | ---: |
| $1,438,000$. | $12,054,000$. |

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501 (c) and section 527<br>Complete if the organization is described below. $>$ Attach to Form 990 or Form 990-EZ.<br>$>$ 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.

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

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

| Name of organization | Employer identification number |
| :--- | :--- |

SETON HALL UNIVERSITY
22-1500645

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
2 Political campaign activity expenditures (see instructions) . . . . . . . . . . . . . . . . . . . . . \$
3 Volunteer hours for political campaign activities (see instructions)
Part I-B Complete if the organization is exempt under section 501(c)(3).
1 Enter the amount of any excise tax incurred by the organization under section 4955. . . . . . \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . \$

4a Was a correction made? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . $\quad$ Yes $\square$ No
b If "Yes," describe in Part IV.

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
Schedule C (Form 990 or 990-EZ) 2019

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

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

| Limits on Lobbying Expenditures <br> (The term "expenditures" means amounts paid or incurred.) |  | (a) Filing organization's totals | (b) Affiliated group totals |  |
| :---: | :---: | :---: | :---: | :---: |
| 1a Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . . <br> b Total lobbying expenditures to influence a legislative body (direct lobbying) <br> c Total lobbying expenditures (add lines 1a and 1b). <br> d Other exempt purpose expenditures <br> e Total exempt purpose expenditures (add lines 1c and 1d). <br> f Lobbying nontaxable amount. Enter the amount from the following table in both columns. |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: |  |  |  |
| Not over \$500,000 | 20\% of the amount on line 1e. |  |  |  |
| Over $\$ 500,000$ but not over $\$ 1,000,000$ | \$100,000 plus $15 \%$ of the excess over \$500,000. |  |  |  |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus $10 \%$ of the excess over \$1,000,000. |  |  |  |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus $5 \%$ of the excess over \$1,500,000. |  |  |  |
| Over \$17,000,000 | \$1,000,000. |  |  |  |
| g Grassroots nontaxable amount (enter 25 | \%\% of line 1f) |  |  |  |
| h Subtract line 1 g from line 1a. If zero or le | ess, enter -0- |  |  |  |
| i Subtract line 1 f from line 1c. If zero or les | ss, enter -0-. |  |  |  |
| j If there is an amount other than zero reporting section 4911 tax for this year? | on either line 1 h or line 1 i , did the organiz | file Form 4720 |  | No |

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

| Lobbying Expenditures During 4-Year Averaging Period |  |  |  |  |  |  |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: |
| Calendar year (or fiscal year <br> beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) Total |  |
| 2a Lobbying nontaxable amount |  |  |  |  |  |  |
| b Lobbying ceiling amount <br> (150\% of line 2a, column (e)) |  |  |  |  |  |  |
| c Total lobbying expenditures |  |  |  |  |  |  |
| d Grassroots nontaxable amount |  |  |  |  |  |  |
| e Grassroots ceiling amount |  |  |  |  |  |  |
| (150\% of line 2d, column (e)) |  |  |  |  |  |  |$\quad$| f Grassroots lobbying expenditures |  |  |  |
| :--- | :--- | :--- | :--- |

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

 (election under section 501(h)).|  | (a) |  | (b) |
| :---: | :---: | :---: | :---: |
| description of the lobbying activity. | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: <br> a Volunteers? <br> b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?. <br> c Media advertisements? . <br> d Mailings to members, legislators, or the public?. <br> e Publications, or published or broadcast statements? <br> f Grants to other organizations for lobbying purposes? <br> g Direct contact with legislators, their staffs, government officials, or a legislative body? <br> h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?. <br> i Other activities? <br> Total. Add lines 1 c through 1 i <br> 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? <br> b If "Yes," enter the amount of any tax incurred under section 4912. <br> c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 <br> d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? . |  | X |  |
|  | X |  |  |
|  |  | X |  |
|  | X |  | 1,200 |
|  |  | X |  |
|  | X |  | 19,737 |
|  | X |  | 228,723 |
|  |  | X |  |
|  |  | X |  |
|  |  |  | 249,660 |
|  |  | X |  |
|  |  |  |  |
|  |  |  |  |

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

1 Were substantially all ( $90 \%$ or more) dues received nondeductible by members?
2 Did the organization make only in-house lobbying expenditures of $\$ 2,000$ or less?
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

|  | Yes | No |
| :--- | :--- | :--- |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |

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



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SEE PAGE 4
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## Part IV Supplemental Information (continued)

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PART II-B, LINE I(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 $30,723. 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.
```

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

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.

| (a) Donor advised funds |  |
| :---: | :---: |
|  |  |
|  |  |
|  |  |
|  |  |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
 Yes
(b) Funds and other accounts

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

## Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.
1 Purpose(s) of conservation easements held by the organization (check all that apply).
Preservation of land for public use (for example, recreation or education)
Protection of natural habitat
Preservation of open space
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a).
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

|  | Held at the End of the Tax Year |
| :--- | :--- |
| 2a |  |
| 2b |  |
| 2c |  |
|  |  |
| 2d |  |

 Yes No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year -

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
 No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.
1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(i) Revenue included on Form 990, Part VIII, line 1.

- \$
\$ $1,724,000$.
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:
a Revenue included on Form 990, Part VIII, line 1. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . \$. \$_61,000.
b Assets included in Form 990, Part X . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . $\$$


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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
a X Public exhibition
b $\quad \mathrm{X}$ Scholarly research
c X Preservation for future generations
d $\square$ Loan or exchange program
Other
e

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . . . $\square . \mathrm{Yes} \quad \mathrm{X}$ No
Part IV Escrow and Custodial Arrangements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? $\square$ Yes $\square$ No
b If "Yes," explain the arrangement in Part XIII and complete the following table:
c Beginning balance

|  | Amount |  |  |
| :---: | :---: | :---: | :---: |
| 1c |  |  |  |
| 1d |  |  |  |
| 1e |  |  |  |
| 1 f |  |  |  |
| $\text { or } \mathrm{cl}$ $\text { een } p$ | bility? | Yes | No |

d Additions during the year
e Distributions during the year
1e
f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII _
Part V Endowment Funds.
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| 1a Beginning of | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | 269,162,000. | 271,090,000. | 259,799,000. | 246,904,000. | 263,948,000. |
|  | 3,586,000. | 2,304,000. | 3,286,000. | 1,664,000. | 4,424,000. |
| c Net investment earnings, gains, and losses. | 14,028,000. | 10,675,000. | 25,041,000. | 30,476,000. | -879,000. |
| d Grants or scholarships | 3,167,000. | 3,474,000. | 3,487,000. | 3,455,000. | 2,807,000. |
| e Other expenditures for facilities and programs. | 8,173,000. | 9,780,000. | 11,431,000. | 14,616,000. | 15,669,000. |
| f Administrative expenses | 5,436,000. | 1,653,000. | 2,118,000. | 1,174,000. | 2,113,000. |
| g End of year balance. | 270,000,000. | 269,162,000. | 271,090,000. | 259,799,000. | 246,904,000. |

2 Provide the estimated percentage of the current year end balance (line 1 g , column (a)) held as:
a Board designated or quasi-endowment $\quad 34.8000 \%$
b Permanent endowment 38.1000 \%
c Term endowment 27.1000 \%
The percentages on lines 2a, 2b, and 2c should equal $100 \%$.
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) Unrelated organizations
(ii) Related organizations
.
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?.

|  | Yes | No |
| :---: | :---: | :---: |
| 3a(i) | $X$ |  |
| 3a(ii) |  | $X$ |
| 3b |  |  |

4 Describe in Part XIII the intended uses of the organization's endowment funds.

## Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) $\begin{gathered}\text { Cost or other basis } \\ \text { (other) }\end{gathered}$ | (c) Accumulated depreciation | (d) Book value |
| :---: | :---: | :---: | :---: | :---: |
| 1a Land |  | 3,171,000. |  | 3,171,000. |
| b Buildings |  | 550,869,000. | 254,506,000. | 296,363,000. |
| c Leasehold improvements. |  |  |  |  |
| d Equipment. |  | 55,941,000. | 45,074,000. | 10,867,000. |
| e Other |  | 18,669,000. | 1,091,000. | 17,578,000. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . . . . |  |  |  | 327,979,000. |

Part VII Investments - Other Securities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category
(including name of security)
(1) Financial derivatives
(2) Closely held equity interests
(3) Other ATTACHMENT 1
(A) OUTSIDE TRUST
(B) HEDGE FUNDS
(C) COMMINGLED FUNDS
(D) PRIVATE EQUITY FUNDS
(E) VENTURE CAPITAL
(F) LIQUID FIXED INCOME
(G) ILLIQUID FIXED INCOME
(H) OPPORTUNISTIC

Total. (Column (b) must equal Form 990, Part $X$, col. (B) line 12.) .

## 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: <br> 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

| (a) Description | (b) Book value |
| :---: | :---: |
| (1) DEPOSITS W/TRUSTEE | 108,142,000. |
| (2) |  |
| (3) |  |
| (4) |  |
| (5) |  |
| (6) |  |
| (7) |  |
| (8) |  |
| (9) |  |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) . | 108,142,000. |

Part X Other Liabilities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.
1.
(a) Description of liability
(b) Book value
(1) Federal income taxes
(2) REFUNDABLE U.S. GOV'T GRANTS
(3) CONDITIONAL ASSET RETIRE OBLIG
(4) CAPITAL LEASE OBLIGATION
(5) ACCRUED POSTRETIREMENT BENEFIT
(6) OTHER LIABILITIES, NET
(7)
(8)
(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

39,736,000.
9,130,000.
9,756,000.
11,508,000.
945,000.
8,397,000.


## Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1 Total revenue, gains, and other support per audited financial statements . . . . . . . . . . . . . . . . . $\quad \mathbf{1} \quad 308,236,000$.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:
a Net unrealized gains (losses) on investments
b Donated services and use of facilities
c Recoveries of prior year grants
d Other (Describe in Part XIII.)
e Add lines 2a through 2d

|  |  | 1 | 308,236,000. |
| :---: | :---: | :---: | :---: |
| 2a | 9,852,000. | 2e | 10,405,000. |
| 2b | 531,000. |  |  |
| 2c |  |  |  |
| 2d | 22,000. |  |  |
|  |  |  |  |
|  |  | 3 | 297,831,000. |
| 4a | 5,729,000. | 4c | 158,663,000. |
| 4b | 152,934,000. |  |  |
|  |  |  |  |
|  | . . . | 5 | 456,494,000. |

## 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) <br> Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

456,494,000.


## Part XIII Supplemental Information.

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

## SEE PAGE 5

## Part XIII Supplemental Information (continued)

PART III, LINE 4

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

PART V, LINE 4

ENDOWMENT FUNDS SUPPORT THE UNIVERSITY'S MISSION BY PROVIDING A SUSTAINABLE FLOW OF FUNDS TO ANNUAL OPERATIONS. THIS SUPPORT INCLUDES FUNDS FOR SCHOLARSHIPS AND FOR SPECIFIC ACADEMIC PROGRAMS. THE UNIVERSITY HAS ADOPTED AN ENDOWMENT SPENDING POLICY DESIGNED TO PROVIDE A PREDICTABLE FLOW OF FUNDS TO OPERATIONS. THE POLICY IS INTENDED TO BALANCE CURRENT SPENDING NEEDS AND PRESERVE THE ENDOWMENT'S FUTURE PURCHASING POWER. THE UNIVERSITY APPLIES A 4.5\% SPENDING RATE TO A THREE-YEAR MOVING AVERAGE OF ENDOWMENT INVESTMENT FUNDS. THE BOARD OF REGENTS SETS THE SPENDING RATE. THE PURPOSE OF USING A MOVING AVERAGE IS TO SMOOTH OUT ANY WIDE FLUCTUATIONS IN THE MARKET VALUE. ENDOWMENT EARNINGS IN EXCESS OF THE SPENDING RATE ARE ADDED BACK TO THE PRINCIPAL OF THE ENDOWMENT INVESTMENTS. IN YEARS WHEN YIELD EXCEEDS THE AMOUNT APPROPRIATED UNDER THE SPENDING POLICY THE EXCESS IS RETURNED TO PRINCIPAL AS APPRECIATION. WHEN ANNUAL YIELD IS INSUFFICIENT TO SUPPORT SPENDING APPROPRIATIONS, THE BALANCE IS PROVIDED FROM ACCUMULATED APPRECIATION. SPECIAL ALLOCATIONS MAY BE MADE FOR CERTAIN PURPOSES IN ADDITION TO THE SPENDING RATE, AS APPROVED BY THE UNIVERSITY'S BOARD OF REGENTS. THERE WERE NO SPECIAL ALLOCATION MADE IN THE YEAR ENDED JUNE 30 ,

## Part XIII Supplemental Information (continued)

2020. 

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 $\$ 22,000$.

## Part XIII Supplemental Information (continued)



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.

Department of the Treasury Go to www.irs.gov/Form990 for the latest information

## Open to Public

Inspection

## Part

1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II

## SEE SUPPLEMENTAL PAGE

4 Does the organization maintain the following?
a Records indicating the racial composition of the student body, faculty, and administrative staff?
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
d Copies of all material used by the organization or on its behalf to solicit contributions?
If you answered "No" to any of the above, please explain. If you need more space, use Part II.

5 Does the organization discriminate by race in any way with respect to:
a Students' rights or privileges?

Admissions policies?

Employment of faculty or administrative staff?

Scholarships or other financial assistance?

Educational policies?

Use of facilities?
g Athletic programs? $\qquad$
h Other extracurricular activities?.
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.

6a Does the organization receive any financial aid or assistance from a governmental agency?
b Has the organization's right to such aid ever been revoked or suspended?.
If you answered "Yes" on either line 6a or line 6b, explain on Part II.
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II


Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions).

```
PART I, LINE:3
THE UNIVERSITY'S RACIALLY NONDISCRIMINATORY POLICY APPEARS IN ITS
UNDERGRADUATE AND GRADUATE CATALOGS, AS WELL AS IN THE ADMISSION
PROSPECTUS. IT IS ALSO IN ALL NEWSPAPER ADVERTISEMENTS AND THE
UNIVERSITY'S WEBSITE.
LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID
THE UNIVERSITY PARTICIPATES IN VARIOUS FEDERAL AND STATE FINANCIAL AID
PROGRAMS, WHICH INCLUDE, BUT ARE NOT LIMITED TO THE FOLLOWING PROGRAMS:
FEDERAL DIRECT LENDING PROGRAM, FEDERAL PELL GRANT, FEDERAL COLLEGE WORK
STUDY, FEDERAL SUPPLEMENTAL EDUCATION OPPORTUNITY GRANT, N.J STATE
TUITION ASSISTANCE GRANT AND N.J. STATE EDUCATION OPPORTUNITY FUND.
```

$>$ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
Attach to Form 990.
Department of the Treasury
Internal Revenue Service
Name of the organization
SETON HALL UNIVERSITY
Employer identification number
22-1500645

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.
1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

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

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

|  | (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| (1) | CENTRAL AMERICA/CARIBBEAN | 0. | 0. | investments |  | 120,976,000. |
| (2) | Europe | 0. | 0. | investments |  | 28,836,000. |
| (3) | EAST ASIA And the Pacific | 0. | 0. | PRogram services | STUDENT RECRUITMENT | 91,000. |
| (4) | EAST ASIA AND The Pacific | 0. | 0. | Program services | MBA Program | 20,000. |
| (5) | SOUTH AMERICA | 0. | 0. | Program Services | COMPLIANCE CERT | 40,000. |
| (6) | South Asia | 0. | 0. | Program Services | Peacebuilding | 125,000. |
| (7) |  |  |  |  |  |  |
| (8) |  |  |  |  |  |  |
| (9) |  |  |  |  |  |  |
| (10) |  |  |  |  |  |  |
| (11) |  |  |  |  |  |  |
| (12) |  |  |  |  |  |  |
| (13) |  |  |  |  |  |  |
| (14) |  |  |  |  |  |  |
| (15) |  |  |  |  |  |  |
| (16) |  |  |  |  |  |  |
| (17) |  |  |  |  |  |  |
| 3a | Subtotal |  |  |  |  | 150,088,000. |
| b | Total from continuation sheets to Part I . . . . . . . |  |  |  |  |  |
|  | Totals (add lines 3a and 3b) |  |  |  |  | 150,088,000. |
| For P JSA 9E1274 | aperwork Reduction Act Notice, see $\stackrel{4}{4} .00063 \mathrm{ES} \text { F42F } \quad 5 / 13 / 202$ | he Instructio $10: 33:$ | for Form 990. <br> AM |  | Sched | (Form 990) 2019 |


| Schedule | 0) 2019 |  |  |  |  |  |  |  | Page 2 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Part II | ants and art IV, line | ient who re | e than \$ | art II can be | icated if ad | nal space | eded. |  | Form 990, |
| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| (1) |  |  |  |  |  |  |  |  |  |
| (2) |  |  |  |  |  |  |  |  |  |
| (3) |  |  |  |  |  |  |  |  |  |
| (4) |  |  |  |  |  |  |  |  |  |
| (5) |  |  |  |  |  |  |  |  |  |
| (6) |  |  |  |  |  |  |  |  |  |
| (7) |  |  |  |  |  |  |  |  |  |
| (8) |  |  |  |  |  |  |  |  |  |
| (9) |  |  |  |  |  |  |  |  |  |
| (10) |  |  |  |  |  |  |  |  |  |
| (11) |  |  |  |  |  |  |  |  |  |
| (12) |  |  |  |  |  |  |  |  |  |
| (13) |  |  |  |  |  |  |  |  |  |
| (14) |  |  |  |  |  |  |  |  |  |
| (15) |  |  |  |  |  |  |  |  |  |
| (16) |  |  |  |  |  |  |  |  |  |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . . . . . . . . . . . . . . . .
SETON HALL UNIVERSITY
Part IV, line 16.
(g) Description
of noncash
assistance

| (e) Manner of |
| :---: | :---: |
| cash |
| disbursement |$\quad$| (f) Amount of |
| :---: |
| noncash |
| assistance |

(d) Amount of
cash grant

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region |
| :--- | :--- |

Schedule F (Form 990) 2019
Part III Grants an
Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990


| $(1)$ |
| :--- |
| $(2)$ |
| $(3)$ |
| $(4)$ |
| $(5)$ |
| $(6)$ |
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(9)
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uSA
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9E1276 1.000

## Part IV Foreign Forms

1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign

Corporation (see Instructions for Form 926) $\qquad$
$\qquad$ 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). $\qquad$
$\square$ YesNo

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) $\qquad$ -
$\qquad$
$\qquad$

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)

> 1)

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). $\qquad$
$\square$ Yes $\square$ 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) $\square$ Yes

## 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 FY2020, 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 1, LINE 3, (5)
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

## 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).

DOING BUSINESS IN LATAM.

PART 1, LINE 3 (6)

HUMANITARIAN PEACEBUILDING, STABILIZATION, RECOVERY, AND DEVELOPMENT

ACTORS PROVIDE CONFLICT SENSITIVE PROGRAMS IN YEMEN: THIS PROJECT WILL

LOOK TO BUILD A SHARED UNDERSTAND AMONG SERVICE PROVIDERS ABOUT THE

CONFLICT CONTEXTS AND HOW TO OPERATE MOST EFFECTIVELY IN THEM, AND

AGREEMENT WHERE POSSIBLE ON COLLECTIVE ACTIONS/APPROACHES. IT WILL DO

THIS THROUGH NETWORKING, COORDINATION, STRENGTHENING OF WORKING

RELATIONSHIPS, AND REGULAR SESSIONS TO REVIEW AVAILABLE ANALYSIS AND PLAN

FOR SHARED ACTIONS.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service
Name of the organization
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 $990-E Z$, line 6 a.

Attach to Form 990 or Form 990-EZ.
$>$ Go to www.irs.gov/Form990 for instructions and the latest information.

## SETON HALL UNIVERSITY

Employer identification number
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

| $\mathbf{a}$ |  |
| :--- | :--- |
| $\mathbf{b}$ |  |
| $\mathbf{b}$ | $\square$ |
| $\mathbf{c}$ |  |
| $\mathbf{d}$ | $\square$ | Mail solicitations

Solicitation of non-government grants
Internet and email solicitations
g Special fundraising events
-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?
 Yes
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $\$ 5,000$ by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |  | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Yes | No |  |  |  |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |
| Total . | . . . | . | . $\downarrow$ |  |  |  |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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



9 Enter the state(s) in which the organization conducts gaming activities:
a Is the organization licensed to conduct gaming activities in each of these states? . . . . . . . . . . . . $\square$ Yes $\square$ No
b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? $\qquad$ Yes $\square$ No
b If "Yes," explain:
11 Does the organization conduct gaming activities with nonmembers? ......................................... No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? $\qquad$
13 Indicate the percentage of gaming activity conducted in:
a The organization's facility
b An outside facility
. . . .
d address of the person who prepares the organization's gaming/special events 13
$\qquad$ No

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? ?

If "Yes," enter the amount of gaming revenue received by the organization \$ $\qquad$ and the amount of gaming revenue retained by the third party $>\$$
c If "Yes," enter name and address of the third party:

## Name

$\qquad$
Address

16 Gaming manager information:

Name

Gaming manager compensation \$ \$ $\qquad$

Description of services provided
$\square$ Director/officer $\quad \square$ Employee $\quad \square$ Independent contractor
17 Mandatory distributions:
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
 Yes $\qquad$ No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$
Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

## SCHEDULE I

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22 Attach to Form 990.
$>$ Go to www.irs.gov/Form990 for the latest information.
22-1500645
No
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $\$ 5,000$. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization
(1) TOWNSHIP Of SOUTH ORANGE VILLAGE
76 s. ORANGE AVE. SOUTH ORANGE, NJ 07079
(2) SOUTH ORANGE PERFORMING ARTS CENTER, INC.
(2) SOUTH ORANGE PERFORMING ARTS CENTER,
1 SOPAC WAY SOUTH ORANGE, NJ 07079
(3) SAINT PAUL'S OUTREACH
110 CRUSADER AVE WEST ST ST. PAML,
(5) TOWNShif of nutley, nu
1 KENNEDY DRIVE NUTLEY, NJ 07110
(6)
(7)
$\oplus$
ล
웅
(11)
(12) 2 Enter total number of section $501(\mathrm{c})(3)$ and government organizations listed in the line 1 table . . . . . . . . . . . . . . . . . . . . . . . . . . . . .
3 Enter total number of other organizations listed in the line 1 table . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990.
$9 E 12881.000$
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Part IV $\begin{aligned} & \text { Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional } \\ & \text { information. }\end{aligned}$

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.
SETON HALL UNIVERSITY Schedule I (Form 990) (2019) Grants and Other Assistance to Domestic Individual
Part III can be duplicated if additional space is needed
(a) Type of grant or assistance
$\underset{\text { recipients }}{\text { (b) }}$

## ,

(a) Type of grant or assistance

| 1 |  |
| :--- | :--- |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |
| 6 |  |
| 7 |  |
| Part IV | $\begin{array}{l}\text { Supplemental Information. Provide the } \\ \text { information. }\end{array}$ |

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## Part I Questions Regarding Compensation

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

| X |
| :---: |
| X |
| X |
|  |

First-class or charter travel
Travel for companions
Tax indemnification and gross-up payments
Discretionary spending account

| X |
| :---: |
| X |
| X |
| X |

Housing allowance or residence for personal use Payments for business use of personal residence Health or social club dues or initiation fees
Personal services (such as maid, chauffeur, chef)
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1 a ?
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

| $X$ |
| :---: |
| $X$ |
| $X$ |

Compensation committee
Independent compensation consultant
Form 990 of other organizations


Written employment contract
Compensation survey or study
Approval by the board or compensation committee

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:
a Receive a severance payment or change-of-control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines $4 \mathrm{a}-\mathrm{c}$, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
a The organization?
b Any related organization?
If "Yes" on line 5 a or 5b, describe in Part III.
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
a The organization?
b Any related organization? If "Yes" on line 6a or 6b, describe in Part III.
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6 ? If "Yes," describe in Part III.
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.
Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

## (A) Name and Title

ANTHONY O. SKINN $1^{\text {ASST. COACH MEN'S BASKETBALL }}$
DENNIS J. GARBINI,
FORMER V.p. ADMINISTRATION $2^{\text {FORMER V.P. ADMINISTRAIION }}$ TRACY H. GOTTLIEB, P
$\mathbf{3}^{\text {FORMER V.P. STUDENT SERVICES }}$ ${ }^{3}$ ROBIN L. CUNNINGHAM INT.VP STUDENT SERV THRU 10/19

| (A) Name and Title |  | (B) Breakdown of W-2 and/or 1099-MISC compensation |  |  | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | (i) Base compensation | (ii) Bonus \& incentive compensation | (iii) Other reportable compensation |  |  |  |  |
| $\begin{aligned} & \text { ANTHONY O. SKINN } \\ & \mathbf{1}^{\text {ASST. COACH MEN'S BASKETBALL }} \end{aligned}$ | (i) | 225,988. | 5,000. | 11,600. | 18,180. | 11,239. | 272,007. | 0. |
|  | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0 . |
| DENNIS J. GARBINI, M.B. $\mathbf{2}^{\text {FORMER V.P. ADMINISTRATION }}$ | (i) | 103,840. | 33,293. | 228,676. | 22,000. | 25,765. | 413,574. | 0 |
|  | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0 |
| TRACY H. GOTTLIEB, PH.D $3^{\text {FORMER V.P. STUDENT SERVICES }}$ | (i) | 252,269. | 22,973. | 6,343. | 18,389. | 22,859. | 322,833. | 0 |
|  | (ii) | 0. | 0 . | 0 . | 0. | 0. | 0. | 0. |
| $\begin{aligned} & \text { ROBIN L. CUNNINGHAM, ED } \\ & \mathbf{4}^{\text {INT.VP STUDENT SERV THRU } 10 / 19} \\ & \hline \end{aligned}$ | (i) | 156,312. | 0. | 2,911. | 12,620. | 11,759. | 183,602. | 0. |
|  | (ii) | 0 . | 0. | 0 . | 0. | 0. | 0. | 0. |
| 5 | (i) |  |  |  |  |  |  |  |
|  | (ii) |  |  |  |  |  |  |  |
| 6 | (i) |  |  |  |  |  |  |  |
|  | (ii) |  |  |  |  |  |  |  |
| 7 | (i) |  |  |  |  |  |  |  |
|  | (ii) |  |  |  |  |  |  |  |
| 8 | (i) |  |  |  |  |  |  |  |
|  | (ii) |  |  |  |  |  |  |  |
| 9 | (i) |  |  |  |  |  |  |  |
|  | (ii) |  |  |  |  |  |  |  |
| 10 | (i) |  |  |  |  |  |  |  |
|  | (ii) |  |  |  |  |  |  |  |
| 11 | (i) |  |  |  |  |  |  |  |
|  | (ii) |  |  |  |  |  |  |  |
| 12 | (i) |  |  |  |  |  |  |  |
|  | (ii) |  |  |  |  |  |  |  |
| 13 | (i) |  |  |  |  |  |  |  |
|  | (ii) |  |  |  |  |  |  |  |
| 14 | (i) |  |  |  |  |  |  |  |
|  | (ii) |  |  |  |  |  |  |  |
| 15 | (i) |  |  |  |  |  |  |  |
|  | (ii) |  |  |  |  |  |  |  |
| 16 | (i) |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

Schedule $J$ (Form 990$) 2019$
Part III Supplemental Information 3
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
JOSEPH E. NYRE, PH.D. BECAME PRESIDENT/CEO/TRUSTEE/REGENT ON AUGUST 1,
2019. THE UNIVERSITY INCLUDES IN HIS TAXABLE INCOME CERTAIN PAYMENTS MADE
ON HIS BEHALF AND CERTAIN EXPENSE REIMBURSEMENTS. THE UNIVERSITY MAKES
GROSS-UP PAYMENTS, WHICH ARE INCLUDED IN TAXABLE INCOME, TO HIM FOR
MARY J. MEEHAN, PH.D. INTERIM PRESIDENT/TRUSTEE/REGENT WAS IN
POSITION UP UNTIL JULY 31, 2019. SHE BECAME A MEMBER OF THE FACULTY AT
THE UNIVERSITY ON AUGUST 1, 2019.
HOUSING AND RELATED SERVICES WERE PROVIDED AT NO CHARGE TO MEMBERS OF ITS
PRIEST COMMUNITY WHICH INCLUDED AN OFFICER, ALONG WITH CERTAIN REGENTS
AND TRUSTEES LISTED IN FORM 990, PART VII(MONSIGNOR ANTHONY ZICCARDI,
MONSIGNOR JOSEPH R.REILLY, MONSIGNOR ROBERT COLEMAN, MONSIGNOR THOMAS P.
NYDEGGER, MONSIGNOR ROBERT J. WISTER, AND MONSIGNOR GERALD J. BUONOPANE).
THE VALUE OF THE HOUSING AND RELATED BENEFITS ARE INCLUDED IN NONTAXABLE
BENEFITS IN SCHEDULE J, PART II.
SETON HALL UNIVERSITY
Schedule J (Form 990) 2019
Part III Supplemental Information 3
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information

THE MEN'S BASKETBALL TEAM MAY TRAVEL VIA CHARTERED FLIGHTS TO GAMES TO
MINIMIZE THE TIME SPENT AWAY FROM FOR THE PLAYERS. THE UNIVERSITY SPENT
$\$ 22,241$ FOR THE MEN'S BASKETBALL COACH TO TRAVEL VIA CHARTERED FLIGHTS
FOR RECRUITMENT PURPOSES. THESE BENEFITS ARE NOT INCLUDED IN TAXABLE

## INCOME.

SPOUSES OF THE PRESIDENT, THE MEN'S BASKETBALL COACH, THE WOMEN'S
BASKETBALL COACH, AND OTHER MEMBERS OF THE EXECUTIVE CABINET MAY TRAVEL
TO A LIMITED NUMBER OF EVENTS FOR BUSINESS PURPOSES; THESE EVENTS INCLUDE
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8263ES F42F
SETON HALL UNIVERSITY

| Schedule J (Form 990) 2019 |  |
| :--- | :--- | :--- |
| Part III | Supplemental Information | for any additional information.

FUNDRAISING/ALUMNI EVENTS AND MEN'S BASKETBALL TOURNAMENTS. WHERE
APPLICABLE, THE PERSONAL COMPONENT OF TRAVEL IS INCLUDED IN TAXABLE
THE UNIVERSITY PAID $\$ 221,952$ IN 2019 TO THE FORMER VP FOR ADMINISTRATION

## AS SEVERANCE

DURING 2019, THE UNIVERSITY MADE AN END OF TERM PAYMENT TO AN EMPLOYEE
PURSUANT TO CONTRACT. DUE TO NON-DISCLOSURE PROVISIONS IN THE CONTRACT,
THE UNIVERSITY IS NOT DISCLOSING THE EMPLOYEE'S NAME. HOWEVER, SUCH
PAYMENT IS PROPERLY DISCLOSED ON FORM 990, PART VII AND SCHEDULE J AS
2019, AS REQUIRED. ALL AMOUNTS PAID AND DISCLOSED WERE PURSUANT TO
EMPLOYMENT AGREEMENTS AND DONE SO PRIOR TO THE COVID PANDEMIC THAT
CURRENTLY AFFECTS OUR STUDENTS, EMPLOYEES AND SOCIETY IN GENERAL.

SCHEDULE K (Form 990)

Department of the Treasury Name of the organization

## SETON HALL UNIVERSITY Part I Bond Issues

(a) Issuer name

Supplemental Information on Tax-Exempt Bonds

- Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,
$\rightarrow$ Attach to Form 990.
$>$ Go to www.irs.gov/Form990 for instructions and the latest information.
OMB No. 1545-0047

tification number
22-1500645

| (h) On | $\begin{array}{l}\text { (i) Pooled } \\ \text { financing }\end{array}$ |
| :--- | :--- |



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| :--- |
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| $\vdots$ |
| $\vdots$ |
| $\mathbf{z}$ |
| $\boldsymbol{y}$ |
| $\boldsymbol{y}$ |


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| :---: | :---: | :---: | :---: | :---: | :---: |
| $\begin{aligned} & \bar{\otimes} \\ & \text { O} \end{aligned}$ | $\stackrel{\text { ® }}{\substack{\text { ® }}}$ |  |  |  |  |

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$202,023$.
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$m$




$\begin{array}{ll}14 & \begin{array}{l}\text { Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, } \\ \text { if issued prior to } 2018 \text {, a current refunding issue)? . . . . . . . . . . . . . . . . . . }\end{array} \\ \mathbf{1 5} & \begin{array}{l}\text { Were the bonds issued as part of a refunding issue of taxable bonds (or, if } \\ \text { issued prior to } 2018 \text {, an advance refunding issue)? . . . . . . . . . . . . . . . . . . }\end{array} \\ \mathbf{1 6} & \text { Has the final allocation of proceeds been made? . . . . . . . . . . . . . . . . . . } \\ \mathbf{1 7} & \begin{array}{l}\text { Does the organization maintain adequate books and records to support the } \\ \text { final allocation of proceeds? . . . . . . . . . . . . . . . . . . . . . . . . . . . . }\end{array}\end{array}$
For Paperwork Reduction Act Notice, see the Instructions for Form 990.
SCHEDULE K (Form 990)

Department of the Treasury

Name of the organization SETON HALL UNIVERSITY
Part I Bond Issues
(a) Issuer name
A nJefa - SEtON haLl - ISSUE 2013 D
B NJEFA - SETON HALL - ISSUE 2015 C
D nJefa - Seton hall - Cif 2016 A
Part II $\quad$ Proceeds
C NJEFA - SETON HALL - ISSUE 2016 C
221829511 221829511

| (h) On | (i) Pooled |
| :---: | :---: |
| behalf of | $\begin{array}{l}\text { financing }\end{array}$ |

2 | 0 |
| :--- |
| z |

 - Go to www.irs.gov/Form990 for instructions and the latest information.
'suo!̣d!uosop apnod evt
II
Supplemental Information on Tax-Exempt Bonds
and any additional inform
OMB No. 1545-0047

SCHEDULE K (Form 990)

Department of the Treasury
Name of the organization

## SETON HALL UNIVERSITY <br> Part I Bond Issues

(a) Issuer name

Supplemental Information on Tax-Exempt Bonds
$\rightarrow$ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,
$\rightarrow$ Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

| OMB No. 1545-0047 |
| :---: |
| 2019 |
| Open to Public |
| Inspection |

Employer idenification number
$22-1500645$

| (h) On | $\begin{array}{l}\text { (i) Pooled } \\ \text { financing }\end{array}$ |
| :--- | :--- | 0

0
0
0
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0





 Schedule K (Form 990) 2019 For Paperwork Reduction Act Notice, see the Instructions for Form 990.


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






| Part IV Arbitrage (continued) |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?. | A |  | B |  | c |  | D |  |
|  | Yes | No | Yes | No | Yes | No | Yes | No |
|  |  | X |  | X |  | X |  | X |
| b Name of provider . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . |  |  |  |  |  |  |  |  |
| c Term of hedge. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . |  |  |  |  |  |  |  |  |
| d Was the hedge superintegrated? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . |  |  |  |  |  |  |  |  |
| e Was the hedge terminated?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . |  |  |  |  |  |  |  |  |
| b Name of provider . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| c Term of GIC . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . |  |  |  |  |  |  |  |  |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |
| 7 Has the organization established written procedures to monitor the requirements of section 148? |  |  |  |  |  |  |  |  |
| Part V Procedures To Undertake Corrective Action |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Has the organization established written procedures to ensure that violations | Yes | No | Yes | No | Yes | No | Yes | No |
| of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? | X |  | X |  | X |  | X |  |


| Part IV Arbitrage (continued) |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?. | A |  | B |  | c |  | D |  |
|  | Yes | No | Yes | No | Yes | No | Yes | No |
|  |  | X |  | X |  | X |  | X |
| b Name of provider . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . |  |  |  |  |  |  |  |  |
| c Term of hedge. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . |  |  |  |  |  |  |  |  |
| d Was the hedge superintegrated? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . |  |  |  |  |  |  |  |  |
| e Was the hedge terminated?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . |  |  |  |  |  |  |  |  |
| b Name of provider . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| c Term of GIC . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . |  |  |  |  |  |  |  |  |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |
| 7 Has the organization established written procedures to monitor the requirements of section 148? |  |  |  |  |  |  |  |  |
| Part V Procedures To Undertake Corrective Action |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Has the organization established written procedures to ensure that violations | Yes | No | Yes | No | Yes | No | Yes | No |
| of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? | X |  | X |  | X |  | X |  |


| Part IV Arbitrage (continued) |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?. | A |  | B |  | C |  | D |  |
|  | Yes | No | Yes | No | Yes | No | Yes | No |
|  |  | X |  | X |  | X |  |  |
| b Name of provider . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . |  |  |  |  |  |  |  |  |
| c Term of hedge. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . |  |  |  |  |  |  |  |  |
| d Was the hedge superintegrated? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . |  |  |  |  |  |  |  |  |
| e Was the hedge terminated?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . |  |  |  |  |  |  |  |  |
| 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? . . . . . . . . |  | X |  | X |  | X |  |  |
| b Name of provider . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . |  |  |  |  |  |  |  |  |
| c Term of GIC. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . |  |  |  |  |  |  |  |  |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| 7 Has the organization established written procedures to monitor therequirements of section 148? . . . . . . . . . . . . . . . . . . . . . . . . . . |  |  |  |  |  |  |  |  |
| Part V Procedures To Undertake Corrective Action |  |  |  |  |  |  |  |  |
|  | A |  | B |  | c |  | D |  |
| Has the organization established written procedures to ensure that violations | Yes | No | Yes | No | Yes | No | Yes | No |
| of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? | X |  | X |  | x |  |  |  |

Schedule K (Form 990) 2019
Part VI $\quad$ Suppleme
Page 4


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

IMPROVEMENTS AT INSTITUTIONS OF HIGHER EDUCATION. THE BONDS WERE ISSUED

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

THE REMAINDER REFUNDED OTHER STATE ISSUES THAT PROVIDED GRANT FUNDS FOR

BONDS PARTIALLY ADVANCE REFUNDED THE 2004 SERIES A BONDS AND OTHER SERIES

BY EACH INSTITUTION WERE ADJUSTED TO TAKE ACCOUNT OF ALLOCABLE DEBT
SERVICES SAVINGS.





Sı ᄌ山ISY'দ $\Lambda$ IN
APPORTIONED AMOUNT, AFTER $\$ 12,153$ OF APPORTIONED ISSUANCE COSTS, WAS
$\$ 1,500,000$. OF THIS AMOUNT THAT WAS RECEIVED BY THE UNIVERSITY, $\$ 766,748$
WAS A GRANT AND $\$ 733,252$ WAS DEBT REPAYABLE OVER TWENTY YEARS. BOTH
AMOUNTS WERE TO BE SPENT ON CAPITAL IMPROVEMENTS. BONDS ISSUED TO FINANCE
GRANTS MUST BE APPROVED BY THE STATE TREASURER AND ARE PAYABLE BY THE
STATE SUBJECT TO APPROPRIATION. THE BONDS ARE SOLD BASED ON THE CREDIT OF
THE STATE. EACH INSTITUTION ENTERED INTO A GRANT AGREEMENT OBLIGATING THE

> GRANTEE TO PAY HALF OF THE DEBT SERVICE ON THE BONDS ALLOCABLE TO THE
> 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.
> 11. SETON HALL UNIVERSITY ISSUE, 2020 SERIES C (CUSIP 6460667B0), WAS

> ISSUED BY THE NJEFA TO FUND CAPITAL IMPROVEMENTS ON THE UNIVERSITY'S
> CAMPUS.

SCHEDULE L
Transactions With Interested Persons
(Form 990 or $990-E Z$ ) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.
Department of the Treasury
Internal Revenue Service
Name of the organization
SETON HALL UNIVERSITY
Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

| $1 \quad$ (a) Name of disqualified person | (b) Relationship between disqualified person and <br> organization | (c) Description of transaction |  |
| :--- | :--- | :--- | :--- |
| (d) Coreseded |  |  |  |
| Yes | No |  |
| $(2)$ |  |  |  |
| (3) |  |  |  |
| (4) |  |  |  |
| $(5)$ |  |  |  |
| $(6)$ |  |  |  |

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958
\$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. . . . . . . . . . . . . . . \$
Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

| (a) Name of interested person <br> ATTACHMENT 1 | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? |  | (e) Original principal amount | (f) Balance due | (g) In default? |  | (h) Approved by board or committee? |  | (i) Written agreement? |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | To | From |  |  | Yes | No | Yes | No | Yes | No |
| (1) |  |  |  |  |  |  |  |  |  |  |  |  |
| (2) |  |  |  |  |  |  |  |  |  |  |  |  |
| (3) |  |  |  |  |  |  |  |  |  |  |  |  |
| (4) |  |  |  |  |  |  |  |  |  |  |  |  |
| (5) |  |  |  |  |  |  |  |  |  |  |  |  |
| (6) |  |  |  |  |  |  |  |  |  |  |  |  |
| (7) |  |  |  |  |  |  |  |  |  |  |  |  |
| (8) |  |  |  |  |  |  |  |  |  |  |  |  |
| (9) |  |  |  |  |  |  |  |  |  |  |  |  |
| (10) |  |  |  |  |  |  |  |  |  |  |  |  |
| Total |  |  |  |  | . . . . | 2,893,750 |  |  |  |  |  |  |

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

| (a) Name of interested person | (b) Relationship between interested <br> person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
| :--- | :--- | :--- | :--- | :--- |
| (1) TOTAL OF 8 |  | $222,130 \cdot$ | SCHOLAR/TUITION REMISSION | EDUCATION |
| (2) |  |  |  |  |
| (3) |  |  |  |  |
| (4) |  |  |  |  |
| (5) |  |  |  |  |
| (6) |  |  |  |  |
| (7) |  |  |  |  |
| (8) |  |  |  |  |
| (9) |  |  |  |  |
| (10) |  |  |  |  |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
Schedule L (Form 990 or 990-EZ) 2019

| Part IV | $\begin{array}{l}\text { Business Transactions Involving Interested Persons. } \\ \text { Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. }\end{array}$ |
| :--- | :--- |


| (a) Name of interested person <br> ATTACHMENT 2 | (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 II - LOANS TO AND/OR FROM INTERESTED PERSONS
THE UNIVERSITY REQUIRES THAT AS A CONDITION OF EMPLOYMENT, DR. JOSEPH NYRE, PRESIDENT AND CEO, LIVE IN CLOSE PROXIMITY TO THE UNIVERSITY'S CAMPUS AND THAT HE USE HIS RESIDENCE FOR OFFICIAL UNIVERSITY FUNCTIONS AND BUSINESS ON A CONTINUOUS BASIS. ACCORDINGLY, AS THE UNIVERSITY DID NOT OWN PROPERTY THAT WOULD SATISFY THESE REQUIREMENTS, THE UNIVERSITY PROVIDED DR. NYRE WITH A 30 YEAR LOAN IN THE AMOUNT OF $\$ 2,893,750$ TO PURCHASE A RESIDENCE. THE RESIDENCE WAS SUBJECT TO, AND RECEIVED THE APPROVAL OF, THE BOARD OF REGENTS. LOAN PRINCIPAL IS PAID UPON MATURITY OR TERMINATION OF EMPLOYMENT. IT IS SECURED BY A FIRST MORTGAGE. ANNUAL PAYMENTS ARE FOR INTEREST ONLY.

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

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).

LAW FIRM OF GIBBONS P.C. SETON HALL UNIVERSITY PAID GIBBONS P.C. \$1,085,060, FOR LEGAL SERVICES IN THE YEAR ENDED JUNE 30, 2020.

ROBERT J. SLOAN, TRUSTEE/REGENT, WAS A VICE PRESIDENT AT AT\&T UP UNTIL APRIL 1, 2020. SETON HALL UNIVERSITY PAID AT\&T \$234,402 FOR TELEPHONE CHARGES IN FY2020.

FRANCIS J. HAGER, REGENT, HAS A BUSINESS RELATIONSHIP WITH APPOMATTOX CAPITAL, THE UNIVERSITY'S OUTSOURCED ENDOWMENT PORTFOLIO MANAGER. THE UNIVERSITY PAID APPOMATTOX MANAGEMENT FEES IN FY2020 OF \$725,895.

```
THE TWO SISTERS AND DAUGHTER-IN-LAW OF DR. TRACY H. GOTTLIEB, FORMER V.P.
```

FOR STUDENT SERVICES, SERVED AS EMPLOYEES OF THE UNIVERSITY. IN FISCAL
YEAR 2020, THEY RECEIVED TOTAL COMPENSATION AND BENEFITS OF \$138,677,
\$54,705, AND \$69,323, RESPECTIVELY.

THE DAUGHTER OF MATTHEW BOROWICK, M.B.A., INTERIM V.P. ADVANCEMENT, SERVED AS AN EMPLOYEE OF THE UNIVERSITY. IN FISCAL YEAR 2020, SHE

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).

RECEIVED TOTAL COMPENSATION AND BENEFITS OF \$59,425.

GOURMET DINING, LLC, A SUBSTANTIAL CONTRIBUTOR, IS A UNIVERSITY VENDOR

PROVIDING FOOD SERVICES. SETON HALL UNIVERSITY PAID GOURMET DINING, LLC
\$11,931,839 IN FY2020.

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

REASONABLE TO AND FOR THE BENEFIT OF THE UNIVERSITY. THE APPLICABLE

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

TRANSACTIONS.

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | Yes | No |
| (1) |  |  |  |  |  |
| (2) |  |  |  |  |  |
| (3) |  |  |  |  |  |
| (4) |  |  |  |  |  |
| (5) |  |  |  |  |  |
| (6) |  |  |  |  |  |
| (7) |  |  |  |  |  |
| (8) |  |  |  |  |  |
| (9) |  |  |  |  |  |
| (10) |  |  |  |  |  |

## Part V Supplemental Information

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


$$
\text { ATTACHMENT } 1
$$

SCHEDULE L, PART II
NAME
RELATIONSHIP WITH ORGANIZATION
PURPOSE OF LOAN
LOAN TO OR FROM THE ORG.?
ORIGINAL PRINCIPAL AMOUNT
BALANCE DUE
IN DEFAULT?
APPROVED BY BOARD OR COMMITTEE
WRITTEN AGREEMENT?

JOSEPH E. NYRE, PH.D.
PRESIDENT/CEO/ TRUSTEE/REGENT
HOME PURCHASE
TO X FROM
$2,893,750$. 2,893,750.

YES X NO
$X$ YES NO
X YES NO

SCHEDULE L, PART IV
(A) NAME OF INTERESTED PERSO
(B) RELATIONSHIP

MARY ANN CHRISTOPHER
BROTHER OF TRUSTEE/REGENT
(C) AMOUNT
(D) DESCRIPTION OF TRANSACTION

LEGAL SERVICES
(E) SHARING ORGANIZATION REVENUE? YES X NO
(A) NAME OF INTERESTED PERSON

ROBERT J. SLOAN
(B) RELATIONSHIP
(C) AMOUNT
(D) DESCRIPTION OF TRANSACTION

EMPLOYER OF TRUSTEE/REGENT
234,402.
TELEPHONE CHARGES
(E) SHARING ORGANIZATION REVENUE? YES X NO
(A) NAME OF INTERESTED PERSON

FRANCIS J. HAGER
(B) RELATIONSHIP

BUSINESS RELATIONSHIP WITH REGENT
(C) AMOUNT

$$
712,339 .
$$

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | Yes | No |
| (1) |  |  |  |  |  |
| (2) |  |  |  |  |  |
| (3) |  |  |  |  |  |
| (4) |  |  |  |  |  |
| (5) |  |  |  |  |  |
| (6) |  |  |  |  |  |
| (7) |  |  |  |  |  |
| (8) |  |  |  |  |  |
| (9) |  |  |  |  |  |
| (10) |  |  |  |  |  |

## Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).
ATTACHMENT 2 (CONT'D)
SCHEDULE L, PART IV
(D) DESCRIPTION OF TRANSACTION MANAGEMENT FEES
(E) SHARING ORGANIZATION REVENUE? YES X NO
(A) NAME OF INTERESTED PERSON TRACY H.GOTTLIEB
(B) RELATIONSHIP SISTER OF OFFICER
(C) AMOUNT
(D) DESCRIPTION OF TRANSACTION

138,677.
COMPENSATION \& BENEFITS
(E) SHARING ORGANIZATION REVENUE? YES X NO
(A) NAME OF INTERESTED PERSON

TRACY H.GOTTLIEB
(B) RELATIONSHIP
(C) AMOUNT

SISTER OF OFFICER
54,705.
(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
69,323.
(C) AMOUNT
(D) DESCRIPTION OF TRANSACTION

COMPENSATION \& BENEFITS
(E) SHARING ORGANIZATION REVENUE? YeS X NO
(A) NAME OF INTERESTED PERSON

MATTHEW BOROWICK
(B) RELATIONSHIP
(C) AMOUNT

DAUGHTER OF OFFICER
59,425.
(D) DESCRIPTION OF TRANSACTION

COMPENSATION \& BENEFITS
(E) SHARING ORGANIZATION REVENUE? YES $X$ NO

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).

$$
\text { ATTACHMENT } 2 \text { (CONT'D) }
$$

SCHEDULE L, PART IV
(A) Name of interested person
gourmet dining lic
(B) Relationship
SUBSTANTIAL CONTRIBUTOR
(C) Amount
(D) DESCRIPTION OF TRANSACtION
11,931,839.
(E) SHARING ORGANIZATION REVENUE? YES X NO
OOD SERVICES

Department of the Treasury Internal Revenue Service
Name of the organization
Open to Public Inspection

SETON HALL UNIVERSITY
Employer identification number

## Part I Types of Property

|  |  | (a) <br> Check if applicable | (b) <br> Number of contributions or items contributed | (c) <br> Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) <br> Method of determining noncash contribution amounts |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 1 | Art - Works of art | X | 2. | 61,000. | APPRAISAL |
| 2 | Art - Historical treasures |  |  |  |  |
| 3 | Art - Fractional interests |  |  |  |  |
| 4 | Books and publications |  |  |  |  |
| 5 | Clothing and household goods . |  |  |  |  |
| 6 | Cars and other vehicles. |  |  |  |  |
| 7 | Boats and planes |  |  |  |  |
| 8 | Intellectual property |  |  |  |  |
| 9 | Securities - Publicly traded | X | 26. | 1,063,000. | SELLING PRICE |
| 10 | Securities - Closely held stock |  |  |  |  |
| 11 | Securities - Partnership, LLC, or trust interests |  |  |  |  |
| 12 | Securities - Miscellaneous |  |  |  |  |
| 13 | Qualified conservation contribution - Historic structures . . . . . . . |  |  |  |  |
| 14 | Qualified conservation contribution - Other. . |  |  |  |  |
| 15 | Real estate - Residential |  |  |  |  |
| 16 | Real estate - Commercial |  |  |  |  |
| 17 | Real estate - Other |  |  |  |  |
| 18 | Collectibles |  |  |  |  |
| 19 | Food inventory | X | 11. | 49,000. | COST |
| 20 | Drugs and medical supplies |  |  |  |  |
| 21 | Taxidermy. |  |  |  |  |
| 22 | Historical artifacts. |  |  |  |  |
| 23 | Scientific specimens |  |  |  |  |
| 24 | Archeological artifacts |  |  |  |  |
| 25 | Other ( MISCELLANEOUS ) | X | 16. | 47,000. | COST |
| 26 | Other ( | X | 1. | 1,165,000. | FMV |
| 27 | Other ( _ |  |  |  |  |
| 28 | Other ( ) |  |  |  |  |

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

|  |  |  |
| :--- | :--- | :--- |
| 29 |  | 4. |

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .
b If "Yes," describe the arrangement in Part II.
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
b If "Yes," describe in Part II.
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

|  | Yes | No |
| :---: | :---: | :---: |
|  |  |  |
| $30 a$ |  | $X$ |
|  |  |  |
| 31 | $X$ |  |
| $32 a$ | $X$ |  |
|  |  |  |
|  |  |  |

Part II | Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and |
| :--- |
| the organization is reporting in Part I, column (b), the number of contributions, the numbe |
| 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.

Open to Public
Inspection

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. SETON HALL
STUDENTS ARE PREPARED TO BE LEADERS IN THEIR PROFESSIONAL AND COMMUNITY LIVES IN A GLOBAL SOCIETY AND ARE CHALLENGED BY OUTSTANDING FACULTY, A TECHNOLOGICALLY ADVANCED SETTING, AND VALUES-CENTERED CURRICULA. THE UNIVERSITY IS HOME TO TEN NATIONALLY RECOGNIZED AND ACCREDITED SCHOOLS LOCATED ON THREE CAMPUSES, ALL WITHIN 15 MILES OF NEW YORK CITY. ITS MAIN CAMPUS IS IN SOUTH ORANGE, NEW JERSEY, ITS NATIONALLY RANKED LAW SCHOOL IS IN NEWARK, NEW JERSEY, AND ITS INTERPROFESSIONAL HEALTH SCIENCES ("IHS") CAMPUS IS IN THE CITY OF CLIFTON AND THE TOWNSHIP OF NUTLEY, NEW JERSEY. WITHIN THESE TEN SCHOOLS, THE PROFESSORS OF SETON HALL EDUCATE, SHAPE AND DEVELOP APPROXIMATELY 6,100 UNDERGRADUATE AND 4,100 GRADUATE STUDENTS, WHO ARE ENROLLED IN MORE THAN 90 RIGOROUS MAJORS. THIS HAS LED TO THE UNIVERSITY BEING NATIONALLY RECOGNIZED FOR ACADEMIC EXCELLENCE BY THE PRINCETON REVIEW, U.S. NEWS AND WORLD REPORT, AND BLOOMBERG BUSINESSWEEK. THE UNIVERSITY REMAINS A PIONEER IN CATHOLIC EDUCATION.

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

THE 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 $501(\mathrm{C})(3)$. THE UNIVERSITY AGREED TO OFFER, UNDER ITS EXISTING ACCREDITATIONS AND REGULATORY APPROVALS, THE SOM ACADEMIC DEGREE PROGRAM (THE "MD PROGRAM"). THE UNIVERSITY RECEIVED PRELIMINARY ACCREDITATION FROM THE LIAISON COMMITTEE ON MEDICAL EDUCATION (THE "LCME")TO OPERATE THE MD PROGRAM IN FEBRUARY 2018. THE MD PROGRAM COMMENCED ACADEMIC OPERATIONS IN JULY 2018 WITH THE UNIVERSITY BEING THE DEGREE-GRANTING

INSTITUTION.

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

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

APART FROM CERTAIN LIMITED FUNCTIONS THAT COULD NOT BE COMPLETED BY JULY 3, 2020. IN ADDITION, THE UNIVERSITY, HMH AND HMSOM ENTERED INTO A RELEASE AND INDEMNIFICATION AGREEMENT TO HOLD EACH OTHER HARMLESS FOR CERTAIN CLAIMS THAT AROSE PRIOR TO JULY 3, 2020 AND THAT MAY ARISE SUBSEQUENT TO THAT DATE.

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

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

PART VI, SECTION B, LINE 12C: THE UNIVERSITY'S CONFLICT OF INTEREST POLICY IS POSTED ON THE UNIVERSITY'S WEB SITE. ALL NEW EMPLOYEES ARE MADE

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

PART VI, SECTION B, LINE 15: SETON HALL UNIVERSITY CAN ENSURE AND DEMONSTRATE THAT OUR COMPENSATION ACTIONS DO NOT INURE TO THE BENEFIT OF A PRIVATE INDIVIDUAL. WE CAN DEMONSTRATE THAT THE COMPENSATION OF ALL DISQUALIFIED PERSONS, SUCH AS OFFICERS, DIRECTORS, AND KEY EMPLOYEES, IS

CONSIDERED REASONABLE AND WOULD ORDINARILY BE PAID FOR LIKE SERVICES BY LIKE ENTERPRISES UNDER LIKE CIRCUMSTANCES. THE REASONABLENESS OF OUR COMPENSATION TAKES INTO ACCOUNT ALL BENEFITS. ANY COMPENSATION TRANSACTIONS FOR THESE INDIVIDUALS ARE APPROVED BY AN AUTHORIZED BODY OF INDIVIDUALS WHO HAVE NO CONFLICT OF INTEREST. UTILIZING A COMPENSATION CONSULTANT, APPROPRIATE COMPENSATION DATA IS RELIED UPON FOR COMPARABILITY AND PROOF OF FAIR MARKET VALUE, BEFORE MAKING A DECISION. COMPENSATION DECISIONS AND REPORTS ARE CONTEMPORANEOUSLY DOCUMENTED IN THE MINUTES OF THE MEETING OF THE COMMITTEE WHEN THE DECISIONS ARE MADE.

PART VI, SECTION C, LINE 19: THE UNIVERSITY'S BY-LAWS AND ITS CONFLICT OF INTEREST POLICY ARE POSTED ON THE UNIVERSITY'S WEBSITE.

FORM 990, PART VII, SECTION A SHAWNA COOPER-GIBSON, ED.D. BECAME VP STUDENT SERVICES ON OCTOBER 14, 2019.

TRACY H. GOTTLIEB, PH.D. STEPPED DOWN AS VP STUDENT SERVICES ON JUNE 30, 2019.

ROBIN L. CUNNINGHAM, ED. S. WAS INTERIM VP STUDENT SERVICES FROM JULY 1, 2019 TO OCTOBER 13, 2019.

KATIA PASSERINI, PH.D. BECAME EXECUTIVE VICE PRESIDENT AND PROVOST EFFECTIVE JUNE 5, 2020. ACCORDINGLY, SHE IS REPORTED ON THE FORM 990 WITH NO CURRENT COMPENSATION (AS SHE DID NOT RECEIVE A W-2 IN CALENDAR YEAR 2019) .

KAREN E. BOROFF, PH.D. - INTERIM PROVOST WAS IN THAT POSITION UP UNTIL JUNE 4, 2020.

KIMBERLY A. CAPADONA, ESQ. SERVED AS A REGENT FOR THE UNIVERSITY UP UNTIL HER ACCEPTING THE POSITION OF VP AND GENERAL COUNSEL EFFECTIVE APRIL 27, 2020. ACCORDINGLY, SHE IS REPORTED ON THE FORM 990 WITH NO CURRENT COMPENSATION (AS SHE DID NOT RECEIVE A W-2 IN CALENDAR YEAR 2019).

FORM 990, PART XI, LINE 9
PROVISION FOR UNCOLLECTIBLE CONTRIBUTIONS RECEIVABLE OF \$296,000 LESS THE CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS OF \$22,000.

COVID-19 PANDEMIC
IN MARCH 2020, IN RESPONSE TO THE NOVEL CORONAVIRUS COVID-19 PANDEMIC, THE UNIVERSITY TRANSITIONED TO REMOTE LEARNING FOR ALL COURSES FOR THE REMAINDER OF THE SPRING TERM. ACCORDINGLY, THE UNIVERSITY PROCESSED CREDITS TO STUDENTS FOR PRORATED ROOM, BOARD, AND PARKING FEES FOR THE SPRING TERM.

## ATTACHMENT 1

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

| NAME AND ADDRESS | DESCRIPTION OF SERVICES | COMPENSATION |
| :---: | :---: | :---: |
| GOURMET DINING, LLC 400 SOUTH ORANGE AVENUE SOUTH ORANGE, NJ 07079 | FOOD SERVICES | 11,931,839. |
| SORDONI CONSTRUCTION CO. 1 PLUCKEMIN WAY, 2ND FLOOR BEDMINSTER, NJ 07921 | GENERAL CONTRACTING | 4,313,335. |
| ATALIAN GLOBAL SERVICES <br> 417 FIFTH AVENUE, 9TH FLOOR NEW YORK, NY 10016 | HOUSEKEEPING | 4,268,161. |
| J.R. PRISCO INC. 44 MIDDLE AVENUE SUMMIT, NJ 07901 | GENERAL CONSTRUCTION | 3,353,964. |
| ASPIRE TECHNOLOGY PARTNERS | BUSINESS CONSULTANT | 1,832,255. |


| Name of the organization <br> SETON HALL UNIVERSITY | Employer identification number <br> $22-1500645$ |
| :--- | :--- |
|  | $\xlongequal{\text { ATTACHMENT 1 (CONT'D) }}$ |


| 990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS |  |
| :--- | ---: |
| NAME AND ADDRESS | DESCRIPTION OF SERVICES $\quad$ COMPENSATION |

25 JAMES WAY
EATONTOWN, NJ 07724

## ATTACHMENT 2

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

| DESCRIPTION |  | BEGINNING | ENDING |
| :---: | :---: | :---: | :---: |
|  |  | BOOK VALUE | BOOK VALUE |
| PREPAID EXPENSES |  | 23,036,000. | 18, 406,000. |
|  | TOTALS | 23,036,000. | 18,406,000. |

## ATTACHMENT 3

| DESCRIPTION |  | BEGINNINGBOOK VALUE | ENDING | COST |
| :---: | :---: | :---: | :---: | :---: |
|  |  |  | BOOK VALUE | OR FMV |
| CORPORATE EQUITY |  | 67,951,000. | 69,175,000. | FMV |
| CORPORATE BONDS |  | 16,916,000. | 19,878,000. | FMV |
| CASH AND TEMPORARY | INVESTMENTS | 9,191,000. | 3,092,000. | FMV |
|  | TOTALS | 94,058,000. | 92,145,000. |  | Name of the organization

## SETON HALL UNIVERSITY

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

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

[^0]| (a) <br> Name, address, and EIN of related organization | (b) <br> Primary activity | (c) <br> Legal domicile (state or foreign country) | (d) <br> Exempt Code section | (e) <br> Public charity status (if section 501(c)(3)) | (f) <br> Direct controlling entity | ```(g) Section 512(b)(13) controlled entity?``` |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  | Yes | No |
| (1) ROMAN CATHOLIC ARCHDIOCESE OF NEWARK 221487308 | SEE PART VII | NJ | 501 (C) (3) | 1 | N/A | X |  |
| 171 CLIFTON AVENUE NEWARK, NJ 07104 |  |  |  |  |  |  |  |
| (2) |  |  |  |  |  |  |  |
| (3) |  |  |  |  |  |  |  |
| (4) |  |  |  |  |  |  |  |
| (5) |  |  |  |  |  |  |  |
| (6) |  |  |  |  |  |  |  |
| (7) |  |  |  |  |  |  |  |
| For Paperwork Reduction Act Notice, see the Instructions for Form 990. |  |  |  |  | Schedule R (Form 990) 2019 |  |  |
| JSA |  |  |  |  |  |  |  |
| 9E13071.000 8263 ES F 42 F 5/13/2021 10:33:52 AM |  |  |  |  |  |  |  |

10:33:52 AM
Schedule R (Form 990) 2019
SETON HALL UNIVERSITY

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

| Yes | No |
| :--- | :--- | $\square$


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


## 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.


[^0]:    Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had

