Form	9	9	0	
Doportr	ont o	ftho	Troocum	

Return of Organization Exempt From Income Tax

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

2019 Open to Public

OMB No. 1545-0047

		of the Treasury	► Do not enter Social Security numbers on this form as it may be	•	Open to Public
		nue Service	► Information about Form 990 and its instructions is at <i>www.irs.g</i> ndar year, or tax year beginning 07/01, 2019, and ending		Inspection
	or un			D Employer identifica	
Вс	heck if ap		ne of organization TON HALL UNIVERSITY		
	Addre	-		22-1500645	
_	chang	_{je} Doir	g Business As her and street (or P.O. box if mail is not delivered to street address) Room/suite	E Telephone number	
	-		0 SOUTH ORANGE AVENUE	(973) 761-93	010
	-	City	or town, state or province, country, and ZIP or foreign postal code	(9/3) /01-93	010
	Term Amer				
	returr	1	UTH ORANGE, NJ 07079 ne and address of principal officer: JOSEPH E. NYRE, PH.D.	G Gross receipts \$ H(a) Is this a group return	572,874,000.
	pendi	ng		subordinates?	
	_		0 SOUTH ORANGE AVENUE, SOUTH ORANGE, NJ 07079	H(b) Are all subordinates include	
		empt status:	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527	If "No," attach a list.	0.0.0.0
		te: 🕨 WWW.		H(c) Group exemption nu	
		of organization:		mation: 1856 M State c	of legal domicile: NJ
Pa	art I	Summar			
	1	Briefly descr	ibe the organization's mission or most significant activities:ALL UNIVERSITY IS A CATHOLIC INSTITUTION OF HIGHER		
nce		SETON H.	ALL UNIVERSITY IS A CATHOLIC INSTITUTION OF HIGHER	EDUCATION	
rna					
Governance	2	Check this b		1 1	10
Ğ	3	Number of v	oting members of the governing body (Part VI, line 1a)		42.
es 2	4	Number of ir	ndependent voting members of the governing body (Part VI, line 1b)		29.
Activities &	5		r of individuals employed in calendar year 2019 (Part V, line 2a)		4,384.
cti	6		r of volunteers (estimate if necessary)		1,151.
٩			ed business revenue from Part VIII, column (C), line 12		171,000
	b	Net unrelate	d business taxable income from Form 990-T, line 34	-	0
				Prior Year	Current Year
P	8	Contribution	s and grants (Part VIII, line 1h)	43,567,000.	45,513,000
Revenue	9		vice revenue (Part VIII, line 2g)	385,469,000.	391,164,000
Rev	10		ncome (Part VIII, column (A), lines 3, 4, and 7d)	2,813,000.	5,802,000
_	11	Other reven	ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,972,000.	14,015,000
	12		e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	446,821,000.	456,494,000
	13		similar amounts paid (Part IX, column (A), lines 1-3)	153,515,000.	158,732,000
	14		t to or for members (Part IX, column (A), line 4)	0.	0
es	15		er compensation, employee benefits (Part IX, column (A), lines 5-10)	180,529,000.	189,888,000
Expenses	16a	Professional	fundraising fees (Part IX, column (A), line 11e)	0.	0
ğ	b		sing expenses (Part IX, column (D), line 25) ▶8 , 025 , 000		
	17		ses (Part IX, column (A), lines 11a-11d, 11f-24e)	141,044,000.	120,077,000
	18	Total expense	es. Add lines 13-17 (must equal Part IX, column (A), line 25)	475,088,000.	468,697,000
	19	Revenue les	s expenses. Subtract line 18 from line 12	-28,267,000.	-12,203,000
Net Assets or Fund Balances				ginning of Current Year	End of Year
sset	20	Total assets	(Part X, line 16)	701,436,000.	814,560,000
dB	21		es (Part X, line 26)	260,783,000.	376,532,000
			r fund balances. Subtract line 21 from line 20	440,653,000.	438,028,000
	art II	Signatu			
Une	der pei e. corre	nalties of perjui ect. and comple	y, I declare that I have examined this return, including accompanying schedules and statement te. Declaration of preparer (other than officer) is based on all information of which preparer has an	s, and to the best of my kr v knowledge.	nowledge and belief, it is
	,	,		<u>, , , , , , , , , , , , , , , , , , , </u>	0.1
Sig	n			04/29/20	21
He			ire of officer	Date	
i iei	.6		HEN A. GRAHAM VP FOR FINANCE/	CFO	
			print name and title		
Paic	4		eparer's name Preparer's signature Date		TIN
	parer	DANIEL	ROMANO , PARTNER 04/29/2		200504182
	Only	Firm's name	GRANT THORNTON, LLP		5055558
		Firm's addres	s ▶ 757 THIRD AVENUE NEW YORK, NY 10017	Phone no. 212-	-542-9609

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

 For Paperwork Reduction Act Notice, see the separate instructions.
 Form 990 (2019)

SETON	HALL	UNIVERSITY
		0111 1 11(0111

For	n 990 (2019) Page 2
Pa	art III Statement of Program Service Accomplishments
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	SEE SCHEDULE O
2	Did the organization undertake any significant program services during the year which were not listed on the
2	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
5	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:) (Expenses \$including grants of \$is, 948,000.) (Revenue \$394,857,000.)
	EDUCATIONAL - SETON HALL UNIVERSITY OPERATES TO PROVIDE
	BACCALAUREATE, MASTERS, AND DOCTORAL DEGREES. DAY AND EVENING
	SESSIONS ACCOMMODATE BOTH COMMUTER AND RESIDENTIAL STUDENTS ON A
	PART-TIME AND FULL TIME BASIS.
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$) (Revenue \$)
	ACADEMIC SUPPORT AND STUDENT SERVICES - ACADEMIC SUPPORT PROVIDES
	SUPPORT SERVICES, SUCH AS LIBRARIES, ACADEMIC TECHNOLOGY, FACULTY
	CURRICULUM DEVELOPMENT, FOR ITS PRIMARY MISSIONS OF INSTRUCTION,
	RESEARCH AND PUBLIC SERVICE. STUDENT SERVICES PROVIDE VARIOUS
	SERVICES TO STUDENTS, SUCH AS COUNSELING, CAREER GUIDANCE,
	FINANCIAL AID, STUDENT RECORDS, HEALTH SERVICES AND
	TRANSPORTATION, WHICH CONTRIBUTE TO THE STUDENTS' EMOTIONAL AND
	PHYSICAL WELL-BEING AND TO THEIR INTELLECTUAL, CULTURAL AND SOCIAL
	DEVELOPMENT OUTSIDE THE CONTEXT OF THE UNIVERSITY'S FORMAL
	INSTRUCTIONAL PROGRAMS.
_	
4C	(Code:) (Expenses \$ 7,764,000. including grants of \$ 643,000.) (Revenue \$)
	RESEARCH, TRAINING & PUBLIC SERVICES - ENABLES FACULTY TO EXPLORE
	NEW AREAS OF EDUCATION, LEARNING AND KNOWLEDGE AND PROVIDES
	NON-INSTRUCTIONAL SERVICES TO INDIVIDUALS AND GROUPS EXTERNAL TO
	THE UNIVERSITY. THE UNIVERSITY ALSO OFFERS FINANCIAL SUPPORT TO
	STUDENTS THROUGH ACADEMIC SCHOLARSHIPS AND WORK-STUDY PROGRAMS,
	WHICH ARE FUNDED BY FEDERAL, STATE AND PRIVATE GRANTS.
74	Other program services (Describe on Schedule O.)
40	
40	(Expenses \$ including grants of \$)(Revenue \$) Total program service expenses ▶ 406,839,000.
JSA	Farm 980 (2010)
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-	90 (2019)		P	age 3
Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Х	
2	complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1 2	X	
2		2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
Ŭ	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
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	10	Х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		3.7	
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more		Х	
-	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	~	
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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		Х
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13	Х	
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
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	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			v
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47		Х
10	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
19	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

JSA							
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i ai			Yes	Na
~~			res	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		37	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
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	26	Х	
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	27	Х	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Х	
С	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	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
. -	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
-	related organization? If "Yes," complete Schedule R, Part V, line 2.	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			3.7
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		3.7	
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	. No
1-	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		165	NU
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1a372Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1b0.			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
U	reportable gaming (gambling) winnings to prize winners?	1c	Х	
		10		

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Part IV Checklist of Required Schedules (continued)

Form	990 (2019)		F	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 4, 384			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
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)?	4a	Х	
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?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Χ
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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?	6a	Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	Х	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_	37	
	and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		v
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7		Х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	/ 11		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	•		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	4.4-		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1 =	Х	
	excess parachute payment(s) during the year?	15	Λ	
40	If "Yes," see instructions and file Form 4720, Schedule N.	16		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	10		

Form §	990 (2019) SETON HALL UNIVERSITY 22-1500	645	F	Page 6
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,	and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			tions.
	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 42			
	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			
b	committee, explain on Schedule O. 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?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
5	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization make any signmeant changes to its governing documents since the proof of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
'a	one or more members of the governing body?	7a	Х	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
D		7b	Х	
0	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:	8a	Х	
a L	The governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
9	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9		Х
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	-	.)	L
			Yes	No
10-2	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
D		10b		
44.5	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	TTu		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	124		
D	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	Х	
_	rise to conflicts?	120		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	Х	
4.0	describe in Schedule O how this was done	13	X	
13	Did the organization have a written whistleblower policy?	14	X	
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?	15a	Х	
a	The organization's CEO, Executive Director, or top management official	15b	X	
b	Other officers or key employees of the organization	135		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		Х
	with a taxable entity during the year?	104		
D	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?	16b		
Sect	ion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed			04()
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T	(Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own 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 o	T Inter	rest p	olicy,
	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 record STEPHEN A. GRAHAM 400 SOUTH ORANGE AVENUE SOUTH ORANGE, NJ 07079 973 761 9003	s 🕨		
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Page 7

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Part VI		Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and

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.

(**a**)

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

(A) Name and title	(B) Average hours per week (list any	box, office	not ch unles er anc	Pos neck is pe l a d	erson lirect	e than c is both or/trust	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1) KEVIN WILLARD	60.00									
HEAD COACH MEN'S BASKETBALL	0.					Х		2,234,915.	0.	71,258.
(2) CATHERINE A. KIERNAN, J.D.	45.00									
V.P.& GEN. COUNSEL THRU 12/19	0.			Х				2,008,897.	0.	98,582.
(3) JOSEPH E. NYRE, PH.D.	60.00									
PRESIDENT/CEO/REGENT/TRUSTEE	0.	Х		Х				923,332.	0.	36,860.
(4) PATRICK G. LYONS, M.B.A.	60.00									
EVP OPERATIONS/CHIEF OF STAFF	0.			Х				669,969.	0.	47,135.
(5) MARY J. MEEHAN, PH.D.	45.00	-								
INTERIM PRES./REGENT/TRUSTEE	0.	Х		Х				652,973.	0.	22,780.
(6) ANTHONY J. BOZZELLA	60.00									
HEAD COACH WOMEN'S BASKETBALL	0.					Х		389,410.	0.	75,970.
(7) KAREN E. BOROFF, PH.D.	45.00									
INTERIM PROVOST THRU 6/2020	0.			Х				411,930.	0.	46,615.
(8) ALYSSA MCCLOUD, PH.D.	45.00	-							_	
V.P. ENROLLMENT MANAGEMENT	0.			Х				394,096.	0.	34,393.
(9) MATTHEW BOROWICK, M.B.A.	45.00	-								100.074
INTERIM V.P. ADVANCEMENT	0.			Х				313,478.	0.	102,874.
(10) KATHLEEN BOOZANG, JD, LLM	45.00	-						001 051	0	
DEAN, SCHOOL OF LAW	0.				X			381,251.	0.	34,393.
(11) DENNIS J. GARBINI, M.B.A.	45.00	-							0	
FORMER V.P. ADMINISTRATION	0.						Х	365,809.	0.	47,765.
(12) STEPHEN A. GRAHAM, M.B.A.	45.00	-		57					0	41 004
V.P. FINANCE & CFO	0.			Х				333,757.	0.	41,004.
(13) STEPHEN J. LUBBEN, JD, LLM LAW SCHOOL PROFESSOR	45.00					v		207 120	0.	57 077
(14) JOYCE A. STRAWSER, PH.D.	45.00					X		297,138.	0.	57,077.
DEAN, STILLMAN SCHOOL BUSINESS	43.00				X			279,253.	0.	54,441.
DOTIN' STITUMAN SCHOOT DOSINESS	0.				Λ			219,233.	0.	J4,441.

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Form 990 (2019)

(A) Name and title	(B) Average hours per week (list any hours for	Average Position hours per ek (list any hours for officer and a direct					an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		(F) Estimated amount of other compensatior		n
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-	MISC)	organ	elated	
5) TRACY H. GOTTLIEB, PH.D. FORMER V.P. STUDENT SERVICES	45.00						Х	281,585.		0.		41,	24
6) BRIAN B. SHULMAN, PH.D.	45.00						21						
DEAN, SCHOOL HEALTH & MEDICAL	0.				Х			286,778.		0.		34,	39
7) STEVEN J. LORENZET, PH.D. ASSOCIATE DEAN, STILLMAN SCHL	45.00 0.					х		251,355.		ο.		51,	45
B) ANTHONY O. SKINN	45.00												
ASST. COACH MEN'S BASKETBALL 9) PETER W. SHOEMAKER, PH.D.	0. 45.00					Х		242,588.		0.		29,	41
DEAN COLLEGE OF ARTS & SCIENCE	43.00				Х			189,154.		0.		56,	05
)) ROBIN L. CUNNINGHAM, ED.S.	45.00							,				,	
INT.VP STUDENT SERV THRU 10/19	0.			Х				159,223.		0.		24,	3'
1) MONSIGNOR C. ANTHONY ZICCARDI V.P. FOR MISSION & MINISTRY	45.00 0.			Х				71 , 557.		ο.		70,	0.
2) MONSIGNOR ROBERT COLEMAN	1.00							51 040		0		0.0	
REGENT / TRUSTEE 3) MONSIGNOR JOSEPH R. REILLY	0.	X						51,242.		0.		86,	44
TRUSTEE	0.	Х						37,739.		Ο.		94,	7
4) MONSIGNOR ROBERT J. WISTER TRUSTEE	1.00	X						60,593.		0.		70,	0.
5) MONSIGNOR GERALD J. BUONOPANE	1.00	21										101	_
REGENT	0.	Х						33,099.		0.		75 ,	
Ib Sub-total								11,321,121.	47	0.	1,40		
c Total from continuation sheets to Part VII, S								62,829.		824.		4,8	
d Total (add lines 1b and 1c)								11,383,950.		824.	1,51	9,6	
reportable compensation from the organization		338				<i>,</i>			¢100,000 0	·			
			4					lana an bhalana			<u>۱</u>	/es	Ν
B Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu											3	Х	
For any individual listed on line 1a, is the													
organization and related organizations gre	eater than	\$15	0,00	00?	If	"Yes	," (complete Schedu					
individual										••	4	X	_
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye											5		Σ
Section B. Independent Contractors	,												
I Complete this table for your five highest com compensation from the organization. Report c year.													
(A) Name and business add	Iress							(B) Description of se	ervices	0	(C) mpensa	tion	
ATTACHMENT 1									. 1003		миренза		
							+						_
													_

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 109 JSA 9E1055 1.000 8263ES F42F 5/13/2021 10:33:52 AM

(A) Name and title	(B) Average hours per week (list any hours for	box, office	unles er and	s pe lad	ition more rson irect	e than one is both a or/trustee	from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
6) MONSIGNOR THOMAS P. NYDEGGER REGENT / TRUSTEE	1.00	Х					1,000	. 47,824.	46,48
7) SHAWNA COOPER-GIBSON, ED.D. V.P. STUDENT SERVICES	45.00 0.			Х			61,829		6,96
3) MOST REV. ARTHUR J. SERRATELLI REGENT / TRUSTEE	1.00	Х					0	. 0.	40,68
9) MONSIGNOR PETER SMUTELOVIC TRUSTEE	1.00	X					0		20,73
CARDINAL JOSEPH W. TOBIN REGENT / TRUSTEE	1.00	X					0		
1) MOST REVEREND KURT R. BURNETTE REGENT	1.00	X					0		
2) MOST REV. JAMES F. CHECCHIO REGENT	1.00	X					0		
3) MOST REV. DENNIS J. SULLIVAN REGENT	1.00	X					0		
4) MONSIGNOR ROBERT E. HARAHAN TRUSTEE	1.00	X					0		
5) SR. MARGARET STALLMEYER, C.D.P REGENT / TRUSTEE	1.00	X					0		
6) KEVIN H. MARINO, J.D. REGENT / TRUSTEE	1.00	X					0	. 0.	
 Ib Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) 2 Total number of individuals (including but not 				•••) who	62,829.		114,866
 reportable compensation from the organization Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu For any individual listed on line 1a, is the organization and related organizations greater 	er, directo ule J for suc sum of rep eater than	338 or, or ch ind oortab \$15	∃ tru lividu ble c 50,00	iste <i>ial</i> :om 00?	e, l pen <i>lf</i>	key en sation <i>"Yes,"</i>	ployee, or highes and other compen complete Schedu	t compensated sation from the le J for such	Yes N 3 X
<i>individual</i> 	accrue col	mpen	satio	on f	from	n any ເ	nrelated organizati	on or individual	4 X
for services rendered to the organization? If "Ye Section B. Independent Contractors	es," complet	te Sch	nedu	le J	for	such p	erson	<u></u>	5 ×
 Complete this table for your five highest com compensation from the organization. Report c year. 									
(A) Name and business add	ress						(B) Description of se	ervices C	(C) ompensation

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

	(A) Name and title	(B) Average hours per week (list any hours for related	(do r box, office	not ch unles	Pos neck	C) ition more erson lirect	e than o is both or/trust	ne an	(D) Reportable compensation from the organization	(E) Reportable compensation fro related organizations (W-2/1099-MISO	om	(F) Estimate amount other compensa from th	of ation e
		organizations below dotted line)	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	ner	(W-2/1099-MISC)			organizat and relat organizati	ed
37	PATRICK M. MURRAY REGENT / TRUSTEE	1.00	X						0.	C			
38	MARY ANN CHRISTOPHER REGENT/TRUSTEE	1.00	X						0.				
39		1.00	X						0.				
40	ROBERT J. SLOAN REGENT / TRUSTEE	1.00	X						0.	, C).		
41	PAMELA M. SWARTZBERG, ESQ. TRUSTEE	1.00	X						0.	. c			
42	JAMES E. COLLINS REGENT	1.00	Х						0.	. C).		
`	HENRY F. D'ALESSANDRO REGENT	1.00	Х						0.	. C).		
	ROBERT S. BASSO REGENT	1.00	X						0.	. с			
	MARK D. BENJAMIN REGENT	1.00	X						0.	. с			
	ROBERT B. BUDELMAN, ESQ. REGENT	1.00	Х						0.	. с			
47	EDWARD C. CERNY REGENT	1.00	Х						0.).		
C	 Sub-total Total from continuation sheets to Part VII, S 	Section A		•••	•••	•••			0.		0.		0
	I Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organization	limited to t		liste				► re	ceived more than	\$100,000 of			
3	Did the organization list any former offi employee on line 1a? If "Yes," complete Sched	cer, directo	or, or	tru								Yes 3 X	6 No
4	For any individual listed on line 1a, is the organization and related organizations g individual	reater than	\$15	0,0	00?	י⊂ If	"Yes	," (complete Schedu	le J for such		4 X	
5	Did any person listed on line 1a receive of for services rendered to the organization? If "	accrue co	mpen	satio	on 1	fron	n any	uni	related organizatio	on or individual		5	Х
_	Complete this table for your five highest cor compensation from the organization. Report year.											tax	
	•												

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

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(A) Name and title	(B) Average hours per week (list any hours for	box, office	unles er and	Pos heck ss pe d a d	erson lirect	e than or is both a or/truste	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-		from the organization and related organizations
) EUN-SOOK (LUCY) CHO-LEE, M.D. REGENT	1.00	X						0.		0.	
) DAVID L. FLOOD	1.00										
REGENT) ROBERT C. GARRETT	0.	X						0.	•	0.	
REGENT	0.	Х						0.		0.	
) RICHARD A. GIUDITTA, JR. REGENT	1.00	x						0.		0.	
) FRANCIS J. HAGER	1.00										
REGENT	0.	X						0.	•	0.	
) HELEN LERNER REGENT	1.00	x						0.		0.	
) ANTHONY MASHERELLI	1.00								1		
REGENT	0.	Х						0.	•	0.	
) RICHARD C. MCMAHON	1.00										
REGENT) JOHN F. SWIFT	0.	X						0.	•	0.	
REGENT	0.	Х						0.		0.	
) STEPHEN G. WALDIS	1.00										
REGENT	0.	Х						0.	•	0.	
) MATTHEW W. WRIGHT REGENT	1.00	X						0.		0.	
b Sub-total							►	0.		0.	
c Total from continuation sheets to Part VII, S	Section A		•••	•••							
d Total (add lines 1b and 1c)						•••			<u> </u>		
Total number of individuals (including but not reportable compensation from the organizatio		hose 338		d al	bove	e) who	re	ceived more than	\$100,000 c	of	
											Yes N
Did the organization list any former offic employee on line 1a? If "Yes," complete Sched											3 X
For any individual listed on line 1a, is the organization and related organizations gr	eater than	\$15	50,0	00?	, If	"Yes,	" (complete Schedu			4 X
<i>individual</i> Did any person listed on line 1a receive or for services rendered to the organization? <i>If</i> "Y	accrue co	mpen	sati	on f	fron	n any	uni	related organization			
ection B. Independent Contractors			ieut	iie J	0/	Such	151				5
Complete this table for your five highest con compensation from the organization. Report or year.											
(A)	dress							(B) Description of se	ervices	Co	(C) ompensation
Name and business ad	uic33						-				

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

(A) Name and title (B) Average week litter of week litter of boors for week litter of boors for mean boors for week litter of boors for mean boors for mean boor mean boor mean boors for mean boors for mean boors fo	Form 990 (2019) Part VII Section A. Officers, Directors, Tr	ustees. Ke	v En	olar	ove	es.	and H	lia	hest Compensat	ed Employee	s (con	tinued)	Page 8
0 and againment biow atter biow atter	(A)	(B) Average hours per week (list any	(do i box, office	not c unle	Pos heck	C) sition more	e than c is both	ne an	(D) Reportable compensation from	(E) Reportable compensation fr related	om	(F) Estima amoun othe	t of r
RECENT 0 0 0 0 60) JAMES T. BOYLE, JR. 1.00 0 0 RECENT 0. X 0 0 61) GERARD H. HANSON, ESQ. 1.00 0 0 RECENT 0. X 0 0 RECENT 0. X 0 0 RECENT 0. X 0 0 RECENT/CENERAL COUNSEL 0. X 0 0 RECENT/CENERAL COUNSEL 0. X 0 0 8. KIMERLY A. CAPADONA, ESQ. 45.00 0 0 RECENT/CENERAL COUNSEL 0. X 0 0 8. KIMERLY A. CAPADONA, ESQ. 45.00 0 0 RECENT/CENERAL COUNSEL 0. X 0 0 1. 100 X 0 0 0 8. KIMERLY A. CAPADONA, ESQ. 45.00 X 0 0 8. KITA PASSERINI, PH.D. 45.00 X 0 0 9. PROVOST AND E.V.F. 0. X 0 0 0 10 bub-total 0. 0 0 0 0 0		related organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization	U U		from t organiza and rela	he ation ated
RECENT 0 0 0 0 C1) GERARD H. HANSON, ESQ. 1.00 0 0 0 REGENT 0 0 0 0 0 REGENT/CENERAL COUNSEL 0 0 0 0 0 ALLO T, ZATTA 1.00 0 0 0 0 0 REGENT / TRUSTEE 0 0 0 0 0 0 0 Statistic Recent / TRUSTEE 0 0 0 0 0 0 0 Statistic Recent / TRUSTEE 0 0 0 0 0 0 0 Call Lab C, Z ATTA 1.00 X 0 <td< td=""><td>REGENT</td><td>+</td><td>x</td><td></td><td></td><td></td><td></td><td></td><td>0</td><td>•</td><td>0.</td><td></td><td>C</td></td<>	REGENT	+	x						0	•	0.		C
NECENT 0 0 0 0 C2) REVIN P. FLOOD 1.00 0 0 0 RECENT 0 0 0 0 0 RECENT 0 0 0 0 0 RECENT 0 X 0 0 0 RECENT 0 0 0 0 0 REC		0.	x						0	-	0.		C
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REGENT/GENERAL COUNSEL 0. x x 0. 0. 0. 64) Leo J. ZATTA 1.00 0. 0. 0. 0. 0. REGENT/GENERAL COUNSEL 0. 0. 0. 0. 0. 0. REGENT/TTUSTEE 0. 0. 0. 0. 0. 0. 0. 55) KATIA PASSERINI, PH. D. 45.00 x 0. 0. 0. 0. FROVOST AND E. V. P. 0. 0. x 0. 0. 0. 0. FROVOST AND E. V. P. 0. 0. 0. 0. 0. 0. 0. Frovost And E. V. P. 0. 0. 0. 0. 0. 0. 0. Cotal from continuation sheets to Part VII, Section A > 0. 0. 0. 0. 0. 2 Total from continuation sheets to Part VII, Section A > 0. 0. 0. 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If Yes, "complete Schedule J for such individual 3 X	REGENT	0.	X						0		0.		(
REGENT / TRUSTEE 0. x 0. 0. 0. 0. 65) KATTA PASERINI, PH.D. 45.00 x 0. 0. 0. 7PRVOST AND E.V.P. 0. x 0. 0. 0. 0. 9 0. 0. x 0. 0. 0. 0. 9 0. 0. 0. 0. 0. 0. 0. 9 0. 0. 0. 0. 0. 0. 0. 10 Sub-total 0. 0. 0. 0. 0. 0. 11 Sub-total 0. 0. 0. 0. 0. 0. 12 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. 3.38 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	REGENT/GENERAL COUNSEL	0.	X		х				0		0.		(
PROVOST AND E.V.P. 0. x 0. 0. 0. PROVOST AND E.V.P. 0. 0. 0. 0. 0. Provide Composition Continuation Sheets to Part VII, Section A 0. 0. 0. 0. Cotal from continuation sheets to Part VII, Section A 0. 0. 0. 0. 0. 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 and related organization and related organization and related organization states to such individual . 3.3.8 3.3.8 3 Did any pe	REGENT / TRUSTEE	0.	X						0		0.		(
c Total from continuation sheets to Part VII, Section A 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 > 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 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 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization. If "Yes," complete Schedule J for such person 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization. If "Yes," complete Schedule J for such person 5 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.		+			x				0		0.		C
c Total from continuation sheets to Part VII, Section A 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 > 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 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 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization. If "Yes," complete Schedule J for such person 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization. If "Yes," complete Schedule J for such person 5 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.													
c Total from continuation sheets to Part VII, Section A 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 > 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 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 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization. If "Yes," complete Schedule J for such person 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization. If "Yes," complete Schedule J for such person 5 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.			-										
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 Yes No 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 3 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X 5 Did any person listed for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	c Total from continuation sheets to Part VII, § d Total (add lines 1b and 1c)	Section A		•••	•••	•••		► ► ►		\$100,000 of	0.		0.
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	 3 Did the organization list any former officemployee on line 1a? <i>If "Yes," complete Sched</i> 4 For any individual listed on line 1a, is the organization and related organizations granizations. 	cer, directo lule J for sud sum of rep eater than	or, or ch ind portat	tru <i>lividi</i> ble o	ual com 00?	per P <i>If</i>	isatioi "Yes	n ai ;,"	nd other compension complete Schedu	sation from the le J for sucl		3 X	
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	5 Did any person listed on line 1a receive or for services rendered to the organization? <i>If "</i> X	accrue co	mpen	sati	on	fron	n any	un	related organizati	on or individua		-	
	1 Complete this table for your five highest con compensation from the organization. Report											tax	
Image: constraint of the second sec		dress								ervices	Corr		n

more than \$100,000 in compensation from the organization **>**

		Check if Schedule O	contains a respor	nse or note to ar	ny line in this Part V (A)	/ (B)	(C)	
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
٦ کو کو	с	Fundraising events	<u>1</u> c	357,000.				
ar /	d	Related organizations	1d		-			
, G	е	Government grants (contril	butions) 1e	31,369,000.	-			
Sil	f	All other contributions, gifts	s, grants,					
her		and similar amounts not inclue	ded above . 1f	13,787,000.				
Gtl	g	Noncash contributions inc	luded in					
u o U o		lines 1a-1f	1g	\$ 2,385,000.				
9 O 0	h	Total. Add lines 1a-1f		<u></u> ▶	45,513,000.			
				Business Code				
Program Service Revenue	2a	TUITION & FEES		900099	362,637,000.	362,637,000.		
ue n	b	ROOM AND BOARD		900099	28,293,000.	28,293,000.		
n S (en	с	MEDICAL RESIDENCY PROGR	AM	900004	234,000.	234,000.		
Sev	d							
5 E	е							
٩	f	All other program service re						
	g	Total. Add lines 2a-2f		<u></u>	391,164,000.			
	3	Investment income (incl	•					
		other similar amounts).			2,036,000.		-286,000.	2,322,000.
	4	Income from investment o	•	•	34,000.			34,000.
	5	Royalties			202,000.		25,000.	177,000.
			(i) Real	(ii) Personal	-			
	6a	Gross rents 6a			-			
	b	Less: rental expenses 6b			-			
	С	Rental income or (loss) 6c		<u>ا</u>				
	d	Net rental income or (loss)			254,000.			254,000.
	7a	Gross amount from	(i) Securities	(ii) Other	-			
		sales of assets	119,897,000.	6,000.				
		other than inventory 7a	119,897,000.	0,000.	-			
Revenue	D	Less: cost or other basis	115,942,000.	229,000.				
Ieve		and sales expenses 7b		-223,000.	-			
å	С А	Gain or (loss) 7c			3,732,000.			3,732,000.
Other		Net gain or (loss)						
đ	8a	Gross income from	fundraising 357,000.					
		events (not including \$						
		of contributions reporte		136,000.				
	b	1c). See Part IV, line 18 Less: direct expenses		182,000.				
	c	Net income or (loss) from			-46,000.			-46,000.
	9a	Gross income from	_					
	Ju	activities. See Part IV, line 1		0.				
	b	Less: direct expenses		0.				
	c	Net income or (loss) from			0.			
	10a	Gross sales of inver						
		returns and allowances		0.				
	b	Less: cost of goods sold		0.				
_	c	Net income or (loss) from s		· · · · · · · •	0.			
s				Business Code				
e e	11a	NCAA/CONFERENCE DISTRIB	UTIONS	900099	4,523,000.	4,523,000.		
Miscellaneous Revenue	b	ATHLETICS TICKET SALES		900099	3,655,000.	3,655,000.		
ieve eve	c	PARKING		812930	1,004,000.			1,004,000.
lis R	d	All other revenue			4,423,000.	3,693,000.	432,000.	298,000.
2	е	Total. Add lines 11a-11d	<u></u>		13,605,000.			
	12	Total revenue. See instruct	tions		456,494,000.	403,035,000.	171,000.	7,775,000.

JSA 9E1051 2.000 8263ES F42F 5/13/2021 10:33:52 AM

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 (C) Management and (A) Total expenses (B) Program service Do not include amounts reported on lines 6b. 7b. (D) Fundraising 8b. 9b. and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to domestic organizations 782,000. 782,000. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 157,950,000. 157,950,000. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign 0 individuals. See Part IV, lines 15 and 16 0. 4 Benefits paid to or for members 5 Compensation of current officers, directors, 8,143,000. 3,070,000. 3,643,000. 1,430,000. trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and 671,000. 671,000. persons described in section 4958(c)(3)(B) 133,495,000. 112,710,000. 17,235,000. 3,550,000. 7 Other salaries and wages 8 Pension plan accruals and contributions (include 7,968,000. 6,723,000. 1,033,000. 212,000. section 401(k) and 403(b) employer contributions) 30,359,000. 24,444,000. 5,018,000 897,000. 9 Other employee benefits 245,000. 9,252,000. 7,816,000. 1,191,000. Payroll taxes 10 11 Fees for services (nonemployees): 218,000. 201,000. 17,000. a Management 1,953,000. 916,000. 1,037,000 b Legal 283,000. 283,000. c Accounting 219,000. 219,000. d Lobbying 0 e Professional fundraising services. See Part IV, line 17. 5,729,000. 5,729,000. f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 21,623,000. 543,000. 24,875,000. 2,709,000. (A) amount, list line 11g expenses on Schedule O.) 2,305,000. 1,986,000. 31,000. 288,000 12 Advertising and promotion 5,698,000. 405,000. 7,048,000. 945,000. 13 Office expenses 7,851,000. 924,000. 6,926,000. 1,000. 14 Information technology 0 15 Royalties 11,371,000. 11,371,000. Occupancy 16 7,042,000. 6,288,000. 526,000. 228,000. 17 Travel Payments of travel or entertainment expenses 18 0 for any federal, state, or local public officials 2,747,000. 2,260,000. 340,000 147,000. Conferences, conventions, and meetings 19 7,848,000. 7,746,000. 102,000. Interest 20 0. 21 Payments to affiliates 19,648,000. 18,665,000. 905,000 78,000. Depreciation, depletion, and amortization 22 2,627,000. 270,000. 2,357,000. Insurance 23 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) aREPAIRS AND MAINTENANCE 6,903,000. 5,184,000. 1,576,000. 143,000. **BOOKS AND SUBSCRIPTIONS** 3,400,000. 3,354,000. 31,000 15,000. cOTHER EXPENSES 8,010,000. 6,187,000. 1,723,000. 100,000. d e All other expenses 468,697,000. 406,839,000. 53,833,000. 8,025,000. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here

0.

following SOP 98-2 (ASC 958-720)

if

n 990 (art X			Page 1
	Check if Schedule O contains a response or note to any line in this Pa	art X	2
		(A) Beginning of year	(B) End of year
1	Cash - non-interest-bearing	12,940,000. 1	21,725,000
2	Savings and temporary cash investments.	26,892,000. 2	27,653,000
3	Pledges and grants receivable, net	10,930,000. 3	11,095,000
4	Accounts receivable, net.	9,306,000. 4	6,141,000
5	Loans and other receivables from any current or former officer, director,		
-	trustee, key employee, creator or founder, substantial contributor, or 35%		
	controlled entity or family member of any of these persons	0.5	2,894,000
6	Loans and other receivables from other disqualified persons (as defined		
-	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.6	
7	Notes and loans receivable, net	8,861,000. 7	6,966,000
8	Inventories for sale or use	0.8	
9	Prepaid expenses and deferred charges	23,036,000. 9	18,406,000
10 a	Land, buildings, and equipment: cost or other		
	basis. Complete Part VI of Schedule D 10a 628, 650, 000.		
b	Less: accumulated depreciation	328,222,000. 10c	327,979,000
11	Investments - publicly traded securities	94,058,000. 11	92,145,00
12	Investments - other securities. See Part IV, line 11	186,769,000. 12	191,414,00
13	Investments - program-related. See Part IV, line 11	⁰ · 13	<u> </u>
14	Intangible assets	0 · 14	
15	Other assets. See Part IV, line 11	422,000. 15	108,142,00
16	Total assets . Add lines 1 through 15 (must equal line 33)	701,436,000. 16	814,560,00
17	Accounts payable and accrued expenses	41,962,000. 17	45,605,00
18	Grants payable	0 · 18	
19	Deferred revenue.	10,996,000. 19	11,862,00
20	Tax-exempt bond liabilities.	176,139,000. 20	279,329,00
21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0· 21	
22	Loans and other payables to any current or former officer, director,		
	trustee, key employee, creator or founder, substantial contributor, or 35%		
	controlled entity or family member of any of these persons	0. 22	
23	Secured mortgages and notes payable to unrelated third parties	0.23	
24	Unsecured notes and loans payable to unrelated third parties	0. 24	
25	Other liabilities (including federal income tax, payables to related third	24	
20	parties, and other liabilities not included on lines 17-24). Complete Part X		
	of Schedule D	31,686,000. 25	39,736,00
26	Total liabilities. Add lines 17 through 25.	260,783,000. 26	376,532,00
	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.		· · ·
27	Net assets without donor restrictions	240,341,000. 27	234,337,00
28	Net assets with donor restrictions	200, 312,000. 28	203,691,00
	Organizations that do not follow FASB ASC 958, check here ►	20	,,,
	and complete lines 29 through 33.		
29	Capital stock or trust principal, or current funds	29	
30	Paid-in or capital surplus, or land, building, or equipment fund	30	
31	Retained earnings, endowment, accumulated income, or other funds	31	
32	Total net assets or fund balances	440,653,000. 32	438,028,00
33	Total liabilities and net assets/fund balances	701,436,000. 33	814,560,000

	SETON HALL ONIVERSTIT	22	1000	04J		
Form 99	90 (2019)				Pa	ge 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	45	56,4	94,0	000.
2	Total expenses (must equal Part IX, column (A), line 25)	2			97,0	
3	Revenue less expenses. Subtract line 2 from line 1	3	-1	12,2	03,0	000.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	44		53,0	
5	Net unrealized gains (losses) on investments	5		9,8	52,0	.000
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-2	74,(.000
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
_	32, column (B))	10	43	38,0	28,0)00.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
			ſ		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
	Schedule O.			_		37
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis			01-	X	
b	Were the organization's financial statements audited by an independent accountant?			2b		
	If "Yes," check a box below to indicate whether the financial statements for the year were audi separate basis, consolidated basis, or both:	ted or	na			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	-		2c	x	
	the audit, review, or compilation of its financial statements and selection of an independent accounta			20		
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	kpiain	on			
2-	-	th in f	the			
sa	As a result of a federal award, was the organization required to undergo an audit or audits as set for Single Audit Act and OMB Circular A-133?			3a	x	
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not und			••		
U U	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	•		3b	Х	
						·

Form **990** (2019)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047

		evenue Service	l	Go to www.irs.go	//Form990 for instructio	ons and t	he latest i	nformation.	Inspection
Nam	e of t	he organization						Employer identif	ication number
SE	FON	HALL UNIVE	ERSITY					22-15006	45
Ра	rt I	Reason for	Public Cha	rity Status (All c	organizations must o	omplet	e this pa	art.) See instructions	8.
The	org		•		is: (For lines 1 throu		•	,	
1					tion of churches desc				
2	Х				. (Attach Schedule E				
3					rganization described				
4		A medical reso hospital's nam	-	-	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A))(iii). Enter the
5		•	•	for the benefit of Complete Part II.)	a college or universit	y owned	d or ope	rated by a governme	ental unit described in
6		A federal, stat	e, or local go	overnment or gove	rnmental unit describe	d in sect	tion 170(b)(1)(A)(v).	
7		An organizatio	on that norma	ally receives a sub	ostantial part of its su	pport fro	om a go	vernmental unit or fr	om the general public
				(1)(A)(vi). (Compl	-				
8		A community f	trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	e Part II.)			
9		An agricultura	l research or	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	l in conjunction with a	land-grant college
		or university o	r a non-land-	grant college of ag	griculture (see instruct	ions). Ei	nter the i	name, city, and state o	f the college or
		university:							
10		receipts from support from g acquired by th	activities rela gross investm e organizatio	ted to its exempt f nent income and u n after June 30, 1	ore than 331/3 % of its unctions - subject to on nrelated business tax 975. See section 509	certain e able inco (a)(2). (0	exception ome (less Complete	s, and (2) no more tha s section 511 tax) from Part III.)	in 331/3% of its
11		•	•		usively to test for publi	-			
12			•		•				carry out the purposes
									See section 509(a)(3).
				-					nes 12e, 12f, and 12g.
а				•	, supervised, or contr	•		• • • •	
			•	., .	regularly appoint or e		ajority of	the directors or truste	ees of the
		•	•		e Part IV, Sections A				
b					ed or controlled in co				
					rganization vested in	the sam	e persor	is that control or mar	hage the supported
		_ ~ ~	()	•	, Sections A and C.				
С		••	-		ng organization opera				lly integrated with,
			-		ns). You must comple				
d			-		porting organization c	-			
			-		nization generally mus	-			d an attentiveness
	Г		-		omplete Part IV, Sect				. .
е			-		a written determinatio				II, Type III
f	۲'n				ionally integrated sup			ion.	
t a				•	orted organization(s).				
g		ame of supported c		(ii) EIN	(iii) Type of organization	(iv) is the	organization	(v) Amount of monetary	(vi) Amount of
	(1) 13	ane of supported t	ganization		(described on lines 1-10		ur governing	support (see	other support (see
					above (see instructions))		ment?	instructions)	instructions)
						Yes	No		
(A)									
(B)									
(C)									
(D)									
(E)									
Tota	al								
-									

Schedule A (Form 990 or 990-EZ) 2019

Page 2

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.)

<u>Sec</u>	tion A. Public Support						
Cale	ndar 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.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	44,070,000.	42,295,000.	59,790,000.	43,567,000.	45,513,000.	235,235,000.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.
6	Public support. Subtract line 5 from line 4						235,235,000.
Sec	tion B. Total Support			L. L			
	ndar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	44,070,000.	42,295,000.	59,790,000.	43,567,000.	45,513,000.	235,235,000.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	5,543,000.	5,602,000.	4,968,000.	4,029,000.	2,787,000.	22,929,000.
9	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.) <u>ATCH 1</u>	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.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	1,865,237,000.
13	First five years. If the Form 990 is forganization, check this box and stop here	<u></u>					
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2019 (li	ne 6, column (f)) divided by line	11, column (f)) .		14	86.25 %
15	Public support percentage from 2018					15	84.69 %
16a	331/3% support test - 2019. If the org	ganization did n	ot check the bo	x on line 13, an	id line 14 is 33	1/3 % or more, c	
	box and stop here. The organization q						
b	33 1/3% support test - 2018. If the org	ganization did n	ot check a box o	n line 13 or 16	a, and line 15 is	s 331/3 % or mo	re, check
	this box and stop here. The organization	on qualifies as a	publicly suppor	ted organizatio	n		▶∟
17a	10%-facts-and-circumstances test - 2	-					
	10% or more, and if the organization					•	•
	Part VI how the organization meets t	he "facts-and-c	ircumstances" te	est. The organiz	zation qualifies	as a publicly s	upported
	organization						▶∟
b	10%-facts-and-circumstances test - 2	2018. If the org	ganization did no	ot check a box	on line 13, 16	a, 16b, or 17a,	and line
	15 is 10% or more, and if the orga						-
	Explain in Part VI how the organizati				-	-	
	supported organization						
18	Private foundation. If the organization						
	instructions						<u></u> ► 📖

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

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

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

Sec	tion A. Public Support						
Cale	ndar 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.")						
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 $\hfill .$						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	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						
13	(Explain in Part VI.) Total support. (Add lines 9, 10c, 11,						
13	and 12.)						
14	First five years. If the Form 990 is f	·	tion's first soco	nd third fourth	or fifth tax y	l	501(c)(3)
14	organization, check this box and stop here	•					
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2019 (line 8			mn (f))		15	%
16	Public support percentage from 2018 Sche					16	%
	tion D. Computation of Investmen					10	
17	Investment income percentage for 2019 (li			13. column (f))		17	%
18	Investment income percentage for 2013 (in Investment income percentage from 2018					18	%
	331/3% support tests - 2019. If the or						
	17 is not more than 331/3%, check th						
h	331/3% support tests - 2018. If the org		-				
~	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization		•	•	. ,		
JSA	<u> </u>						990 or 990-EZ) 2019

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10 a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No

1

2

3a

3b

Page 4

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3c	
4a	
4b	
4c	
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9c	
10a	
10b	

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	SETON HALL UNIVERSITY 22-1500	0645		
Schedu Part	IN Supporting Organizations (continued)			Page 5
i ait			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described in (a) above?	11b		
	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.	11c		L
Secu	on B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	162	
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			<u> </u>
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>			
Socti	on E. Type III Functionally Integrated Supporting Organizations	3		
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see		ctions)	
2	Activities Test. Answer (a) and (b) below.		162	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

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Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019			Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	s	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organi	zations r	nust complete Sectio	ns 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		

7 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) ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		ourrent real
2	Amounts paid to perform activity that directly furthers exen		ed	
-	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.	5		
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 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.)

SCHEDULE A, PART II - OTHER INCOME								
DESCRIPTION	2015	2016	2017	2018	2019	TOTAL		
INCOME FUNDRAISING EVENTS	460,000.	456,000.	538,000.	321,000.	136,000.	1,911,000.		
PARKING	1,583,000.	1,577,000.	1,640,000.	1,247,000.	1,004,000.	7,051,000.		
OTHER REVENUE	689,000.	713,000.	705,000.	687,000.	298,000.	3,092,000.		
TOTALS	2,732,000.	2,746,000.	2,883,000.	2,255,000.	1,438,000.	12,054,000.		

Department of the Treasury		te if the organization is described be ► Go to www.irs.gov/Form990 for i		to Form 990 or Form 990-E	2. Open to Public Inspection
Internal Revenue Service Go to www.ins.gov/ offinstructions and the latest monnation. Inspec					
	0	omplete Parts I-A and B. Do not compl			
		501(c)(3)) organizations: Complete F	Parts I-A and C below. I	Do not complete Part I-B.	
 Section 527 organi 		ete Part I-A only. n Form 990, Part IV, line 4, or Form	000 EZ Dort VI line 4	7 (Lobbying Activition) than	
_		at have filed Form 5768 (election un			lete Part II-R
	0	at have NOT filed Form 5768 (election	())	•	
	wered "Yes," o	n Form 990, Part IV, line 5 (Proxy	,	,, ·	-
	(5), or (6) organi	izations: Complete Part III.			
Name of organization					tification number
SETON HALL UNIV				22-1500	
		ganization is exempt under		•	
	•	rganization's direct and indirect p	olitical campaign a	ctivities in Part IV. (see ins	tructions for
definition of "pol					
		enditures (see instructions)			
	for political ca	ampaign activities (see instruction	<u>is) </u>		
-		ganization is exempt under s			
		e tax incurred by the organization			
		e tax incurred by organization ma			
		section 4955 tax, did it file Form			
					Yes No
b If "Yes," describe Part I-C Compl		ganization is exempt under	section 501(c) as	$x_{cont soction 501(c)(3)}$	
		· ·			
activities		ended by the filing organization		▶\$	
		organization's funds contributed			
•					
		Form 1120-POL for this year?			
5 Enter the names organization ma the amount of p	s, addresses a de payments. political contril	nd employer identification numb For each organization listed, en butions received that were prom or a political action committee (F	er (EIN) of all section ter the amount pair ptly and directly de	on 527 political organizat d from the filing organiza livered to a separate poli	tions to which the filing ition's funds. Also enter itical organization, such
(a) Name		(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)	_				
(4)					
(5)					
(6)					
For Paperwork Reducti	on Act Notice,	see the Instructions for Form 990 or	990-EZ.	Schedule	C (Form 990 or 990-EZ) 2019

Political Campaign and Lobbying Activities

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

SCHEDULE C

(Form 990 or 990-EZ)

OMB No. 1545-0047

2019

Sch	edule C (Form 990 of 990-EZ) 2019 5E1010		22 1.	Page Z
Pa	art II-A Complete if the organizati section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (elec	tion under
A		longs to an affiliated group (and list in Part IV e and share of excess lobbying expenditures).	ach affiliated group mem	per's name,
в	Check ► if the filing organization ch	ecked box A and "limited control" provisions app	oly.	
		ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
b c d e	 Total lobbying expenditures to influence Total lobbying expenditures (add lines 1 Other exempt purpose expenditures Total exempt purpose expenditures (add 	public opinion (grassroots lobbying) a legislative body (direct lobbying) a and 1b) d lines 1c and 1d) e amount from the following table in both		
	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 2	5% of line 1f)		
h	Subtract line 1g from line 1a. If zero or le	ess, enter -0-		
i	Subtract line 1f from line 1c. If zero or le	ss, enter -0-		
j	If there is an amount other than zero	on either line 1h or line 1i, did the organiza	tion file Form 4720	
				Yes No

4-Year Averaging Period Under Section 501(h)

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

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

	Lobbying Expen	ditures During 4-Ye	ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2019

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Sche	dule C (Form 990 or 990-EZ) 2019			Pa
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T file	d Foi	rm 5768
For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(i	a)	(b)
	cription of the lobbying activity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:		X	
а	Volunteers?		A	-
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.	X		

С	Media advertisements?		X	
d	Mailings to members, legislators, or the public?	X		1,200.
е	Publications, or published or broadcast statements?		Х	
f	Grants to other organizations for lobbying purposes?			19,737.
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	57		228,723.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х	
i	Other activities?		Х	
j	Total. Add lines 1c through 1i			249,660.
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b	If "Yes," enter the amount of any tax incurred under section 4912			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
De		/ - \ / E \		4!

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

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

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

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

Part IV Supplemental Information

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

SEE PAGE 4

Schedule C (Form 990 or 990-EZ) 2019

Part IV Supplemental Information (continued)

PART II-B, LINE 1(I) OTHER LOBBYING ACTIVITIES SETON HALL UNIVERSITY LOBBIED STATE LEGISLATORS REGARDING ANNUAL INDEPENDENT COLLEGE APPROPRIATIONS AND AID FOR INDEPENDENT COLLEGE STUDENTS. EFFORTS CONSISTED OF DIRECT MAILINGS, PHONE CALLS AND PERSONAL MEETINGS. MEMBERS OF CONGRESS WERE CONTACTED REGARDING STUDENT AID AND GRANTS FOR VARIOUS UNIVERSITY PROGRAMS. THE UNIVERSITY'S STAFF IS INVOLVED IN LOBBYING EFFORTS. THE VALUE OF THAT STAFF TIME IS APPROXIMATELY \$30,723. 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.

SCHEE	DULE	D
(Form	990)	

Supplemental Financial Statements

OMB No. 1545-0047

(FOIII 990)			the organization answer				201	9
		Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.						ublic
	artment of the Treasury nal Revenue Service	► Go to www.irs.gov	s.gov/Form990 for instructions and the latest information.					
	e of the organization	,				ployer identifica		
SEI	TON HALL UNIVE	CRSITY				22-150064	15	
Pa	rt I Organiza	tions Maintaining Donor Adv	ised Funds or Other	Similar Funds or	Acc	ounts.		
	Complete	e if the organization answered	"Yes" on Form 990,	Part IV, line 6.				
			(a) Donor advi	sed funds		(b) Funds and	other accounts	
1	Total number at e	nd of year						
2	Aggregate value o	of contributions to (during year)						
3	Aggregate value o	of grants from (during year)						
4	Aggregate value a	it end of year						
5	Did the organizati	ion inform all donors and donor	advisors in writing th	hat the assets held	in do	nor advised		_
	funds are the organization's property, subject to the organization's exclusive legal control?				Yes	No		
6	Did the organizati	on inform all grantees, donors, a	and donor advisors in	writing that grant fo	unds o	can be used		
		e purposes and not for the bene			-			7
		issible private benefit?					Yes	No
Pa		tion Easements.	"\/					
		e if the organization answered						
1		servation easements held by the						
		n of land for public use (for example of natural habitat	, recreation or education)				portant land ar	ea
				Preservation	orac	ertified histor	ric structure	
2		n of open space through 2d if the organization he	ald a qualified concern	ation contribution in	tho f	orm of a con	convotion	
2		ast day of the tax year.	eiu a quaimeu conserv				End of the Tax	Year
~		onservation easements			2a			
a b		tricted by conservation easements			2a 2b			
c	-	vation easements on a certified			20 20			
d		rvation easements included in (c			20			
u		isted in the National Register	<i>·</i> ·		2d			
3		rvation easements modified, tra			·	by the orga	anization durir	na the
	tax year ▶	· · · · · · · · · · · · · · · · · · ·						. <u>j</u>
4	•	where property subject to conse	rvation easement is loc	ated ►				
5		ation have a written policy reg			ion, ł	andling of		_
	violations, and enf	orcement of the conservation ea	sements it holds?				Yes	No
6	Staff and volunteer	hours devoted to monitoring, insp	ecting, handling of viola	tions, and enforcing	conse	rvation easem	ents during the	e year
	▶							
7	Amount of expens	es incurred in monitoring, inspec	ting, handling of violation	ons, and enforcing c	onser	vation easem	ents during the	e year
	▶\$							
8		vation easement reported on line 2						
~)(4)(B)(ii)?					└── Yes └─	_ No
9		be how the organization reports						
		d include, if applicable, the text o ounting for conservation easeme		rganization's financ	iai sta	tements that o	describes the	
Pa		tions Maintaining Collections		reasures or Othe	r Sim	ilar Assets		
		e if the organization answered						
1a		elected, as permitted under FA			e stat	ement and h	alance sheet	works
ia	of art, historical t	reasures, or other similar asse	ts held for public ext	hibition, education,	or re	search in fu	rtherance of	public
	•	Part XIII the text of the footnote						
b		n elected, as permitted under Fa sures, or other similar assets he						
		ing amounts relating to these iter			Saron	iaitherailt		51 1100,
						►\$		
	(ii) Assets include	ded on Form 990, Part VIII, line 1 d in Form 990, Part X				▶\$	1,724	,000.
2		n received or held works of a						de the
	•	required to be reported under F					-	
а		on Form 990, Part VIII, line 1				►\$	61	,000.

b

Assets included in Form 990, Part X

► \$

Schee	dule D (Form 990) 2019										Pa	age 2
Ра	rt III Organizations Maintainir	ng Collections of	Art, Histo	rical Tre	asures	s, or	Other	Similar A	ssets (d	continue	d)	
3	Using the organization's acquisition		other record	ds, checl	k any o	f the	follow	ring that m	ake sigr	nificant u	se o	f its
	collection items (check all that apply	y):		-								
а	X Public exhibition		d	-	or excha	ange	progra	n				
b	X Scholarly research		е	Other								
С	X Preservation for future gener											
4	Provide a description of the organ	ization's collections	and expla	in how t	they fur	ther	the or	ganization's	exempt	t purpose	e in l	Part
	XIII.											
5	During the year, did the organization								_	_		
	assets to be sold to raise funds rath		ained as pa	rt of the o	organiza	ation'	s colleo	ction?		Yes	Х	No
Ра	rt IV Escrow and Custodial Ar		o" on For	~ 000 F	Dort IV	lina	0	oported or	omour	at on Eq	m	
	Complete if the organizat 990, Part X, line 21.	uon answered re		11 990, F	Part IV,	line	9, 011	eponed ar	amour		[]]	
1a	Is the organization an agent, trustee	e, custodian or othe	er intermed	iary for c	ontribut	ions	or othe	r assets not				
	included on Form 990, Part X?								[Yes		No
b	If "Yes," explain the arrangement in											
									Amount			
С	Beginning balance					1c						
d	Additions during the year					1d						
е	Distributions during the year					1e						
f	Ending balance					1f						
2a	Did the organization include an amo									Yes		No
-	If "Yes," explain the arrangement in	Part XIII. Check he	ere if the ex	planation	has be	en pr	ovided	on Part XIII				
Pa	rt V Endowment Funds.	· · · · · · · · · · · · · · · · · · ·	. –				4.0					
	Complete if the organiza				-							
	-	(a) Current year	(b) Prior		(c) Two			(d) Three ye		(e) Four		
1a	Beginning of year balance	269,162,000.	271,090					246,904		263,9		
b	Contributions	3,586,000.	2,304	1,000.	3,2	286,	000.	1,664	,000.	4,4	24,	000
С	Net investment earnings, gains,	1.4. 0.0.0. 0.0.0	10 07			0.4.1	000	20 47 6	000	0		000
	and losses	14,028,000.	10,675				000.	30,476				000
d	Grants or scholarships	3,167,000.	3,4/4	1,000.	3,4	48/,	000.	3,455	,000.	۷, ۷	0/,	000
е	Other expenditures for facilities	0 172 000	0 70		11	1 2 1	000	14 010	000	1 5 6	C 0	000
	and programs	8,173,000.),000. 3,000.			000.			15,6		000
f	Administrative expenses	5,436,000.						1,174 259,799		246,9		
g	End of year balance								,000.	240,9	04,	000.
2	Provide the estimated percentage of Board designated or quasi-endowm	of the current year e	end balance	e (line 1g,	column	(a))	held as	:				
a h	Permanent endowment \blacktriangleright 38.1		70									
b c	Term endowment \blacktriangleright 27.1000 °											
U	The percentages on lines $2a$, $2b$, a		100%									
3 9	Are there endowment funds not in t			tion that	are hel	d and	l admir	nistarad for t	ho			
Ja	organization by:		ie organiza	tion that	are new	u and	aunni			Γ γ	′es	No
	(i) Unrelated organizations										X	
	(ii) Related organizations									3a(ii)		X
b	If "Yes" on line 3a(ii), are the relate									3b		
4	Describe in Part XIII the intended u	0	•									
_	rt VI Land, Buildings, and Equ	ipment.										
	Complete if the organiza	ition answered "Ye										
	Description of property	(a) Cost or (inves		(b) Cost (or other ba other)	asis		cumulated eciation	(d) Book valu	le	
1a	Land		,		171,00	0.	2001			3,17	1,0	00.
b	Buildings						254,5	06,000.		296,36		
c	Leasehold improvements					\neg	•			•		
d	Equipment.			55,9	941,00	0.	45,0	74,000.		10,86	7,0	00.
e	Other			-	569,00			91,000.		17,57		
	I. Add lines 1a through 1e. (Column	(d) must equal Form	n 990, Part	X, columi	n (B), lin	ie 10	c.)	>		327 , 97	9,0	00.

Schedule D (Form 990) 2019

Part VII **Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives (2) Closely held equity interests (3) Other_ATTACHMENT		
(A) OUTSIDE TRUST	9,596,000.	FMV
(B) HEDGE FUNDS	54,233,000.	FMV
(C) COMMINGLED FUNDS	1,022,000.	FMV
(D) PRIVATE EQUITY FUNDS	7,470,000.	FMV
(E) VENTURE CAPITAL	6,134,000.	FMV
(F) LIQUID FIXED INCOME	19,734,000.	FMV
(G)ILLIQUID FIXED INCOME	22,764,000.	FMV
(H) OPPORTUNISTIC	21,374,000.	FMV
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	191,414,000.	

Part VIII Investments - Program Related.

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

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

Other Assets. Part IX

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

(a) Description	(b) Book value
(1) DEPOSITS W/TRUSTEE	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.

Other Liabilities. Part X

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	REFUNDABLE U.S. GOV'T GRANTS	9,130,000.
(3)	CONDITIONAL ASSET RETIRE OBLIG	9,756,000.
(4)	CAPITAL LEASE OBLIGATION	11,508,000.
(5)	ACCRUED POSTRETIREMENT BENEFIT	945,000.
(6)	OTHER LIABILITIES, NET	8,397,000.
(7)		
(8)		
(9)		
Tota	(Column (b) must equal Form 990 Part X col. (B) line 25.)	39,736,000.

(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 JSA 9E1270 1.000

Х

Schedu	le D (Form 990) 2019				Page 4	
Part	XI Reconciliation of Revenue per Audited Financial Statements W Complete if the organization answered "Yes" on Form 990, Part IV			n.		
1	Total revenue, gains, and other support per audited financial statements	· · ·		1	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	2a	9,852,000.			
b	Donated services and use of facilities	2b	531,000.	1		
c	Recoveries of prior year grants.	2c		1		
d	Other (Describe in Part XIII.)	2d	22,000.	1		
e	Add lines 2a through 2d			2e	10,405,000.	
3	Subtract line 2e from line 1			3	297,831,000.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	· · ·				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	5,729,000.			
b	Other (Describe in Part XIII.)	4b	152,934,000.			
c	Add lines 4a and 4b			4c	158,663,000.	
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)			5	456,494,000.	
Part	XII Reconciliation of Expenses per Audited Financial Statements W Complete if the organization answered "Yes" on Form 990, Part IV			ırn.		
1	Total expenses and losses per audited financial statements			1	310,861,000.	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	531,000.			
b	Prior year adjustments	2b				
с	Other losses.	2c				
d	Other (Describe in Part XIII.)	2d	505,000.			
e	Add lines 2a through 2d			2e	1,036,000.	
3	Subtract line 2e from line 1			3	309,825,000.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	5,729,000.			
b	Other (Describe in Part XIII.)	4b	153,143,000.			
c	Add lines 4a and 4b			4c	158,872,000.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).			5	468,697,000.	
Part	XIII Supplemental Information.					
Provid	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 III, LINE 4

Part XIII Supplemental Information (continued)

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,

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.

Schedule D (Form 990) 2019 SETON HALL UNIVERSITY	22-1500645
Part XIII Supplemental Information (continued)	
PART XI, LINE 4B - OTHER	
FINANCIAL AID OF \$153,143,000, LESS RENTAL EXPENSE OF \$27,000, AND LESS	
SPECIAL EVENTS EXPENSES OF \$182,000.	
PART XII, LINE 2D - OTHER	
SPECIAL EVENTS EXPENSE OF \$182,000, RENTAL EXPENSE OF \$27,000, AND	

PROVISION FOR UNCOLLECTIBLE CONTRIBUTIONS RECEIVABLE OF \$296,000.

PART XII, LINE 4B - OTHER

FINANCIAL AID OF \$153,143,000.	ATTACHMENT 1	
SCHEDULE D, PART VII - INVESTMENTS - OTHER SECURITIES		
DESCRIPTION	BOOK VALUE	COST OR FMV
LONG EQUITY	22,921,000.	FMV
DIVERSIFYING ASSETS	16,925,000.	FMV
REAL ASSETS	9,241,000.	FMV
TOTALS	191,414,000.	

Page 5

Schools

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

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.

OMB No. 1545-0047 2019

Open to Public

Inspection

Depa	artment	of the	Treasury
· · · ·		~	. ,

Internal Revenue Service

Name of the organization

Part I

SETON HALL UNIVERSITY

Employer identification number

22-1500645

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	2	Х	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please			
	describe. If "No," please explain. If you need more space, use Part II	3	Х	
	SEE SUPPLEMENTAL PAGE			
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	х	
с	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	-10		
	with student admissions, programs, and scholarships?	4c	Х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
	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:	_		3.7
а	Students' rights or privileges?	5a		Χ
b	Admissions policies?	5b		X
С	Employment of faculty or administrative staff?	5c		Х
d	Scholarships or other financial assistance?	5d		Х
е	Educational policies?	5e		X
f	Use of facilities?	5f		Х
g	Athletic programs?	5g		Х
h	Other extracurricular activities?	5h		Х
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Х	
b	Has the organization's right to such aid ever been revoked or suspended?.	6b		Х
-	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	Х	
For P	aperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule E (Form	-		7) 2019

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.

SCHEDULE F	Statement of Activities Outside the United St	ates	OMB No. 1545-0047	
(Form 990) Department of the Treasury Internal Revenue Service	 Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 1 Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. 	· · · · · · · · · · · · · · · · · · ·		
Name of the organization		Employer ide	Employer identification number	
SETON HALL UNIVERSITY 2			00645	
	formation on Activities Outside the United States. Complete if the Part IV, line 14b.	organizati	ion answered "Yes" on	
other assistance,	Does the organization maintain records to substantiate the amount of its the grantees' eligibility for the grants or assistance, and the selection crite or assistance?	eria used to		

- 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)					120,0001
(8)					
(9)					
(10)					
(11)					
(12)					
<u>(13)</u>					
<u>(14)</u>					
<u>(15)</u>					
(16)					
(17) 3a Subtotal					150,088,000.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b) For Paperwork Reduction Act Notice, see	e the Instruction	s for Form 990.		Schedul	150,088,000. e F (Form 990) 2019

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Schedule F (Form 990) 2019 Part I Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,

	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed	scipient who receiv	ed more than \$5,000. F	Part II can be d	uplicated if additic	onal space is	needed.		
-	(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)									
(9)									
(2)									
(8)									
(6)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
3 2 By t Ent	Enter total number of recipient organizations listed above that are recognized as charities by the for by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities.	inizations listed abov or counsel has provi ations or entities	e that are recognized as (ded a section 501(c)(3) e	charities by the I quivalency letter	are recognized as charities by the foreign country, recognized as tax-exempt section 501(c)(3) equivalency letter	ognized as tax	▲ ▲		

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Schedule F (Form 990) 2019

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22-1500645

Schedule F (Form 990) 2019
Part II Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed

	אורמובח וו מחחו	rait III call be upplicated II auditorial space is liceded.						
(a) Type of grant or assistance	ели	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	 (h) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(2)								
(8)								
(6)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
(17)								
(18)								
							Sche	Schedule F (Form 990) 2019

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SETON HALL UNIVERSITY

Sched	ule F (Form 990) 2019			Page 4
Par	t IV Foreign Forms			
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>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)</i>	X	Yes	Νο
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)		Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	X	Yes	No No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	X	Yes	No No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain			

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

Foreign Partnerships (see Instructions for Form 8865)

Schedule F (Form 990) 2019

No

Schedule F (Form 990) 2019

Page **5**

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

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

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

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

SUPPORT FOR STUDENT RECRUITMENT AND ACADEMIC EXCHANGE PROGRAM DEVELOPMENTS. DURING 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	Supplemental	Information Re	garding	j Fundra	ising or Gamir	ng Activities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if t	he organization answe organization entered r				9, or if the	2019
Department of the Treasury		-		0 or Form 99	-		Open to Public
Internal Revenue Service	► G	io to www.irs.gov/Form	990 for inst	ructions and	the latest information.		Inspection
Name of the organization						Employer identificati	on number
SETON HALL UNIV		. I . 4	· 4:			22-1500645	7
	g Activities. Comp EZ filers are not re				Yes" on Form 98	90, Part IV, line	7.
1 Indicate whether	the organization rai	sed funds through	any of the	e following	activities. Check a	all that apply.	
a Mail solicita	tions	e			non-government g	•	
	email solicitations	f			government grant	S	
c Phone solic		g	Spe	cial fundra	ising events		
d 🔄 In-person so							
2a Did the organiza							
b If "Yes," list the	es listed in Form 990 10 highest paid indi least \$5,000 by the	viduals or entities				•	Yes No fundraiser is to be
(i) Name and addr or entity (fu		(ii) Activity	custody of	ndraiser have or control of butions?	(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				►			
3 List all states in registration or lic	which the organiza	tion is registered o	or licensed	d to solicit	contributions or	has been notified	it is exempt from

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 9E1281 1.000 8263ES F42F 5/13/2021 10:33:52 AM

SETON HALL UNIVERSITY

Schedule G (Form 990 or 990-EZ) 2019

Page **2**

			(a) Event #1 BEEFSTEAKDINNER	(b) Event #2 LAWSCH REDMASS	(c) Other events	(d) Total events (add col. (a) through
e			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	156,000.	99,000.	238,000.	493,000
ř	2	Less: Contributions	131,000.	74,000.	152,000.	357,000
	3	Gross income (line 1 minus line 2)	25,000.	25,000.	86,000.	136,000
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs	3,000.	1,000.	19,000.	23,000
Direct Expenses	7	Food and beverages	46,000.	18,000.	11,000.	75,000
Direct	8	Entertainment	7,000.	1,000.	39,000.	47,000
	9	Other direct expenses		25,000.	12,000.	37,000
	10	Direct expense summary. Add lin Net income summary. Subtract li	es 4 through 9 in colu	mn (d)		182,000
		INEL INCOME SUMMARY, SUDUALLIN			🕨	-40,000
	rt	II Gaming. Complete if the org	anization answered "	Yes" on Form 990, F	Part IV, line 19, or	
Pa		Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	anization answered "	Yes" on Form 990, F (b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
Pa		II Gaming. Complete if the org	anization answered " e 6a.	Yes" on Form 990, F	Part IV, line 19, or	reported more thar (d) Total gaming (add
Pa enuevenue	rt 1	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	anization answered " e 6a.	Yes" on Form 990, F	Part IV, line 19, or	reported more thar (d) Total gaming (add
	1 2	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin Gross revenue	anization answered " e 6a.	Yes" on Form 990, F	Part IV, line 19, or	reported more thar (d) Total gaming (add
Expenses Revenue a	<u>rt l</u> 1 3	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin Gross revenue Cash prizes	anization answered " e 6a. (a) Bingo	Yes" on Form 990, F	Part IV, line 19, or	reported more than (d) Total gaming (add
Expenses Revenue a	rt 1 2 3 4	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin Gross revenue Cash prizes Noncash prizes	anization answered " e 6a. (a) Bingo	Yes" on Form 990, F	Part IV, line 19, or (c) Other gaming	reported more than (d) Total gaming (add
	rt 1 2 3 4 5	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin Gross revenue Cash prizes Noncash prizes Rent/facility costs	anization answered " e 6a. (a) Bingo	Yes" on Form 990, F	Part IV, line 19, or (c) Other gaming	reported more thar (d) Total gaming (add
Expenses Revenue a	rt I 1 2 3 4 5 6	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	anization answered " e 6a. (a) Bingo	Yes" on Form 990, F (b) Pull tabs/instant bingo/progressive bingo	Part IV, line 19, or (c) Other gaming	reported more thar (d) Total gaming (add
Pa Revenue	rt I 1 2 3 4 5 6 7	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	anization answered " e 6a. (a) Bingo (a) Bingo Yes No No es 2 through 5 in colu	Yes" on Form 990, F	Part IV, line 19, or (c) Other gaming 	reported more thar (d) Total gaming (add
Expenses Revenue a	rt 1 2 3 4 5 6 7 8	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin Gross revenue Cash prizes Noncash prizes Noncash prizes Rent/facility costs Other direct expenses Other direct expenses Uolunteer labor Direct expense summary. Add lin Net gaming income summary. Su Enter the state(s) in which the organisation licensed to con	anization answered " e 6a. (a) Bingo (a) Bingo (b) Bingo (c) Bingo	Yes" on Form 990, F	Part IV, line 19, or (c) Other gaming 	reported more than (d) Total gaming (add col. (a) through col. (c))

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	SETON HALL UNIVERSITY	22-130	10645	
Sched	ule G (Form 990 or 990-EZ) 2019			Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other enti			
	formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
a	The organization's facility	13a		%
	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events bool			///
14	records:			
	Name ►			
	Address ►			
15 a	Does the organization have a contract with a third party from whom the organization receives	gaming		
	revenue?		Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$	and the		
	amount of gaming revenue retained by the third party ► \$			
С	If "Yes," enter name and address of the third party:			
	Name ▶			
	Address ►			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ► \$			
	Description of services provided ►			
	Director/officer Employee Independent contractor			
17	Mandatany distributions			
17	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming pro-	aaada ta		
a				No
h	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt org			NO
D		anizations	i	
Par	or spent in the organization's own exempt activities during the tax year s s Supplemental Information. Provide the explanation required by Part I, line 2b, columns	(iii) and	(v) and	
Far	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition			
	(see instructions).		mauon	

Schedule G (Form 990 or 990-EZ) 2019

SCHEDULEI	U	irants ar	Id Other A	Grants and Other Assistance to Organizations,	o Organiza	tions,		OMB No. 1545-0047
(Form 990)	GO G	Government	its, and In	Governments, and Individuals in the United States	n the United	I States		2019
Department of the Treasury Internal Revenue Service		ete II tile orgo	ganization ans ►At • 0 <i>www.irs.gov</i>	www.irs.gov/Form990 for the latest information.	orm 330, Fart IV, atest information			Open to Public Inspection
Name of the organization							Employer identification number	n number
5	General Information on Grants and Assistance	Assistance					* FODOCT - 77	
 Does the organizat the selection criteri 	Does the organization maintain records to substantiate the the stelection criteria used to award the grants or assistance?	bstantiate the		grants or assista	nce, the grantees'	amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and		X Yes No
2 Describe in Part IV	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ures for mon	itoring the use o	of grant funds in the	e United States.]
Part II Grants and Part IV, line	Grants and Other Assistance to Domestic Orga Part IV, line 21, for any recipient that received m	omestic Orç at received	Janizations an more than \$5,	d Domestic Gov 000. Part II can t	ernments . Com be duplicated if a	nizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, ore than \$5,000. Part II can be duplicated if additional space is needed.	ation answered "Y∈ eeded.	ss" on Form 990,
1 (a) Name and a or gov	1 (a) Name and address of organization or government	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
NSHIP OF SOUTH	ы							
76 S. ORANGE AVE. SC	51	226002309	115	515,000.				GENERAL PURPOSE
(2) SOUTH ORANGE PERFORMING ARTS CENTER, 1 SOPAC WAY SOUTH ORANGE. NJ 07079	MING ARTS CENTER, INC. RANGE, N.I 07079	320074004	501 (C) (3)	19.000				GENERAL PURPOSE
(3) SAINT PAUL'S OUTREACH	CH		() () () () () () () () () () () () () (
110 CRUSADER AVE WEST ST ST. PAUL,	ST ST ST. PAUL, MN 55118	411621192	501 (C) (3)	16,000.				GENERAL PURPOSE
(4) MAISON FORTUNE ORPHANAGE FOUNDATION	ANAGE FOUNDATION							
999 WATERSIDE DRIVE NORFOLK, VA 23510	NORFOLK, VA 23510	30-0007910	501(C)(3)	7,000.				GENERAL PURPOSE
(5) TOWNSHIP OF NUTLEY,	ЛJ							
1 KENNEDY DRIVE NUTLEY, NJ 07110	LEY, NJ 07110	22-6002167	115	220,000.				GENERAL PURPOSE
(9)								
(2)								
(8)								
(6)								
(10)								
(11)								
(12)								
2 Enter total number 3 Enter total number	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	jovernment o	rganizations list 1 table	ted in the line 1 tak	le			5.
For Paperwork Reduction	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ons for Form 9	90.				Sche	Schedule I (Form 990) (2019)

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Schedule I (Form 990) (2019)
Part III Grants and Other /

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
FEDERAL AWARDS	2,066.	11,010,000.			
2 STATE OF NEW JERSEY AWARDS	1,620.	12,670,000.			
3 INSTITUTIONAL SUPPORT	12,074.	134,270,000.			
4					
ß					
G					
L					
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.	information re	equired in Part I, I	line 2, Part III, c	olumn (b); and any o	ther additional

PART I, LINE 2

ALL UNIVERSITY SPENDING MUST BE APPROVED BY A MANAGER OR HIGHER LEVEL,

BE APPROVED BY A DEAN OR OTHER BUDGET CENTER MANAGER. \$1,000 OR AN EXPENDITURE IN EXCESS OF \$10,000 MUST BE APPROVED BY A VICE PRESIDENT 0 F ACCOUNTING SYSTEM THROUGH THE USE OF A SEPARATE ACCOUNT CODE, WHICH (OR THAT PERSON'S DESIGNEE) OR THE PRESIDENT. GRANTS OR ASSISTANCE OUTSIDE ORGANIZATIONS ARE SEGREGATED IN THE UNIVERSITY'S FINANCIAL DEPENDING ON THE AMOUNT OF THE EXPENDITURE. ANY EXPENDITURE OF BY UNIVERSITY'S CENTRAL FINANCE DEPARTMENT. ABOVE WOULD HAVE TO ALLOWS FOR REVIEW

SCHOLARSHIPS ARE PROVIDED TO STUDENTS WHO ARE REQUIRED TO MATRICULATE IN

UNIVERSITY	
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Schedule I (Form 990) (2019) Part III

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
-						
6						
ო						
4						
<u>а</u>						
9						
-						
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.	information re	quired in Part I, I	ine 2, Part III, c	olumn (b); and any o	ther additional

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

INTENDED PURPOSES.

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

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

ORANGE PERFORMING ARTS CENTER.

(For	EDULE J m 990) ment of the Treasury Revenue Service	For certain Officers, Dire Cor ► Complete if the organizatio	Asation Information Actors, Trustees, Key Employees, and Highest Appensated Employees on answered "Yes" on Form 990, Part IV, line 2 Attach to Form 990. Attach to Form 990.	^{23.} O	^{IB No. 2} 20 pen to	19 Pub	olic
0	of the organization			Employer identification			•
SET	ON HALL UNI	IVERSITY		22-1500645			
Par	Question	s Regarding Compensation					
						Yes	No
1a b 2 3	990, Part VII, X First-cla X Travel for X Tax inde Discretion If any of the or reimburse explain Did the organ directors, trus 1a? Indicate which organization's related organi X Compen	Section A, line 1a. Complete Part III to p ss or charter travel or companions minification and gross-up payments onary spending account boxes on line 1a are checked, did th ment or provision of all of the ex anization require substantiation prior stees, and officers, including the CEC n, if any, of the following the organization CEO/Executive Director. Check all the ization to establish compensation of the asation committee	on used to establish the compensation of the at apply. Do not check any boxes for methone CEO/Executive Director, but explain in Particle Written employment contract	these items. personal use nal residence on fees auffeur, chef) garding payment plete Part III to incurred by all checked on line the ds used by a	1b 2	x	x
4 a b c	X Form 99 During the yea organization of Receive a sev Participate in, Participate in,	or a related organization: verance payment or change-of-control pa or receive payment from, a suppleme or receive payment from, an equity-ba	X Compensation survey or study X Approval by the board or compensa Part VII, Section A, line 1a, with respect to ayment? Intal nonqualified retirement plan? issed compensation arrangement? rovide the applicable amounts for each it	o the filing	4a 4b 4c	X	X X
-	For persons compensation The organizati	listed on Form 990, Part VII, Secti a contingent on the revenues of: on?	rganizations must complete lines 5-9. on A, line 1a, did the organization pa		5a		X
ь 6	If "Yes" on line For persons compensation	e 5a or 5b, describe in Part III. listed on Form 990, Part VII, Secti a contingent on the net earnings of:	on A, line 1a, did the organization pa	y or accrue any	5b		
a b	Any related or If "Yes" on line	rganization? e 6a or 6b, describe in Part III.			6a 6b		X X
7 8	payments not Were any am to the initial	described on lines 5 and 6? If "Yes," de ounts reported on Form 990, Part VII, contract exception described in F	n A, line 1a, did the organization prov escribe in Part III paid or accrued pursuant to a contract tha Regulations section 53.4958-4(a)(3)? If	at was subject "Yes," describe	7		X
9 For P	If "Yes" on I Regulations se	ine 8, did the organization also foll	low the rebuttable presumption proced	ure described in	8 9		

SETON HALL UNIVER	SITY
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Schedule J (Form 990) 2019

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

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

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

	\vdash	(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
	ε	485,893.	155,168.	11,912.	22,000.	780.	675,753.	0.
1 1 (II)	E	.0	.0	.0	.0	.0	.0	0.
	Ξ	296, 683.	133,000.	493,649.	22,000.	14,860.	960,192.	0.
2 1 (ii		ō	.0	0	.0	.0	.0	0.
, M.B.A	Ξ	408,000.	240,000.	21,969.	22,000.	25,135.	717,104.	0.
3 ^{EVP} OPERATIONS/CHIEF OF STAFF (II	E	.0	.0	.0	.0	.0	.0	0.
.D.	Ξ	364,886.	36,720.	10,324.	22,000.	24,615.	458,545.	0.
4 INTERIM PROVOST THRU 6/2020	(ii)	.0	.0	.0	.0	.0	.0	0.
.D.	Ξ	331,527.	55,000.	7,569.	22,000.	12,393.	428,489.	.0
5 ^{V.P.} ENROLLMENT MANAGEMENT (II	(.0	.0	.0	.0	.0	.0	.0
M.B.A	Ξ	245,725.	60,000.	7,753.	20,000.	82,874.	416,352.	0
6 (ii)	(iii)	.0	.0	.0	.0	.0	.0	0
GRAHAM, M.B.	Ξ	298,097.	28,091.	7,569.	22,000.	19,004.	374,761.	.0
7 ^{V.P.} FINANCE & CFO	E	.0	.0	.0	.0	.0	.0	0.
Ъ ,	Ξ	394,597.	36,049.	1,578,251.	22,000.	76,582.	2,107,479.	0
8 ^{V.P.&} GEN. COUNSEL THRU 12/19 (ii		.0	.0	.0	.0	.0	.0	.0
BOOZANG, JD, L	Ξ	372,427.	7,200.	1,624.	22,000.	12,393.	415,644.	0.
9 DEAN, SCHOOL OF LAW	(iii)	.0	.0	.0	.0	.0	.0	0
Ω.	Ξ	278,195.	.0	1,058.	22,000.	32,441.	333, 694.	0
10 ^{DEAN} , STILLMAN SCHOOL BUSINESS (II		.0	.0	.0	.0	.0	.0	0
SHOEMAKER, PH.	Ξ	188,738.	.0	416.	16,053.	40,002.	245,209.	0.
11 COLLEGE OF ARTS & SCIENCE (II	(.0	.0	.0	.0	.0	.0	.0
SHULMAN, PH.D.	Ξ	284,705.	.0	2,073.	22,000.	12,393.	321,171.	0
12 ^{DEAN} , SCHOOL HEALTH & MEDICAL (II	(iii)	.0	.0	.0	.0	.0	.0	.0
	Ξ	2,028,327.	165,000.	41,588.	22,000.	49,258.	2,306,173.	.0
13 ^{HEAD} COACH MEN'S BASKETBALL (II	(iii)	.0	.0	.0	.0	.0	.0	.0
	Ξ	293,436.	77,500.	18,474.	22,000.	53,970.	465,380.	.0
14 ^{HEAD} COACH WOMEN'S BASKETBALL (II		.0	.0	.0	.0	.0	.0	.0
BEN, JD,	Ξ	296,785.	.0	353.	22,000.	35,077.	354,215.	0.
L PROFESSOR	(ii)	.0	.0	.0	.0	.0	.0	0.
J. LORENZET, PH.	Ξ	251,074.	.0	281.	16,440.	35,011.	302,806.	0.
16 ^{ASSOCIATE DEAN} , STILLMAN SCHL (II	(ii)	0.	0.	0.	0.	0.	0.	0.
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Schedule J (Form 990) 2019

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

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

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

	(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
ANTHONY O. SKINN (I)	225,988.	5,000.	11,600.	18,180.	11,239.	272,007.	0.
ASST. COACH MEN'S BASKETBALL (ii)	.0	ō	.0	.0	.0	.0	0.
DENNIS J. GARBINI, M.B. (1)	103,840.	33,293.	228,676.	22,000.	25,765.	413,574.	0.
2 ^{FORMER V.P.} ADMINISTRATION (ii)	0	0	.0	.0	.0	0.	0.
PH.D	252,269.	22,973.	6,343.	18,389.	22,859.	322, 833.	0.
3 FORMER V.P. STUDENT SERVICES (II)	.0	.0	.0	.0	.0	.0	0.
Б П	156,312.	.0	2,911.	12,620.	11,759.	183,602.	0.
4 INT. VP STUDENT SERV THRU 10/19 (ii)	0	0	.0	.0	.0	0.	0.
5							
(ii)							
0							
7 (ii)							
()							
8 (ii)							
(i)							
(ii) 9							
(i)							
10 (ii)							
()							
(ii)							
Ξ							
12 (ii)							
Ξ							
13 (ii)							
(2)							
14 (ii)							
(0)							
15 (ii)							
Ξ							
(ii)							
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Schedule J (Form 990) 2019
Part III Supplemental Information

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

PART I, LINE 1A

CERTAIN PAYMENTS MADE FOR THE BUSINESS 1, MAKES BECAME PRESIDENT/CEO/TRUSTEE/REGENT ON AUGUST FOR THE UNIVERSITY НIМ 0 F ARE INCLUDED IN TAXABLE INCOME, HIM THESE AMOUNTS. THE UNIVERSITY REIMBURSES TAXABLE INCOME REIMBURSEMENTS. HIS CERTAIN EXPENSE N UNIVERSITY INCLUDES RESIDENCE WHICH PH.D. PERSONAL GROSS-UP PAYMENTS, BEHALF AND NYRE, HIS CERTAIN OF THE . Ы HIS USE OF JOSEPH 2019. NO

ЪТ BECAME A MEMBER OF THE FACULTY PH.D. INTERIM PRESIDENT/TRUSTEE/REGENT WAS IN THAT SHE THE UNIVERSITY ON AUGUST 1, 2019 2019. 31, JULY POSITION UP UNTIL J. MEEHAN, MARY

HOUSING AND RELATED SERVICES WERE PROVIDED AT NO CHARGE TO MEMBERS OF ITS RELATED BENEFITS ARE INCLUDED IN NONTAXABLE BUONOPANE) д REGENTS ROBERT COLEMAN, MONSIGNOR THOMAS 990, PART VII (MONSIGNOR ANTHONY ZICCARDI, CERTAIN . Ъ GERALD AN OFFICER, ALONG WITH J. WISTER, AND MONSIGNOR MONSIGNOR WHICH INCLUDED Н Н HOUSING AND PART FORM ROBERT R.REILLY, **,** Г NI SCHEDULE AND TRUSTEES LISTED MONS I GNOR THE JOSEPH COMMUNITY ЪО NI MONS I GNOR NYDEGGER, THE VALUE BENEFITS PRIEST

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Schedule J (Form 990) 2019

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lin

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

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

BUSINESS RELATED M.B.A 5 \$24,193, ь. ASSIST UNIVERSITY ADVANCEMENT WITH DONOR CULTIVATION AND ANTHONY IN SCHEDULE LYONS, \$20,188, AND . ڻ KEVIN WILLARD, WOMEN'S BASKETBALL COACH, EXCLUSIVELY PATRICK RESPECTIVELY. THEY ARE INCLUDED IN NONTAXABLE BENEFITS FUNDRAISING EFFORTS. SUCH FEES TOTALED \$15,476, STAFF, THESE ORGANIZATIONS WERE ЫO OPERATIONS/CHIEF Е.V.Р. THEIR ATTENDANCE AT BASKETBALL COACH, AND 0 H BOZZELLA, IN ORDER

PART II

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

FOR BUSINESS PURPOSES; THESE EVENTS INCLUDE TRAVEL THE WOMEN'S MAY CABINET THE PRESIDENT, THE MEN'S BASKETBALL COACH, EXECUTIVE THE ЫO AND OTHER MEMBERS EVENTS ЫO LIMITED NUMBER COACH, SPOUSES OF BASKETBALL К 0 H

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Schedule J (Form 990) 2019
Part III Supplemental Information

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

FUNDRAISING/ALUMNI EVENTS AND MEN'S BASKETBALL TOURNAMENTS. WHERE

APPLICABLE, THE PERSONAL COMPONENT OF TRAVEL IS INCLUDED IN TAXABLE

INCOME.

TO THE FORMER VP FOR ADMINISTRATION THE UNIVERSITY PAID \$221,952 IN 2019

AS SEVERANCE.

PURSUANT TO CONTRACT. DUE TO NON-DISCLOSURE PROVISIONS IN THE CONTRACT, DURING 2019, THE UNIVERSITY MADE AN END OF TERM PAYMENT TO AN EMPLOYEE AS SUCH PAYMENT IS PROPERLY DISCLOSED ON FORM 990, PART VII AND SCHEDULE J HOWEVER, THE UNIVERSITY IS NOT DISCLOSING THE EMPLOYEE'S NAME. TAXABLE WAGES THE COMPENSATION INFORMATION REPORTED ON FORM 990 IS FROM CALENDAR YEAR 0 E SO PRIOR TO THE COVID PANDEMIC THAT CURRENTLY AFFECTS OUR STUDENTS, EMPLOYEES AND SOCIETY IN GENERAL. PURSUANT REQUIRED. ALL AMOUNTS PAID AND DISCLOSED WERE EMPLOYMENT AGREEMENTS AND DONE 2019, AS

SCHEDULE K (Form 990) Department of the Treasury	S ▼ Complete if	Supplemental Information on Tax-Exempt Bonds ► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ► Attach to Form 990.	tal Infor n answered ations, and	rmation on T a "Yes" on Form 990 any additional infor Attach to Form 990	on Tax rm 990, P al informa m 990.	(- Exem art IV, line ttion in Part	pt Bonds 24a. Provide (. VI.	descriptions	(Å		OMB No. 1 20 Open to	OMB No. 1545-0047 20 19 Open to Public
Internal Revenue Service Name of the organization SETON HALL UNIVERSITY		Go to www.irs.gov/Form990 for instructions and the latest information.	gov/Form9	90 for instruc	tions and	the latest	information.			Employer 22-1	Inspection Employer identification number 22-1500645	tion I number
Part Bond Issues	sues									-		
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	e price	(f) Descript	(f) Description of purpose		(g) Defeased	(h) On behalf of issuer	(i) Pooled financing
										Yes No	Yes No	Yes No
A NJEFA - SETON HALL	'L - CIF 2014 D	221829511	646066DG2	04/29/2004	19,3	19,369,367. SEE	: PART VI			×	×	×
B NJEFA - SETON HALL	L - ISSUE 2011 A	221829511	646065U83	06/10/2011	37,5	37,578,532. SEE	: PART VI			×	×	×
C NJEFA - SETON HALL	.L - CIF 2014 B	221829511	646066DG2	04/29/2014	19,3	19,369,367. SEE	: PART VI			×	×	×
D NJEFA - SETON HALL	JL - ELF 2014 B	221829511	6460658J4	01/30/2014	8, 1	131,497. SEE	: PART VI			X	Х	×
Part II Proceeds	S											
					A		В		ပ		۵	
1 Amount of bonds retired	onds retired			-	66	994 , 835.	30,855,	.000	186,	5 , 058.	202,	2,023.
2 Amount of bc	Amount of bonds legally defeased	· · ·		•								
3 Total proceeds of issue	ds of issue	· · ·		-	19,36	9,367.	37,578,	532.	19,369	9,367.	8,131	1,497.
	Gross proceeds in reserve funds	· · ·		•								
	ds	•	• • • •	-								
	Proceeds in refunding escrows	-	-	•								
	•		-	•	11	3,339.	411,	094.	11:	3,339.	Ū.	4,722.
	Credit enhancement from proceeds			•								
	proceeds			•					7			
10 Capital expenditures fr	Capital expenditures from proceeds	•	•	•	1	ц Г С С	77 167	0.01	T 1	4,830.	330,	U, YUU.
		•	• • •	•		5		•				
	tion		- · · · · · · · · · · · · · · · · · · ·	- · ·	2014		2011		2015		2015	
					Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bo	Were the bonds issued as part of a refunding	issue of	tax-exempt bonds (or,	onds (or,								
if issued prior	if issued prior to 2018, a current refunding issue)?					×	×			×		×
15 Were the b	Were the bonds issued as part of a refunding	issue of	taxable bonds	ls (or, if								
issued prior t	issued prior to 2018, an advance refunding issue)?)?	-		×			×		×		×
	Has the final allocation of proceeds been made?	· · ·		•	×		×		×		×	
17 Does the o final allocatio	Does the organization maintain adequate books final allocation of proceeds?	ooks and records	요 :	support the	×		×		×		×	
For Paperwork Reduc	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	r Form 990.								Sch	Schedule K (Form 990) 2019	n 990) 2019

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Image: Complete if the organizations, and any additional information in part in the organization and water information. Complete if the organization and water indiversion and water information. Item in the information in part information in part information in part information. • Attent to Form 900. • Attent to Form 900. Item in the information in part information in part information in part information. • Attent to Form 900. • Attent to Form 900. Item into information in part information informatin information informati	SCHEDULE K	S	Supplemental Information on Tax-Exempt Bonds	al Infor	mation	on Tax	-Exem	pt Bond	S			OMB No.	OMB No. 1545-0047
FEIN(f) Description of purpose11(a) CUSTP #(d) Date issued(e) Issue price(f) Description of purpose1164606560907/10/201343,935,728SEEPART VI11646066866609/15/201638,059,002SEEPART VI11646066866609/15/201638,059,102SEEPART VI1107/26/201638,059,102SEEPART VI1107/26/201638,059,102SEEPART VI1107/26/201638,059,115SEEPART VI1107/26/201638,059,102SEEPART VI1107/26/201638,059,115SEEPART VI1107/26/201638,059,102SEEPART VI1107/26/201638,059,102SEEPART VI1107/26/201638,059,102SEEPART VI1107/26/201638,059,102SEEPART VI1107/26/201620,807SEEPART VI1107/26/201620,807SEEPART VI1107/26/201621,912,4131,11213,93523,949,24336,1314201523,949,2431414201524,255,8071514201524,255,80716141420151714201524,2551814201524,25519141420151414 <t< th=""><th>Department of the Treasury Internal Revenue Service</th><th>Complete if</th><th>the organization explana · Go to <i>www.ir</i>s.</th><th>answered tions, and ↓ ► /</th><th>"Yes" on Fo any addition Attach to Fo <i>0</i> for instruc</th><th>rrm 990, F al informa rm 990. Xtions anc</th><th>art IV, line ttion in Part I the latest</th><th>24a. Provide VI. information.</th><th>e descriptio</th><th>ons,</th><th></th><th>20 Open to Pu Inspection</th><th>2019 Open to Public Inspection</th></t<>	Department of the Treasury Internal Revenue Service	Complete if	the organization explana · Go to <i>www.ir</i> s.	answered tions, and ↓ ► /	"Yes" on Fo any addition Attach to Fo <i>0</i> for instruc	rrm 990, F al informa rm 990. Xtions anc	art IV, line ttion in Part I the latest	24a. Provide VI. information.	e descriptio	ons,		20 Open to Pu Inspection	2019 Open to Public Inspection
TEIN(c) CUSIP(d) Date issued(e) Issue price(f) Description of purpose116460660c107/10/201343,935,728.SEEPARTVI116460660c107/14/201538,055,002.SEEPARTVI116460660c609/15/201638,055,002.SEEPARTVI116460660c609/15/201638,055,002.SEEPARTVI116460660c609/15/201638,055,000.SEEPARTVI1107/26/201620,805,115.SEEPARTVI1107/26/201620,805,115.SEEPARTVI1107/26/201620,805,115.SEEPARTVI1107/26/201620,805,115.SEEPARTVI1107/26/201620,805,115.SEEPARTVI1107/26/201620,805,115.SEEPARTVI1107/26/201620,805,115.SEEPARTVI1107/26/201620,805,115.SEEPARTVI1107/26/201620,900.3,420,000.PAVI1107/26/201620,905.335.SEPARTVI1107/26/201620,900.3,420,000.PAPA1107/26/201623,235.24,255.807.PA1107/26/201633,208,3355.24,255.807.PA1107/26/201677800,307.23,949.243. <tr< th=""><th>Name of the organization SETON HALL UNIV</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th>Employe</th><th>Employer identification number 22-1500645</th><th>number</th></tr<>	Name of the organization SETON HALL UNIV										Employe	Employer identification number 22-1500645	number
TEN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose 11 646065605 $07/10/2013$ $43, 935, 728$ SEE PART VI 11 646066605 $07/14/2015$ $34, 235, 800$ SEE PART VI 11 64606606 $07/14/2015$ $38, 059, 002$ SEE PART VI 11 646066066 $07/14/2015$ $24, 225, 807$ SEE 11 64006007 $38, 030, 000$ $3, 420, 000$ SE 11 $07/26/2016$ $20, 805, 115$ SEE PART VI $1, 75$ 11 640060606 $07/26/2016$ $38, 030, 000$ $3, 420, 000$ $38, 930, 000$ 11 $07/26/2016$ $8, 930, 000$ $3, 420, 000$ $38, 930, 000$ $3, 420, 000$ $1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1$		les											
11 646065609 07/10/2013 43,935,728 SEE PART VI 11 64606606 07/14/2015 24,225,807 SEE PART VI 11 646066066 09/15/2016 38,059,002 SEE PART VI 11 646066066 09/15/2016 38,059,002 SEE PART VI 11 07/26/2016 38,059,002 SEE PART VI IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issu	e price	(f) Descrip	otion of purpo	se	(g) Defeased	(h) On behalf of issuer	(i) Pooled financing
II 0400500J 07/14/2015 4,3,357/128 EART VI II 64606606C 07/14/2015 38,059,002 SEE FART VI II 646066066 09/15/2016 38,059,002 SEE FART VI II 646066066 09/15/2016 38,059,002 SEE FART VI II 646066066 09/15/2016 38,059,002 SEE FART VI II 67000 34,20,000 34,20,000 II II 8,930,000 3,420,000 II II 8,935,728 24,255,807 II III 8,930,000 3,420,000 II III 8,935,728 24,255,807 II III 7,800,307 23,949,243 II III 7,800,307 23,949,243 II IIII 7,800,307 23,949,243 II IIII 7,800,307 23,949,243 II IIIIII 7,800,307 2015 II IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII			7			(E			Yes No	Yes No	Yes No
11 646066MCL 07/14/2015 24,225,807 BE PART VI 11 646066B66 09/15/2016 38,059,002 BE A 11 646066B66 09/15/2016 38,059,002 BE A 11 $07/26/2016$ $38,059,002$ BE A 11 $07/26/2016$ $20,800$ $3,420,000$ $3,420,000$ 11 $8,930,000$ $3,420,000$ $3,420,000$ $3,420,000$ 11 $8,930,000$ $3,420,000$ $3,420,000$ $1,7$ 11 $8,930,000$ $3,420,000$ $3,420,000$ $1,7$ 11 $2,7405,009$ $2,4,255,807$ $38,7$ 11 $2,7405,009$ $2,74,255,807$ $1,7$ 11 $2,7405,009$ $2,74,255,807$ $36,7$ 11 $2,7405,009$ $2,74,255,807$ $2,74,255,807$ 11 $2,7405,009$ $2,74,255,807$ $2,74,255,807$ 11 $2,7405,009$ $2,74,255,807$ $2,74,255,807$ 11 <	-	ISSUE 2013	221829511	6460656D9	07/10/2013	43,5	_	PART			×	×	×
11 646066866 09/15/2016 38,059,002. EERART VI 11 $07/26/2016$ $20,805,115$ EERART VI 11 $07/26/2016$ $20,805,115$ EERART VI 11 $07/26/2016$ $20,805,115$ EERART VI 11 $8,930,000$ $3,420,000$ $3,420,000$ 12 $43,935,728$ $24,255,807$ $38,$ 13 $2,405,009$ $3,420,000$ $1,$ 14 $23,208,335,728$ $24,255,807$ $38,$ 15 $27,405,009$ $306,564$ $1,$ 16 $27,405,009$ $306,564$ $1,$ 17 $2722,077$ $306,564$ $1,$ 16 $27,252,077$ $306,564$ $1,$ 17 $2722,077$ $306,564$ $20,000$ 16 $200,307$ $23,949,243$ $20,000$ 17 2014 2015 $20,000$ 18 $0,000,307$ $23,949,243$ $20,000$ 18 $0,000,307$ 23	- SETON HALL	- ISSUE 2015	221829511	646066MC1	07/14/2015	24,2		PART			×	×	×
11 $07/26/2016$ $20,805,115$ BR N R 930,000 3,420,000 38,930,000 R 930,000 3,420,000 38, R 930,000 3,420,000 38, R 930,000 3,420,000 38, R 930,000 3,420,000 38, R 1, 2,405,009 24,255,807 38, R 2,405,009 24,255,807 38, R 2,405,009 24,255,807 38, R 2,405,009 24,255,807 38, R 2,222,077 306,564 1, R 33,208,335 21,239 36, R 2014 23,949,243 36, R 2014 2015 20 R No Yes No N No Yes No N No Yes No N No X No N N No No N		ISSUE 2016	221829511	646066B66	09/15/2016	38,0		PART			×	×	×
A B		CIF 2016	221829511		07/26/2016	20,8		PART			×	×	×
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2014 2015 Yes No Yes No Yes of tax-exempt bonds (or, if X X X X of taxable bonds (or, if X X X X X records to support the X X X X X			· · ·	•	:								
Yes No Yes No of tax-exempt bonds (or, X Yes No of taxable bonds (or, if X X X of taxable bonds (or, if X X Y records to support the X X Y		•	· · ·	I	:	2014		2015		2018		2016	
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X X X X of taxable bonds (or, if X X X X X X X X X X X X X X X X X X X records to support the X X X X		ids issued as part of a refundi	issue of	-exempt bo	inds (or,								
of taxable bonds (or, if X X X X X X X X X X X X X X X X X X		o 2018, a current refunding issue)	-	-	:	×			×		×	×	
records to support the X X X X X X X X X X X X X X X X X X X		nds issued as part of a refund	issue of	xable bond	(or,								
records to support the X X X X X X X X X X X X X X X X X X X		2018, an advance refunding issue)		:	•		×	×			×		×
records to support the X X		llocation of proceeds been made?		•	•	×		×		×		×	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	17 Does the org final allocation	lanization maintain adequate bo of proceeds?	ooks and recor	요 :	port the	×		×		×		×	
	For Paperwork Reduction	on Act Notice, see the Instructions for	. Form 990.								Sch	Schedule K (Form 990) 2019	n 990) 2019

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OMB No. 1545-0047

SCHEDULE K	<i>.</i>	Supplement	tal Infor	mation c	n Tax	-Exem	ntal Information on Tax-Exempt Bonds				MO	B No. 15	OMB No. 1545-0047
(Form 990)	Complete if the organizaties explained and the organizaties of	the organization explana	n answered ttions, and a	"Yes" on Fol any additiona	rm 990, P Il informa	art IV, line tion in Part	inization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.	escription	Ś			2019	19
Department of the Treasury Internal Revenue Service		 Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. 	gov/Form99	 Attach to Form 990. <i>m990</i> for instructions a 	m 990. tions and	the latest	information.				0 –	Open to Public Inspection	Public on
Name of the organization SETON HALL UNIVERSITY										Employe 22 -	Employer identification number 22-1500645	cation n 4.5	umber
	Ser												
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	price	(f) Description of purpose	n of purpose		(g) Defeased	(h) On behalf of issuer		(i) Pooled financing
										Yes No	×	•	Yes No
A NJEFA - SETON HALL	- CIF 2016 B	221829511	646066F54	12/20/2016	30, 6	30,676,062. SEE	SEE PART VI			×		×	×
B NJEFA - SETON HALL	- ISSUE 2017 D	221829511	646066V64	06/29/2017	41, 8.	41,827,193. SEE	PART VI			×		×	×
C NJEFA-SETON HALL-ISSUE 2020	SSUE 2020 C	221829511	6460667B0	06/18/2020	34, 0.	34,025,223. SEE	PART VI			×		×	×
c													
Part Proceeds						_				_			-
					A		B		ပ				
1 Amount of bonds retired	ids retired	•	-		63	3,836.							
2 Amount of bon	Amount of bonds legally defeased		-	-									
3 Total proceeds of issue	s of issue	· · ·	-		30,67	6,062.	41,827,1	193.	34,025	5,223.			
4 Gross proceec	Gross proceeds in reserve funds		-										
5 Capitalized inte	Capitalized interest from proceeds		-										
6 Proceeds in re	Proceeds in refunding escrows	· · ·	· · ·	•									
7 Issuance costs	Issuance costs from proceeds	· · ·		•	246,	5,539.	348,2	259.	26(266,697.			
8 Credit enhance	Credit enhancement from proceeds	· · ·							1,369,0	,051.			
9 Working capits	Working capital expenditures from proceeds	•	- - - - -										
10 Capital expend	Capital expenditures from proceeds		-		73.	3,252.							
	oceeds	· · ·		•			41,478,9	34.					
12 Other unspent proceeds	proceeds	· · ·	· · ·						32,389	9,475.			
13 Year of substa	Year of substantial completion	-	· · ·	- - - -	2019		2017		2023				
					Yes	No	Yes No		Yes	No	Yes		No
14 Were the bor	Were the bonds issued as part of a refunding	issue of	tax-exempt bonds (or,	nds (or,									
	if issued prior to 2018, a current refunding issue)?			•		×	×	_		×			
15 Were the bor	Were the bonds issued as part of a refunding	issue of	taxable bonds (or, if	s (or, if									
	issued prior to 2018, an advance retunding issue)? -	- - - - -		• • • •		×	×	_		×		+	
	Has the final allocation of proceeds been made?		•	•	×		×	_	×				
17 Does the org final allocation	Does the organization maintain adequate b final allocation of proceeds?	books and records	ę	support the	×		×		×				
For Paperwork Reductiv	For Paperwork Reduction Act Notice. see the Instructions for Form 990.	r Form 990.	•	•	-		-				hodulo K	Eorm 0	Schodulo K (Earm 090) 2010
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	A			8	•	U	-	۵
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	٥N	Yes	No	Yes	No
-		×				×		×
2 Are there any lease arrangements that may result in private business use of bond-financed property?		×				Х		X
3a Are there any management or service contracts that may result in private business use of bond-financed property?		×				×		×
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of								
bond-financed property?		×				×		×
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? .								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of junciloted trade or husiness activity carried on by your organization								
another section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		×				X		×
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a $501(c)(3)$ organization since the bonds were issued?		×				×		×
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	×				×		Х	
Part IV Arbitrage								
anitation of the second s	∀	4				<u>ן</u> ט_		
ouso-1, Albiuage Rebate, Held te?	S		691	×	SB		S B I	×
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		Х		Х		Х		Х
b Exception to rebate?		×		×		X		×
	×		×		×		×	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 le the hond issue a variable rate issue?		×		×		×		×

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Xes	V × × ×	Yes			U.		
Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	9 × × ×	Yes					
 which owned property financed by tax-exempt bonds? Are there any lease arrangements that may result in private business u bond-financed property? a Are there any management or service contracts that may result in p business use of bond-financed property? b If "Yes" to line 3a, does the organization routinely engage bond counsel or other counsel to review any management or service contracts relating to the financed property? c Are there any research agreements that may result in private business u bond-financed property? d If "Yes" to line 3c, does the organization routinely engage bond counsel or other counsel to review any management or service contracts relating to the financed property? 	×××		°2	Yes	No	Yes	No
 Are there any lease arrangements that may result in private business u bond-financed property? a Are there any management or service contracts that may result in p business use of bond-financed property? b If "Yes" to line 3a, does the organization routinely engage bond coursel or other counsel to review any management or service contracts relating to the financed property? c Are there any research agreements that may result in private business u bond-financed property? d If "Yes" to line 3c, does the organization routinely engage bond coursel or other coursel to review any research agreements that may result in private business u bond-financed property? 	××				×		X
 a Are there any management or service contracts that may result in p business use of bond-financed property? b If "Yes" to line 3a, does the organization routinely engage bond counsel or other connect to review any management or service contracts relating to the financed property? c Are there any research agreements that may result in private business u bond-financed property? d If "Yes" to line 3c, does the organization routinely engage bond counsel or other counsel to review any management or service contracts relating to the financed property? 	×				Х		×
If "Yes" to line 3a, does the organization routinely engage bond counsel or other counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business u bond-financed property? If "Yes" to line 3c, does the organization routinely engage bond counsel or outside counsel to review any research agreements relating to the financed prope					×		×
Are there any research agreements that may result in private business u bond-financed property?							
If "Yes" to line 3c, does the organization routinely engage bond counsel or outside counsel to review any research agreements relating to the financed prope	×				×		×
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	%		%		%		%
6 Total of lines 4 and 5	%		%		%		%
	×				×		×
Ba Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?	Х				Х		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?							
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?				×		×	
Part IV Arbitrage							
	₹		- B		: ບ_	□ - ;	
The state is the second and respect to the second and the second and the second second to the second se	9 ×	tes		res		tes	
	_		_				
a Rebate not due yet?	Х	Х		X		X	
b Exception to rebate?	Х		Х		Х	Х	
c No rebate due?			×		×		×
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed							
3 Is the bond issue a variable rate issue?.	×		×		×		×

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A B A B A B A B the organization a partnership, or a member of an LLC, Yes No Yes	Part III Private Business Use								
The organization a partner in a partner b, or a member of an LLC, the organization a partner in the analy result in phone in the analy manual in the analy result in phone in a partner in any result in phone in a partner into into into into into into into into		A					0		
D: Downod properly financed by lark examptions? X <	Was the organization a partner in a partnership, or a member of	-	9						
$ \ there are arrangements that may result in private business use of dimensed populy. $	which owned property financed by tax-exempt bonds?		×		×		×		
There any management or service contract that may result in private service contracts that may result in private service contracts that may result in private service contracts of other cutationsNNN	Are there any lease arrangements that may result in private business use bond-financed property?		×		Х		×		
ee' to lae 3de the organization routinely engage bond conread or other outside the internet entitation by free andy research agreements retaining to the internet and result in private business use 3. there any research agreements retaining to the financed property?	Are there any management or service contracts that may result in business use of bond-financed property?		×		×		×		
there any research agreements that may result in private business use of characterion performance property?. X <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>									
ceckto be the organization routinely engage bond coursel or otherto be the presentage of financed property used in a private business area or otherto be the presentage of financed property used in a private business area or otherto be the presentage of financed property used in a private business area or otherto be the presentage of financed property used in a private business area or otherto be the presentage of financed property used in a private business area or other area or other area or other area or other and or other area or other ar	Are there any research agreements that may result in private business use bond-financed property?		×		×		×		
$\label{eq:constraints} \mathematical the private business use by entities a the percentage of financed property used in a private business use by an it of unrealed trade or business activity carried on by your organization, we have percentage of financed property used in a private business use at at of unrealed trade or business activity carried on by your organization, we have been activity carried on by your organization, we have been at at of unrealed of transmed property used in a private business activity carried on by your organization, we have been at a for the model property used in a private business activity carried on by your organization, we have been at a formatical contrast and by the bond issue meet the private security or payment test?$									
art the percentage of financed property used in a private business arts why carried on by your organization, the recting of memory carried on by your organization, the recting of any constrained rate or business arts/ny carried on by your organization, the recting of any constrained rate or business arts/ny carried on by your organization, the recting or any the bond issue meet the private security or payment test? %	_		%		%		%		%
%%%%%%sthe bond issue meet the private security or payment test?xxx%xsthe bond issue meet the private security or payment test?xxxxxsthe bond issue meet the private security or payment test?xxxxxsthe bond issue meet the private security or payment test?xxxxxsthe bond issue meet the private security or payment test?xxxxxset to line 8a, enter the precentage of bond-financed property sold orxxxxxset to line 8a, enter the precentage of bond-financed property sold orxxxxxset to line 8a, enter the precentage of bond-financed property sold orxxxxxset to line 8a, enter the precentage of bond-financed property sold orxxxxxset to line 8a, enter the precentage of bond-financed property sold orxxxxxset to line 8a, enter the precentage of bond-financed property sold orxxxxxset to line 8a, enter the precentage of bond-financed bonds of the issue with the interval or	Enter the percentage of financed property used in a private business use as result of unrelated trade or business activity carried on by your organization another section 501(c)(3) organization or a state or local povernment		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		%		8
s the bond issue meet the private security or payment test?	Total of lines 4 and 5		%		%		%		%
there been a sale or disposition of any of the bond-financed property to a governmental personother than a 501(c)(3) organization since the bonds were issued? X <td></td> <td></td> <td>×</td> <td></td> <td>Х</td> <td></td> <td>Х</td> <td></td> <td></td>			×		Х		Х		
fear to line 8, enter the percentage of bond-financed property sold or cosed of	ø		×		Х		X		
es" to line 8a, was any remedial action taken pursuant to Regulations es" to line 8a, was any remedial action taken pursuant to Regulations tions 1.141-12 and 1.145-2? and 1.145-2? itom sections that all qualified bonds of the issue are remediated in accordance with the urdents under Regulations sections 1.141-12 and 1.145-2? itom sections 1.141-12 and 1.145-2? the organization established written procedures to ensure that all qualified bonds of the issue are remediated in accordance with the urdents under Regulations sections 1.141-12 and 1.145-2? itom sections 1.141-12 and 1.145-2? Arbitrage Regulations sections 1.141-12 and 1.145-2? itom sections 1.141-12 and 1.145-2? itom sections 1.141-12 and 1.145-2? Arbitrage Regulations sections 1.141-12 and 1.145-2? itom sections 1.141-12 and 1.145-2? itom sections 1.141-12 and 1.145-2? Arbitrage Regulations sections 1.141-12 and 1.145-2? itom sections 1.141-12 and 1.145-2? itom sections 1.141-12 and 1.145-2? Arbitrage Regulations sections 1.141-12 and 1.145-2? itom sections 1.141-12 and 1.145-2? itom sections 1.141-12 and 1.145-2? Arbitrage Result for the result of the following apply? itom section sections 1.141-12 and 1.145-2? itom sections 1.141-12 and 1.145-2? Arbitrage No Yes No Yes No Yes itom sections 1.141-12 and 1.145-12? Arbitrage			%		%		%		%
the organization established written procedures to ensure that all qualified bonds of the issue are remediated in accordance with the irrements under Regulations sections 1.141-12 and 1.145-27.xxxxArbitrageArbitrageReductions are tiledFourNoYesNoYesNoArbitrageNoYesNoYesNoYesNoYesNoArbitrageRebate, YieldKeduction and the issuer filed form 8038-T, ArbitrageYebid Reduction and the issuer filed form 8038-T, ArbitrageYesNoYesNoYesNoArbitrageRebate?YieldKeductionXNoYesNoYesNoYesNoArbitrageRebate?XNoYesNoYesNoYesNoYesNoArbitrageRebate?XNoYesNoYesNoYesNoYesNoArbitrageRebate formXNoYesNoYesNoYesNoYesNoArbitrageRebate formXNoYesNoYesNoYesNoYesNoArbitrageRebate formXXXXXNoYesNoYesNoArbitrageRebate formXXXXXYNoYesNoArbitrageRebate formXXXXXYNoYesNoArbitra									
Arbitrage class tiled Form 8038-T, Arbitrage Rebate, Yield Reduction and afty in Lieu of Arbitrage Rebate? A B C D afty in Lieu of Arbitrage Rebate? A No Yes N		×		Х		×			
Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?ABCDFenalty in Lieu of Arbitrage Rebate?YesNoYesNoYesNoYesNoYesNoIf "No" to line 1, did the following apply?AXXXXXXXXXXYesNoYesNoYesNoYesNoYesNoYesNoYesNoYes <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>									
Has the issuer filed Form 8038-1, Arbitrage Rebate, Yield Reduction and Pess Yes No Yes		∢							
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 f "Yes" to line 2c, provide in Part VI the date the rebate computation was performed. X X X	Has the Issuer Tiled Form 8038-1, Arbitrage Kebate, Yleid Keduction Penalty in Lieu of Arbitrage Rebate?	_	9 ×	Yes	o <mark>y</mark> ×	Yes	or ×	Yes	ov
a Rebate not due yet? X									
b Exception to rebate? X X X c No rebate due? X X X c No rebate due? X X X if "Yes" to line 2c, provide in Part VI the date the rebate computation was performed. X X X				×		×	1		
c No rebate due? X X X X X If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed X			×		×		×		
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed.			×		×		×		
Is the hond issue a variable rate issue?	e computation								
	3 Is the bond issue a variable rate issue?		×		×		×		

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Schedule K (Form 990) 2019

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Page 3

Part IV Arbitrage (continued)								
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4a Has the organization or the governmental issuer entered into a qualified	Yes	9	Yes	۹ ۷	Yes	No >	Yes	oN ⊳
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a was the heage superintegrated?								
e Was the hedge terminated /								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		×		×		X		×
b Name of provider								
Was the regulatory safe harbor for es								
		>		>		~		>
were any gross proceeds invested beyond an available temporary period ?		4		<		<		۷
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 \square	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
program if self-remediation								
	×		×		×		×	
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Page 3

Part IV Arbitrage (continued)								
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4a Has the organization or the governmental issuer entered into a qualified	Yes	9	Yes	0	Yes	No >	Yes	oN ⊳
•		4		4		4		4
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a was the heage superintegrated?								
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5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		×		×		X		×
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were any gross proceeds invested beyond an available temporary period ?		4		<		<		۷
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 \square	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
program if self-remediation								
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4a Has the organization or the governmental issuer entered into a qualified	Yes	۹ ۷	Yes	۶ ۶	Yes	S S	Yes	No
hedge with respect to the bond issue?		×		×		×		
b Name of provider								
c Term of hedge.								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
Were gross proceeds invested in a guaranteed investment contract (GIC)?		×		×		×		
c Term of GIC	-							
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		×		×		×		
Has the organization established written procedures								
requirements of section 148?	×		×		×			
	V7		~7		77			
Part V Procedures To Undertake Corrective Action								
	A			B	с С	~		
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
tax toquicitions are titrois tooticition and Nosing agreement program if self-remediation								
volution y ocorrig agreement program in sentremanon put available under annlicable remulations?	×		~		×			
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Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) (Continued) Part VI

S S PART IV, LINE REBATE COMPUTATIONS WERE PERFORMED IN THE JUNE AND JULY 2020 TIME FRAME IS NO REBATE LIABILITY RELATED TO ANY OF THE UNIVERSITY'S ISSUES AS OF JUNE THERE FOR ALL SETON HALL UNIVERSITY BOND ISSUES LISTED IN PART I.

PART I, COLUMN(F) DESCRIPTION OF PURPOSE

30, 2020

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

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Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) (Continued)
THAT PROVIDED GRANT FUNDS FOR CAPITAL IMPROVEMENTS TO THE UNIVERSITY IN
PRIOR YEARS. AS A RESULT OF THIS REFUNDING, AMOUNTS PAYABLE BY EACH
INSTITUTION, INCLUDING THE UNIVERSITY, WAS ADJUSTED TO TAKE INTO ACCOUNT
ALLOCABLE DEBT SERVICE SAVINGS.
2. SETON HALL UNIVERSITY ISSUE, 2011 SERIES A, (CUSIP NUMBER 646065U83)
WAS ISSUED BY THE NJEFA TO CURRENTLY REFUND SETON HALL UNIVERSITY'S 1999
REFUNDING, 2001 SERIES A, 2001 SERIES B, AND 2001 SERIES G BOND ISSUES.
THE 1999 REFUNDING ISSUE WAS ISSUED IN JULY 1999 TO REFUND THE
UNIVERSITY'S 1991 SERIES D AND 1989 SERIES C ISSUES. THE 1991 SERIES D
AND THE 1989 SERIES C ISSUES WERE ISSUED TO FINANCE CAPITAL IMPROVEMENTS.
THE 2001 SERIES A ISSUE WAS ISSUED IN JUNE 2001 TO REFUND THE
UNIVERSITY'S 1991 SERIES A ISSUE WHICH REFUNDED THE UNIVERSITY'S 1985
SERIES A ISSUE WHICH WAS ISSUED TO FINANCE CAPITAL IMPROVEMENTS. THE 2001
SERIES B ISSUE WAS ISSUED IN JUNE 2001 TO REFUND THE UNIVERSITY'S 1991
SERIES B ISSUE WHICH WAS ISSUED TO REFUND THE UNIVERSITY'S 1988 SERIES B
ISSUE WHICH WAS ISSUED TO REFUND THE UNIVERSITY'S 1976 SERIES A ISSUE AND
TO FINANCE CAPITAL IMPROVEMENTS. THE 1976 SERIES A ISSUE WAS ISSUED TO
FINANCE CAPITAL IMPROVEMENTS. THE 2001 SERIES G ISSUE WAS ISSUED IN JUNE
2001 TO FINANCE CAPITAL IMPROVEMENTS.

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Schedule K (Form 990) 2019	Page 4
Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) (Continued)	
3. AS NOTED ABOVE, ON APRIL 29, 2014 THE NJEFA ISSUED CIF BONDS, SERIES	
2014 B, PURSUANT TO A PROGRAM OF THE STATE OF NEW JERSEY TO FINANCE	
CAPITAL IMPROVEMENTS AT INSTITUTIONS OF HIGHER EDUCATION. THE GROSS	
PROCEEDS OF THIS ISSUANCE WERE \$15,493,539. THE PROCEEDS WERE ALLOCATED	
TO SIX PRIVATE INSTITUTIONS OF HIGHER EDUCATION. SETON HALL'S APPORTIONED	
AMOUNT WAS \$2,192,165. AFTER \$12,165 OF APPORTIONED ISSUANCE COSTS, THE	
REMAINDER THAT WAS RECEIVED BY SETON HALL WAS \$2,180,000, OF WHICH	
\$1,165,170 WAS A GRANT AND \$1,014,830 WAS DEBT REPAYABLE OVER 20 YEARS.	
BONDS ISSUED TO FINANCE GRANTS MUST BE APPROVED BY THE STATE TREASURER	
AND ARE REPAYABLE BY THE STATE SUBJECT TO APPROPRIATION. THE BONDS WERE	
SOLD BASED ON THE CREDIT OF THE STATE. EACH INSTITUTION ENTERED INTO A	
GRANT AGREEMENT OBLIGATING THE GRANTEE TO PAY A PORTION OF THE DEBT	
SERVICE ON THE BONDS ALLOCABLE TO THE GRANT. SETON HALL SPENT THE ENTIRE	
AMOUNT OF THE DEBT PROCEEDS ALLOCATED TO IT ON CAPITAL IMPROVEMENTS.	
4. ON JANUARY 30, 2014 THE NJEFA ISSUED HIGHER EDUCATION EQUIPMENT	
LEASING FUND ("ELF") PROGRAM BONDS, SERIES 2014 B, PURSUANT TO A PROGRAM	
OF THE STATE OF NEW JERSEY TO FINANCE CAPITAL IMPROVEMENTS AT	
INSTITUTIONS OF HIGHER EDUCATION. THE ELF 2014 B ISSUE IS ALLOCATED TO	
EQUIPMENT PURCHASES AT SIX PRIVATE INSTITUTIONS OF HIGHER EDUCATION. THE	
GROSS PROCEEDS OF THIS ISSUANCE WERE \$8,131,497. SETON HALL'S APPORTIONED	

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ental Information. Provide additional information for responses to questions on Schedule K (see instructions) <i>(Continued)</i>	;
AMOUNT WAS \$1,522,184. AFTER \$10,253 OF APPORTIONED ISSUANCE COSTS, THE	
REMAINDER THAT WAS RECEIVED BY SETON HALL WAS \$1,511,931, OF WHICH	
\$1,181,031 WAS A GRANT AND \$330,900 WAS DEBT REPAYABLE OVER 9 YEARS.	
BONDS ISSUED TO FINANCE GRANTS MUST BE APPROVED BY THE STATE TREASURER	
AND ARE REPAYABLE BY THE STATE SUBJECT TO APPROPRIATION. THE BONDS WERE	
SOLD BASED ON THE CREDIT OF THE STATE. EACH INSTITUTION ENTERED INTO A	
GRANT AGREEMENT OBLIGATING THE GRANTEE TO PAY A PORTION OF THE DEBT	
SERVICE ON THE BONDS ALLOCABLE TO THE GRANT. SETON HALL SPENT THE ENTIRE	
AMOUNT OF THE DEBT PROCEEDS ALLOCATED TO IT ON EQUIPMENT.	
5. SETON HALL UNIVERSITY ISSUE, 2013 SERIES D, (CUSIP 6460656D9) WAS	
ISSUED BY THE NJEFA TO CURRENTLY REFUND SETON HALL UNIVERSITY'S 2009 C	
BONDS SOLD DIRECTLY TO CAPITAL ONE, N.A., FINANCE A PORTION OF THE COST	
OF TERMINATING THE UNIVERSITY'S INTEREST RATE SWAP AGREEMENT WITH	
CITIBANK, N.A. THAT HEDGED INTEREST RATE EXPOSURE RELATED TO THE 2009 C	
BONDS, AND TO FINANCE CAPITAL IMPROVEMENTS. THE UNIVERSITY'S 2009 SERIES	
C BONDS REFUNDED THE UNIVERSITY ISSUE, 1998 SERIES F, ISSUED ON JUNE 29,	
1998 BY THE NJEFA TO REFUND A 1991 SERIES D SETON HALL UNIVERSITY ISSUE	
THAT FINANCED CAPITAL IMPROVEMENTS AT THE UNIVERSITY. THE PORTION OF THE	
2013 D TOTAL PROCEEDS OF \$43,935,728 THAT WAS USED TO REFUND THE 2009 C	
BONDS AND TO FINANCE A PORTION OF THE COST TO TERMINATE THE RELATED SWAP	
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Schedule K (Form 990) 2019

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

AGREEMENT WAS \$7,800,307

REFUND SETON HALL UNIVERSITY ISSUES, 2005 SERIES C AND 2006 SERIES A. THE THE PROCEEDS OF \$24,255,807, WHICH INCLUDED A DEBT PREMIUM OF \$2,050,807, 되 2005 SERIES C ISSUE FINANCED CAPITAL IMPROVEMENTS AT THE UNIVERSITY. THE E ISSUE, WHICH SERIES E BONDS PRINCIPAL OUTSTANDING OF \$22,030,000 ON ITS 2008 SERIES E BONDS THROUGH JULY 1, 2019, AND PAY BOND ISSUANCE COSTS OF \$306,564. THE 2008 SERIES 6. SETON HALL UNIVERSITY ISSUE, 2015 C (CUSIP 646066MC1) WAS ISSUED BY ISSUE, ALONG WITH 2008 SERIES D, WERE ISSUED BY THE NJEFA TO CURRENTLY TOGETHER WITH \$1,850,957 OF 2008 SERIES E DEBT SERVICE RESERVE FUNDS, WAS FOR CAPITAL IMPROVEMENTS AND FOR REFUNDING THE UNIVERSITY'S 1989 WERE DEPOSITED IN AN IRREVOCABLE TRUST TO PAY INTEREST ALONG WITH 2006 SERIES A ISSUE REFUNDED THE UNIVERSITY'S 1996 SERIES TO ADVANCE REFUND SETON HALL UNIVERSITY'S 2008 SERIES C ISSUE, WHICH WAS FOR CAPITAL IMPROVEMENTS. THE NJEFA

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

8. ON JULY 26, 2016 THE NJEFA ISSUED CIF BONDS, 2016 SERIES A, AND

11200011-77 VILLAND ULTRA AND ALLAND AND ALLAND AND ALLAND ALL	
Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) (Continued)	
REFUNDED CIF BONDS, 2006 SERIES A, AND OTHER SERIES OF CIF BONDS,	
PURSUANT TO A PROGRAM OF THE STATE OF NEW JERSEY TO FINANCE CAPITAL	
IMPROVEMENTS AT INSTITUTIONS OF HIGHER EDUCATION. THE BONDS WERE ISSUED	
PRIVATELY (THEREFORE NO CUSIP #)IN THE PRINCIPAL AMOUNT OF \$20,805,115	
WHICH WAS ALLOCATED TO FOURTEEN PRIVATE INSTITUTIONS IN NEW JERSEY. THE	
UNIVERSITY'S SHARE OF THE PROCEEDS WAS \$2,326,537, OF WHICH \$1,134,796	
WAS USED TO REFUND THE REMAINING UNIVERSITY BALANCE OF 2006 SERIES A AND	
THE REMAINDER REFUNDED OTHER STATE ISSUES THAT PROVIDED GRANT FUNDS FOR	
CAPITAL IMPROVEMENTS TO THE UNIVERSITY IN PRIOR YEARS. THE 2006 SERIES A	
BONDS PARTIALLY ADVANCE REFUNDED THE 2004 SERIES A BONDS AND OTHER SERIES	
OF CIF BONDS FOR CAPITAL IMPROVEMENTS. THE AMOUNTS PAYABLE TO THE STATE	
BY EACH INSTITUTION WERE ADJUSTED TO TAKE ACCOUNT OF ALLOCABLE DEBT	
SERVICES SAVINGS.	
9. ON DECEMBER 20, 2016 THE NJEFA ISSUED CIF BONDS, 2016 SERIES B,	
PURSUANT TO A PROGRAM OF THE STATE OF NEW JERSEY TO FINANCE CAPITAL	
IMPROVEMENTS AT INSTITUTIONS OF HIGHER EDUCATION. ONE FORM 8038 WAS FILED	
BY THE NJEFA COVERING THE ISSUE UNDER CUSIP NUMBER 646066F54. THE BONDS	
WERE ISSUED IN THE PRINCIPAL AMOUNT OF \$30,676,062 WHICH WAS ALLOCATED TO	
A TOTAL OF TWELVE PRIVATE INSTITUTIONS IN NEW JERSEY. THE UNIVERSITY'S	
APPORTIONED AMOUNT, AFTER \$12,153 OF APPORTIONED ISSUANCE COSTS, WAS	

Schedule K (Form 990) 2019

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Service K (Form 0001,2010)	22-1500645
Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions)	(Continued)
\$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	
GRANT.	
10. SETON HALL UNIVERSITY ISSUE, 2017 SERIES D (CUSIP 646066V64), WAS	
ISSUED BY THE NJEFA TO REFUND THE UNIVERSITY'S 2008 SERIES D BONDS AND TO	
PAY \$4,872,000 FOR THE TERMINATION OF SWAP AGREEMENTS.	
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										⊢	OMB No. 1545-0047				
(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest international content of the latest international content							IV, line 25a, 25b, 26, 27, 28a, or 40b.				2019				
								ation. Open To Pul						;	
Name of the organization							E	nployer			numbe	er			
SETON HALL UNIVER										1500					
	efit Transactions the organization a											line 4	0b.		
1 (a) Name of disqualified person		(b) Relationship between disqualified person and organization					(c) Description of tra				ansaction			Correcte	
(1)															
(2)															
(3)															
(4)															
(5)															
(6)	<u> </u>														
2 Enter the amount				-	-			-	-		•				
under section 495															
3 Enter the amount of	of tax, if any, on li	ne 2, above,	reimburs	ed by the	organ	izatio	n 		• • •	· · P	• \$ _				
	d/or From Intere														
	he organization a reported an amo						ne 38a or Fo	orm 99	0, Part	: IV, lir	ne 26;	or if ti	he		
•													<i>.</i>		
(a) Name of interested perso	e of interested person (b) Relationship with organization		(c) Purpose of (d) Loan to or (e) Original Ioan from the principal amount			(f) Balance due		(g) In ((g) In default? (h) Approved by board or				(i) Written agreement?		
ATTACHMENT 1		loun	organizatio							committee?					
			To Fro	m					Yes	No	Yes	No	Yes	No	
(1)										-		-			
(2)															
(3)															
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(7)															
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(9)															
(10)															
Total	<u></u>					. ►	\$ 2,893	, 750	•						
	sistance Benefit	-													
Complete if t	he organization a			orm 990, F	art IV,	line 2	7.								
(a) Name of interested person (b) Relationship between i person and the organiz								(d) Type of assistance			(e) Purpose of assistance				
(1) TOTAL OF 8		and organization		222	,130.	SCHOLA	AR/TUITION R	EMISSI	ON 1	EDUCAI	ION				
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Schedule L (Form 990 or 990-EZ) 2019

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	(c) Amount of transaction	(d) Description of transaction	(e) Sh organi:	aring of ization's
ATTACHMENT 2	organization			reven	nues?
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
10)					

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

Page 2

Schedule L (Form 990 or 990-EZ) 2019

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 p	erson	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sh organi: rever	
					Yes	No
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
10)						

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 Schedule L (Form 990 or 990-EZ) 2019

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	-	iaring of ization's nues?
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

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 INFLUENCE OVER THE DECISIONS TO ENTER INTO THE TRANSACTIONS.

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

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

SCHEDULE L, PART II

NAME	JOSEPH E. NYRE, PH.D.
RELATIONSHIP WITH ORGANIZATION	PRESIDENT/CEO/ TRUSTEE/REGENT
PURPOSE OF LOAN	HOME PURCHASE
LOAN TO OR FROM THE ORG.?	TO X FROM
ORIGINAL PRINCIPAL AMOUNT	2,893,750.
BALANCE DUE	2,893,750.
IN DEFAULT?	YES X NO
APPROVED BY BOARD OR COMMITTEE	X YES NO
WRITTEN AGREEMENT?	X YES NO

SCHEDULE L, PART IV

(A)	NAME OF INTERESTED PERSON	MARY ANN CHRISTOPHER
(B)	RELATIONSHIP	BROTHER OF TRUSTEE/REGENT
(C)	AMOUNT	1,085,060.
(D)	DESCRIPTION OF TRANSACTION	LEGAL SERVICES
(E)	SHARING ORGANIZATION REVENUE?	YES X NO
(A)	NAME OF INTERESTED PERSON	ROBERT J. SLOAN
(B)	RELATIONSHIP	EMPLOYER OF TRUSTEE/REGENT
(C)	AMOUNT	234,402.
(D)	DESCRIPTION OF TRANSACTION	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.

ATTACHMENT 2

ATTACHMENT 1

Page **2**

SETON HALL UNIVERSITY 22-1500645 Schedule L (Form 990 or 990-EZ) 2019 Page 2 **Business Transactions Involving Interested Persons.** Part IV Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (a) Name of interested person (c) Amount of (d) Description of transaction (b) Relationship between (e) Sharing of interested person and the transaction organization's organization revenues? Yes No (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Supplemental Information Part V 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 138,677. (C) AMOUNT COMPENSATION & BENEFITS (D) DESCRIPTION OF TRANSACTION (E) SHARING ORGANIZATION REVENUE? YES X NO (A) NAME OF INTERESTED PERSON TRACY H.GOTTLIEB (B) RELATIONSHIP SISTER OF OFFICER 54,705. (C) AMOUNT (D) DESCRIPTION OF TRANSACTION COMPENSATION & BENEFITS (E) SHARING ORGANIZATION REVENUE? YES X NO (A) NAME OF INTERESTED PERSON TRACY H GOTTLIER DAUGHTER-IN-LAW OF OFFICER (B) RELATIONSHIP 69,323. (C) AMOUNT (D) DESCRIPTION OF TRANSACTION COMPENSATION & BENEFITS (E) SHARING ORGANIZATION REVENUE? YES X NO (A) NAME OF INTERESTED PERSON MATTHEW BOROWICK DAUGHTER OF OFFICER (B) RELATIONSHIP (C) AMOUNT 59,425. (D) DESCRIPTION OF TRANSACTION COMPENSATION & BENEFITS (E) SHARING ORGANIZATION REVENUE? YES X NO

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Schedule L (Form 990 or 990-EZ) 2019

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sh organiz reven	zation's
					Yes	No
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

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

ATTACHMENT 2 (CONT'D)

SCHEDULE L, PART IV

(A)	NAME	OF	INTERESTED	PERSON	GOURMET	DINING	LLC
(B)	RELAT	ION	ISHIP		SUBSTAN	FIAL CON	ITRIBUTOR
(C)	AMOUN	IT			11,9	931,839.	

(C) AMOUNT

(D) DESCRIPTION OF TRANSACTION FOOD SERVICES

(E) SHARING ORGANIZATION REVENUE? YES X NO

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

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

20**19** Open to Public Inspection

Name of the organization

Employer identification	number
22-1500645	

	SETON	HALL	UNIVERSITY
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Par	Types of Property				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art	Х	2.	61,000.	APPRAISAL
2	Art - Historical treasures			,	
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household				
5					
~	goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property		26.	1,063,000.	SELLING PRICE
9	Securities - Publicly traded		20.	1,003,000.	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	Х	11.	49,000.	COST
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ►(MISCELLANEOUS)	Х	16.	47,000.	COST
26	Other ►(TRUST ASSETS)	Х	1.	1,165,000.	FMV
27	Other ►()				
28	Other ►(
29	Number of Forms 8283 received	by the org	anization during the tax y	ear for contributions for	
	which the organization completed F	orm 8283,	Part IV, Donee Acknowledg	ement	29 4.
	- · ·				Yes No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, line	s 1 through
	28, that it must hold for at least the	hree years f	rom the date of the initial	contribution, and which is	sn't required
	to be used for exempt purposes for	the entire h	olding period?		30a X
b	If "Yes," describe the arrangement i	n Part II.			
31	Does the organization have a	gift accep	tance policy that require	es the review of any	nonstandard
	contributions?				31 X
32a	Does the organization hire or use	e third part	ies or related organization	s to solicit, process, or s	sell noncash
	contributions?	•	0		
b	If "Yes," describe in Part II.				
33	If the organization didn't report an	amount in c	column (c) for a type of pro	perty for which column (a) is checked.
	describe in Part II.		()		
For Pa	aperwork Reduction Act Notice, see the Inst	ructions for Fo	rm 990.		Schedule M (Form 990) 2019

JSA

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

PART I, LINE 32B

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

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

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 22–1500645

SETON HALL UNIVERSITY

FORM 990, PART III, LINE 1

SETON HALL UNIVERSITY (THE "UNIVERSITY") IS THE NATION'S OLDEST DIOCESAN CATHOLIC UNIVERSITY. IN A DIVERSE AND COLLABORATIVE ENVIRONMENT, IT FOCUSES ON ACADEMIC, ETHICAL, AND SPIRITUAL DEVELOPMENT. 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,

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

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

Employer identification number 22–1500645

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

Schedule O (Form 990 or 990-EZ) 2019	
Name of the organization	Employer identification number
SETON HALL UNIVERSITY	22-1500645

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 Page 2

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

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 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.

Schedule O (Form 990 or 990-EZ) 2019	Page 2
Name of the organization	Employer identification number
SETON HALL UNIVERSITY	22-1500645
	ATTACHMENT 1 (CONT'D)
990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND.	CONTRACTORS
NAME AND ADDRESS DESCRIP	TION OF SERVICES COMPENSATION
25 JAMES WAY EATONTOWN, NJ 07724	
	ATTACHMENT 2
FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES	

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

ATTACHMENT 3

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	COST 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.	

SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.	d Unrelated	I Partnersh	ips 36, or 37.		000 No. 1545-0047 20 19
	Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.	Attach to Form 990. m990 for instructions and the lages.	atest information.			Open to Public Inspection
Name of the organization SETON HALL UNIVERSITY					Employer identificatio	Employer identification number 22-1500645
Part I Identification of Disregarded Entities. Complete if	ete if the organization answered "Yes" on Form 990, Part IV, line 33	wered "Yes" on F	⁻ orm 990, Part I	V, line 33.	_	
(a) (if applicable) of disregarded entity	entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						6
(2)						
(3)						
(4)						
(5)						
(6)						
Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.	cations. Complete if the or during the tax year.	ganization answ	ered "Yes" on F	orm 990, Part IV,	line 34, because	it had
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	e Exempt Code section	(if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
(1) ROMAN CATHOLIC ARCHDIOCESE OF NEWARK 221487308 171 CLIFTON AVENUE NEWARK, NJ 07104	7308 7318 777	H IV			K / IA	_
		0		4	G /M	~
(3)						
(4)						
(5)						
(6)						
(2)						
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	or Form 990.	_	_		Schedule R	Schedule R (Form 990) 2019

SETON HALL UNIVERSITY

because it had one or more related organizations treated as a partnership during the tax year.	r moro related ord:	00;10;00			, -					
		ariizauori	s treated as a p	artnersnip durin <u>(</u>	g the tax year.					
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (reated, unrelated, excluded from tax under sertions 512 - 514)	(f) Share of total income	In Share of end-of- year assets	Disproportionate allocations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
		(humoo					Yes No		Yes No	
line 34, because it had one or more related organizati	ad one or more rel	ated orga	anizations treate	ions treated as a corporation or trust during the tax year.	ion or trust duri	ons treated as a corporation or trust during the tax year.				
(i Name, address, and El	(a) Name, address, and EIN of related organization		(b) Primary activity	ctivity Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ets ownership	age Section hip 512(b)(13) controlled entity?
										Yes No

SETON HALL UNIVERSITY

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SETON HALL UNIVERSITY Schedule R (Form 990) 2019

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Part I
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Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Yes No	1
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ted organizations list	ed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	-		1a X	
	-		1b X	
c Gift, grant, or capital contribution from related organization(s).			1c X	1
d Loans or loan guarantees to or for related organization(s)	-		1d X	1
e Loans or loan guarantees by related organization(s)	•		1 e X	
f Dividends from related organization(s)			11	1
g Sale of assets to related organization(s).			1 g ×	1
h Purchase of assets from related organization(s).			1 h	1
i Exchange of assets with related organization(s).	•		11 ×	
-gar			1j X	
k Lease of facilities, equipment, or other assets from related organization(s)	-		1k X	
			1	
m Performance of services or membership or fundraising solicitations by related organization(s).			1 m	
			1n X	ι
Sharing of baid employees with related organization(s)				ι
b Reimbursement paid to related organization(s) for expenses.			1p X	
q Reimbursement paid by related organization(s) for expenses			1 q X	
r Other transfer of cash or property to related organization(s).	•			1
	and the second	and the second	15 X	. 1
	IIITE, ITICIUUITIG COVEL	eu relatioristrips anu trans		1
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	
(1)				1
				i i
(2)				1
(3)				
(4)				
				1
(5)				1
(6)				1
YSL		Sci	Schedule R (Form 990) 2019	6
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	axable as a Partne entity taxed as a pa anization. See instru	rrship. Compl rtnership throuq uctions regardin	Complete if the organization answered "Yes" on Form 990, Part IV, line 37. p through which the organization conducted more than five percent of its activities egarding exclusion for certain investment partnerships.	janization an ganization c	swered "Yes conducted mo stment partnei	" on Form 99 re than five p€ ships.	0, Part IV rcent of its	line 37. activities (meas	ured by tot	al assets
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	Predominant Predominant income (related, unrelated, excluded from tat under	Sect 501(501((f) Share of total income	(g) Share of end-of-year assets	1.2 b 🗄 🗆	() Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Generr manag partne	(k) Percentage ownership
(1)				Yes NO			Yes NO		Y es No	
(2)										
(3)										
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Schedule R (Form 990) 2019

SETON HALL UNIVERSITY

Schedule R (Form 990) 2019	Page 5
Part VII Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.	
PART II : IDENTIFICATION OF RELATED TAX-EXEMPT ORG.PRIMARY ACTIVITY	
PRIMARY ACTIVITY OF ROMAN CATHOLIC ARCHDIOCESE OF NEWARK - OVERSEES THE	

CATHOLIC CHURCH IN CERTAIN COUNTIES OF NEW JERSEY.