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**2014 Plan Information Worksheet**

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Status: Not Ready

**Plan Sponsor Information**

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Plan Sponsor's Name Seton Hall University	Plan Sponsor's Mailing Address 400 South Orange Avenue	Foreign <input type="checkbox"/>
Abbreviated Plan Sponsor's Name Seton Hall University	Plan Sponsor's Mailing City, Province, State and ZIP South Orange	NJ 07079
Plan Sponsor's Doing Business As Name	Plan Sponsor's Location Address	Foreign <input type="checkbox"/>
Plan Sponsor's Care Of Name	Plan Sponsor's Location City, Province, State and ZIP	
Plan Sponsor's EIN 22-1500645		
Plan Sponsor's Phone Number (973) 761-7405		

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**Plan Administrator Information**

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Same as Plan Sponsor

Plan Administrator's Name	Plan Administrator's Address	Foreign <input type="checkbox"/>
Plan Administrator's Care Of Name	Plan Administrator's City, Province, State and ZIP	
Plan Administrator's EIN	Plan Administrator's Phone Number	

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**Plan Information**

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Plan Name Seton Hall University Retirement Plan	Business Code 611000	Filing for Plan Year: 2014	DFE Plan <input type="checkbox"/>
	Plan Year Begins	MM/DD/YYYY 01/01/2014	MM/DD/YYYY Ends 12/31/2014
Abbreviated Plan Name Seton Hall University Retirement Plan	Tax Year Begins	MM/DD/YYYY 01/01/2014	MM/DD/YYYY Ends 12/31/2014
Three-digit Plan Number 003	Plan ID	Name Control	
EIN for PBGC Forms	Effective Date of Plan 01/01/1950		

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**Transmitter Information**

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Transmitter's TIN 86-1065772	Transmitter Control Code (TCC) 60763	Contact Name Atul Arora
Transmitter's Name Deloitte Tax LLP		Contact Telephone Number (678) 299-0961
Company Name Deloitte Tax LLP		Contact E-Mail Address Deloitte_8955SSA@deloitte.com
Company Mailing Address 200 Berkeley Street	Foreign <input type="checkbox"/>	
Company City, Province, State and ZIP Boston	MA 02216	

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**Do NOT File with IRS, DOL or PBGC**

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**Preparer Information**

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Preparer's Name	Preparer's City, Province, State and ZIP
Ronald Arculeo	Philadelphia PA 19103
Preparer's Firm Name	Preparer's Phone Number
Deloitte Tax LLP	(215) 246-2300
Preparer's Address	Foreign <input type="checkbox"/>
1700 Market Street	

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**Trust Information**

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Name of Trust	Trust EIN
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**Signers, Service Providers and Interested Individuals**

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<input type="checkbox"/> Notify Other	Contact Phone Number
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Contact Name	E-Mail Address
Robert McLaughlin	Robert.mclaughlin@shu.edu
Contact ID	

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<input type="checkbox"/> Notify Auditor	Contact Phone Number
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Contact Name	E-Mail Address
Patrizia Iacono	patrizia.iacono@us.gt.com
Contact ID	

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<input type="checkbox"/> Notify Plan Administrator	Contact Phone Number
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Contact Name	E-Mail Address
Dennis J. Garbini	dennis.garbini@shu.edu
Contact ID	

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<input type="checkbox"/> Notify Plan Sponsor	Contact Phone Number
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Contact Name	E-Mail Address
Dennis J. Garbini	dennis.garbini@shu.edu
Contact ID	

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<input type="checkbox"/> Notify Other	Contact Phone Number
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Contact Name	E-Mail Address
Prashant Sharma	prassharma@deloitte.com
Contact ID	

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<input type="checkbox"/> Notify	Contact Phone Number
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Contact Name	E-Mail Address
Contact ID	

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<input type="checkbox"/> Notify	Contact Phone Number
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Contact Name	E-Mail Address
Contact ID	

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<input type="checkbox"/> Notify	Contact Phone Number
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Contact Name	E-Mail Address
Contact ID	

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<p><b>Form 5500</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2014</p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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<b>Part I Annual Report Identification Information</b>				
For calendar plan year 2014 or fiscal plan year beginning		01/01/2014	and ending	12/31/2014
<b>A</b>	This return/report is for:	<input type="checkbox"/> a multiemployer plan;	<input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or	
		<input checked="" type="checkbox"/> a single-employer plan;	<input type="checkbox"/> a DFE (specify) _____	
<b>B</b>	This return/report is:	<input type="checkbox"/> the first return/report;	<input type="checkbox"/> the final return/report;	
		<input type="checkbox"/> an amended return/report;	<input type="checkbox"/> a short plan year return/report (less than 12 months).	
<b>C</b>	If the plan is a collectively-bargained plan, check here. . . . . <input checked="" type="checkbox"/>			
<b>D</b>	Check box if filing under:	<input checked="" type="checkbox"/> Form 5558;	<input type="checkbox"/> automatic extension;	<input type="checkbox"/> the DFVC program;
		<input type="checkbox"/> special extension (enter description)		

<b>Part II Basic Plan Information</b> —enter all requested information			
<b>1a</b>	Name of plan Seton Hall University Retirement Plan	<b>1b</b>	Three-digit plan number (PN) ▶ 003
		<b>1c</b>	Effective date of plan 01/01/1950
<b>2a</b>	Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) Seton Hall University  400 South Orange Avenue  South Orange NJ 07079	<b>2b</b>	Employer Identification Number (EIN) 22-1500645
		<b>2c</b>	Plan Sponsor's telephone number (973) 761-7405
		<b>2d</b>	Business code (see instructions) 611000

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

<b>SIGN HERE</b>		Date	Dennis J. Garbini
	<b>Signature of plan administrator</b>		Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		Date	Dennis J. Garbini
	<b>Signature of employer/plan sponsor</b>		Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>		Date	
	<b>Signature of DFE</b>		Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) Ronald Arculeo Deloitte Tax LLP 1700 Market Street  Philadelphia PA 19103			Preparer's telephone number (optional)  (215) 246-2300

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: <b>a</b> Sponsor's name	<b>4b</b> EIN	
	<b>4c</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	3,083
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ):		
<b>a(1)</b> Total number of active participants at the beginning of the plan year.....	<b>6a(1)</b>	1,703
<b>a(2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	1,225
<b>b</b> Retired or separated participants receiving benefits .....	<b>6b</b>	0
<b>c</b> Other retired or separated participants entitled to future benefits.....	<b>6c</b>	1,478
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....	<b>6d</b>	2,703
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	<b>6e</b>	12
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....	<b>6f</b>	2,715
<b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g</b>	2,706
<b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>6h</b>	0
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 2F 2G 2L 2M 2T

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

- (1)  **R** (Retirement Plan Information)
- (2)  **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)  **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

**b General Schedules**

- (1)  **H** (Financial Information)
- (2)  **I** (Financial Information – Small Plan)
- (3)  1 **A** (Insurance Information)
- (4)  **C** (Service Provider Information)
- (5)  **D** (DFE/Participating Plan Information)
- (6)  **G** (Financial Transaction Schedules)

**Part III**

**Form M-1 Compliance Information (to be completed by welfare benefit plans)**

**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

If "Yes" is checked, complete lines 11b and 11c.

**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

**11c** Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2014**

**This Form is Open to Public Inspection**

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

**A** Name of plan Seton Hall University Retirement Plan **B** Three-digit plan number (PN) ▶ 003

**C** Plan sponsor's name as shown on line 2a of Form 5500 Seton Hall University **D** Employer Identification Number (EIN) 22-1500645

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

**(a)** Name of insurance carrier TIAA-CREF

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	103698	2,204	01/01/2014	12/31/2014

**2 Insurance fee and commission information.** Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<b>(a)</b> Total amount of commissions paid	<b>(b)</b> Total amount of fees paid
0	0

**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>4</b> Current value of plan's interest under this contract in the general account at year end.....	<b>4</b>	153,580,384
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	212,115,940

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier .....

**c** Premiums due but unpaid at the end of the year.....

**d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....  
 Specify nature of costs ▶

**e** Type of contract: (1)  individual policies (2)  group deferred annuity  
 (3)  other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1)  deposit administration (2)  immediate participation guarantee  
 (3)  guaranteed investment (4)  other ▶

<b>b</b> Balance at the end of the previous year.....	<b>7b</b>	150,754,282
<b>c</b> Additions: (1) Contributions deposited during the year.....	<b>7c(1)</b>	2,944,617
(2) Dividends and credits .....	<b>7c(2)</b>	
(3) Interest credited during the year.....	<b>7c(3)</b>	6,388,651
(4) Transferred from separate account.....	<b>7c(4)</b>	8,944,115
(5) Other (specify below).....	<b>7c(5)</b>	72,343
▶Miscellaneous credits, including investment gains and transfers from fully allocated contracts		
(6) Total additions.....	<b>7c(6)</b>	18,349,726
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	169,104,008
<b>e</b> Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	<b>7e(1)</b>	6,948,789
(2) Administration charge made by carrier.....	<b>7e(2)</b>	65,953
(3) Transferred to separate account .....	<b>7e(3)</b>	8,508,882
(4) Other (specify below) .....	<b>7e(4)</b>	
▶		
(5) Total deductions .....	<b>7e(5)</b>	15,523,624
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....	<b>7f</b>	153,580,384

**Part III Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a**  Health (other than dental or vision)
- b**  Dental
- c**  Vision
- d**  Life insurance
- e**  Temporary disability (accident and sickness)
- f**  Long-term disability
- g**  Supplemental unemployment
- h**  Prescription drug
- i**  Stop loss (large deductible)
- j**  HMO contract
- k**  PPO contract
- l**  Indemnity contract
- m**  Other (specify) ▶

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received.....	<b>9a(1)</b>	
	(2) Increase (decrease) in amount due but unpaid.....	<b>9a(2)</b>	
	(3) Increase (decrease) in unearned premium reserve.....	<b>9a(3)</b>	
	(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>	
	(2) Increase (decrease) in claim reserves.....	<b>9b(2)</b>	
	(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>
	(4) Claims charged .....		<b>9b(4)</b>
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions.....	<b>9c(1)(A)</b>	
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>	
	(C) Other specific acquisition costs.....	<b>9c(1)(C)</b>	
	(D) Other expenses.....	<b>9c(1)(D)</b>	
	(E) Taxes .....	<b>9c(1)(E)</b>	
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>	
	(G) Other retention charges .....	<b>9c(1)(G)</b>	
	(H) Total retention .....		<b>9c(1)(H)</b>
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.).....		<b>9c(2)</b>
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>
	(2) Claim reserves .....		<b>9d(2)</b>
	(3) Other reserves .....		<b>9d(3)</b>
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		<b>9e</b>

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier.....	<b>10a</b>	
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	<b>10b</b>	

Specify nature of costs ▶

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? .....  Yes  No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

<b>SCHEDULE C (Form 5500)</b> Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2014</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

<b>A</b> Name of plan  <u>Seton Hall University Retirement Plan</u>	<b>B</b> Three-digit plan number (PN) ▶ <u>003</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500  <u>Seton Hall University</u>	<b>D</b> Employer Identification Number (EIN)  <u>22-1500645</u>

**Part I Service Provider Information (see instructions)**

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).....  Yes  No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

TIAA  
13-1624203

**(b)** Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

**(a)** Enter name and EIN or address (see instructions)

Mercer Investment Consulting, Inc.  
61-0736136

**(b)** Service Code(s) 28 50

<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
None	35,000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**(a)** Enter name and EIN or address (see instructions)

Grant Thornton LLP  
36-6055558

**(b)** Service Code(s) 10 50

<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
None	19,483	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**(a)** Enter name and EIN or address (see instructions)

K & L Gates LLP  
25-0921018

**(b)** Service Code(s) 28 50

<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
None	7,770	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**Part I Service Provider Information (continued)**

**3** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

**Part II Service Providers Who Fail or Refuse to Provide Information**

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide
<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide
<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide
<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide
<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide
<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

**Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
 (complete as many entries as needed)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

**SCHEDULE D  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

**DFE/Participating Plan Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2014**

**This Form is Open to Public Inspection.**

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

<b>A</b> Name of plan	<b>B</b> Three-digit plan number (PN) ▶	003
	<u>Seton Hall University Retirement Plan</u>	

<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500	<b>D</b> Employer Identification Number (EIN)
<u>Seton Hall University</u>	<u>22-1500645</u>

**Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**  
(Complete as many entries as needed to report all interests in DFEs)

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>TIAA Real Estate</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>TIAA-CREF</u>		
<b>c</b> EIN-PN <u>13-1624203 004</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>16,450,730</u>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)

**Part II** Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2014</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
<b>A</b> Name of plan	<b>B</b> Three-digit plan number (PN) ▶ <u>003</u>
<u>Seton Hall University Retirement Plan</u>	
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500	<b>D</b> Employer Identification Number (EIN)
<u>Seton Hall University</u>	<u>22-1500645</u>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets	(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash.....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions.....	<b>1b(1)</b> 37,049	36,698
<b>(2)</b> Participant contributions.....	<b>1b(2)</b> 29,524	24,255
<b>(3)</b> Other .....	<b>1b(3)</b>	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common.....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property).....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants).....	<b>1c(7)</b>	
<b>(8)</b> Participant loans.....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b> 13,472,660	16,450,730
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities.....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b> 229,434,360	243,792,990
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b> 150,754,282	153,580,384
<b>(15)</b> Other.....	<b>1c(15)</b>	

		(a) Beginning of Year	(b) End of Year
<b>1d</b>	Employer-related investments:		
(1)	Employer securities.....	<b>1d(1)</b>	
(2)	Employer real property.....	<b>1d(2)</b>	
<b>1e</b>	Buildings and other property used in plan operation.....	<b>1e</b>	
<b>1f</b>	Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	393,727,875      413,885,057

**Liabilities**

<b>1g</b>	Benefit claims payable.....	<b>1g</b>	
<b>1h</b>	Operating payables.....	<b>1h</b>	
<b>1i</b>	Acquisition indebtedness.....	<b>1i</b>	
<b>1j</b>	Other liabilities.....	<b>1j</b>	
<b>1k</b>	Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0      0

**Net Assets**

<b>1l</b>	Net assets (subtract line 1k from line 1f).....	<b>1l</b>	393,727,875      413,885,057
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**Part II Income and Expense Statement**

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

**Income**

		(a) Amount	(b) Total
<b>a</b>	<b>Contributions:</b>		
(1)	Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	7,008,260
	<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	6,846,298
	<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	1,574,245
(2)	Noncash contributions.....	<b>2a(2)</b>	
(3)	Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>	15,428,803
<b>b</b>	<b>Earnings on investments:</b>		
(1)	Interest:		
	<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	
	<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	
	<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	
	<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>	
	<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>	
	<b>(F)</b> Other.....	<b>2b(1)(F)</b>	6,388,790
	<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>	6,388,790
(2)	Dividends: <b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>	
	<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	
	<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	3,340,992
	<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>	3,340,992
(3)	Rents.....	<b>2b(3)</b>	
(4)	Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	
	<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	
	<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>	0
(5)	Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate.....	<b>2b(5)(A)</b>	
	<b>(B)</b> Other.....	<b>2b(5)(B)</b>	
	<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>	0

	(a) Amount	(b) Total
<b>(6)</b> Net investment gain (loss) from common/collective trusts.....	<b>2b(6)</b>	
<b>(7)</b> Net investment gain (loss) from pooled separate accounts.....	<b>2b(7)</b>	1,719,074
<b>(8)</b> Net investment gain (loss) from master trust investment accounts.....	<b>2b(8)</b>	
<b>(9)</b> Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>	
<b>(10)</b> Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	<b>2b(10)</b>	11,221,007
<b>c</b> Other income.....	<b>2c</b>	122,760
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>	38,221,426

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:		
<b>(1)</b> Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	15,542,369
<b>(2)</b> To insurance carriers for the provision of benefits.....	<b>2e(2)</b>	2,455,922
<b>(3)</b> Other.....	<b>2e(3)</b>	
<b>(4)</b> Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>	17,998,291
<b>f</b> Corrective distributions (see instructions).....	<b>2f</b>	
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>	
<b>h</b> Interest expense.....	<b>2h</b>	
<b>i</b> Administrative expenses: <b>(1)</b> Professional fees.....	<b>2i(1)</b>	19,483
<b>(2)</b> Contract administrator fees.....	<b>2i(2)</b>	
<b>(3)</b> Investment advisory and management fees.....	<b>2i(3)</b>	46,470
<b>(4)</b> Other.....	<b>2i(4)</b>	
<b>(5)</b> Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....	<b>2i(5)</b>	65,953
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>	18,064,244

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>	20,157,182
<b>l</b> Transfers of assets:		
<b>(1)</b> To this plan.....	<b>2l(1)</b>	
<b>(2)</b> From this plan.....	<b>2l(2)</b>	

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

**(1)**  Unqualified **(2)**  Qualified **(3)**  Disclaimer **(4)**  Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?  Yes  No

**c** Enter the name and EIN of the accountant (or accounting firm) below:

**(1)** Name: Grant Thornton LLP **(2)** EIN: 36-6055558

**d** The opinion of an independent qualified public accountant is **not attached** because:

**(1)**  This form is filed for a CCT, PSA, or MTIA. **(2)**  It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

**a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

**b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

	Yes	No	Amount
<b>4a</b>		X	
<b>4b</b>		X	

	Yes	No	Amount
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) .....		X	
<b>e</b> Was this plan covered by a fidelity bond?.....	X		2,000,000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?.....		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.....			

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year.....  Yes  No Amount:

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

**5c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ....  Yes  No  Not determined

**Part V Trust Information (optional)**

<b>6a</b> Name of trust	<b>6b</b> Trust's EIN
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<b>Plan Name</b>	<b>Seton Hall University Retirement Plan</b>
<b>Plan Sponsor EIN</b>	<b>22-1500645</b>
<b>ERISA Plan #</b>	<b>003</b>
<b>Plan Year Ending</b>	<b>December 31, 2014</b>

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

<b>Form/Schedule</b>	<b>Line #</b>	<b>Description</b>	<b>Attachment</b>
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

<b>Plan Name</b>	<b>Seton Hall University Retirement Plan</b>
<b>Plan Sponsor EIN</b>	<b>22-1500645</b>
<b>ERISA Plan #</b>	<b>003</b>
<b>Plan Year Ending</b>	<b>December 31, 2014</b>

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

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5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

Financial Statements and Supplemental Schedule and Report of  
Independent Certified Public Accountants

**SETON HALL UNIVERSITY RETIREMENT PLAN**

December 31, 2014 and 2013

# SETON HALL UNIVERSITY RETIREMENT PLAN

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\* All other schedules are omitted as they are not applicable or are not required based on the disclosure requirements of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended, and applicable regulations issued by the U.S. Department of Labor.



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## REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

To the Plan Administrator and Participants of the  
**Seton Hall University Retirement Plan**

We were engaged to audit the accompanying financial statements of the Seton Hall University Retirement Plan (the “Plan”), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statement of changes in net assets available for benefits for the year ended December 31, 2014, and the related notes to the financial statements.

### Management's responsibility for the financial statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### Auditor's responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matters described in the Basis for Disclaimer of Opinion paragraphs, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

### Basis for disclaimer of opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the certified information described in Note 3. We have been informed by the Plan administrator that the certifying entity meets the requirements of 29 CFR 2520.103-8. The Plan administrator obtained a certification from this entity as of December 31, 2014 and 2013, and for the year ended December 31, 2014, stating that the certified information provided to the Plan administrator is complete and accurate.

As described in Note 11 to the financial statements, the Plan has not maintained sufficient accounting records and supporting documents relating to certain contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the financial statements may have been affected by these conditions.

**Disclaimer of opinion**

Because of the significance of the matters described in the Basis for Disclaimer of Opinion paragraphs, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

**Supplementary information**

The Supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) is presented for purposes of additional analysis and is not a required part of the financial statements, but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matters described in the Basis for Disclaimer of Opinion paragraphs, we do not express an opinion on the supplemental schedule.

*Grant Thornton LLP*

Iselin, New Jersey  
October 12, 2015

**SETON HALL UNIVERSITY RETIREMENT PLAN**  
**Statements of Net Assets Available for Benefits**  
**As of December 31, 2014 and 2013**

---

	<u>2014</u>	<u>2013</u>
<b>ASSETS</b>		
Investments, at fair value	\$ 413,824,104	\$ 393,661,302
Receivables		
Employee contribution receivable	24,255	29,524
Employer contribution receivable	<u>36,698</u>	<u>37,049</u>
Net assets available for benefits	<u>\$ 413,885,057</u>	<u>\$ 393,727,875</u>

*The accompanying notes are an integral part of these financial statements.*

**SETON HALL UNIVERSITY RETIREMENT PLAN**  
**Statement of Changes in Net Assets Available for Benefits**  
**For the year ended December 31, 2014**

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ADDITIONS TO NET ASSETS ATTRIBUTED TO

Investment income	
Interest and dividends	\$ 9,729,782
Net appreciation in fair value of investments	<u>12,940,081</u>
Total investment income	22,669,863
Contributions	
Employer	7,008,260
Participant	6,846,298
Rollover	<u>1,574,245</u>
Total contributions	15,428,803
Other income	<u>122,760</u>
Total additions	<u>38,221,426</u>

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO

Benefits paid to participants	17,998,291
Administrative expenses	<u>65,953</u>
Total deductions	<u>18,064,244</u>
Net increase	20,157,182

NET ASSETS AVAILABLE FOR BENEFITS

Beginning of year	<u>393,727,875</u>
End of year	<u>\$ 413,885,057</u>

*The accompanying notes are an integral part of this financial statement.*

# **SETON HALL UNIVERSITY RETIREMENT PLAN**

## **Notes to Financial Statements**

**December 31, 2014 and 2013**

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### **1. DESCRIPTION OF PLAN**

The following description of the Seton Hall University Retirement 403(b) Plan (the “Plan”) is provided for general informational purposes only. More complete information regarding the Plan’s provisions may be found in the Plan document.

#### **General**

The Plan is a defined contribution plan covering all eligible employees of Seton Hall University (the “University” or “Plan Sponsor”). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended.

#### **Plan Administration**

The University is the administrator of the Plan and is responsible for enrolling participants, sending plan contributions for each participant to the custodian and for performing other duties required for the operation of the Plan. The Plan utilizes Teachers Insurance and Annuity Association of America (“TIAA”) and College Retirement Equities Fund (“CREF”) (together, “TIAA-CREF”) as its custodian. The Board of Trustees is responsible for oversight of the Plan. The Investment Committee determines the appropriateness of the Plan’s investment offerings, monitors investment performance and reports to the Plan’s Board of Trustees.

#### **Contributions**

Employees are eligible to make voluntary salary deferrals to the Plan upon the commencement of employment. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollovers). In addition to voluntary salary deferrals, if any, employees who have attained age 21 and have completed two years of service are required to contribute 4% of their eligible compensation to the Plan. For employees who have attained age 21 and completed two years of service, the University will contribute 8% of a participant’s eligible compensation to the Plan. All contributions are subject to the maximum compensation limit for each participating employee, as defined by Internal Revenue Code (“IRC”) limitations.

#### **Participant Accounts**

Individual account balances are maintained for each participant. Each participant’s account is credited with the participant’s contribution and allocations of the University’s contribution and investment earnings thereon and charged with an allocation of investment and other expenses. The benefit to which a participant is entitled is equal to the balance of the participant’s account.

#### **Vesting**

Participants are immediately 100% vested in all employee and employer contributions.

#### **Plan Loans**

Loans are available to participants through TIAA-CREF, subject to certain limitations. Plan loans are issued directly from the funds owned by TIAA-CREF and loan proceeds are not removed from a participant’s account balance. However, a portion of a participant’s TIAA Traditional Annuity

**SETON HALL UNIVERSITY RETIREMENT PLAN**  
**Notes to Financial Statements**  
**December 31, 2014 and 2013**

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("Traditional Annuity") account balance is reserved, or held in collateral, to cover 110% of the outstanding loan amount for the period of time the loan is outstanding.

At December 31, 2014 and 2013, participants had outstanding plan loan balances due to TIAA-CREF of \$3,729,658 and \$3,833,672, respectively. These loans were collateralized by Traditional Annuity account balances of \$4,102,624 and \$4,217,039 as of December 31, 2014 and 2013, respectively.

**Payment of Benefits**

Distributions are made to participants or their beneficiaries upon death, retirement, disability, or termination of employment. Benefits are payable in annuities allowed under the funding vehicle contracts, partial payments, installments and lump-sum payments.

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Accounting**

The accompanying financial statements are prepared on the accrual basis of accounting.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. Certain TIAA Traditional Annuity contract types, including the Supplemental Retirement Annuities ("SRA") and Group Supplemental Retirement Annuities ("GSRA"), are considered fully benefit-responsive, and contract value approximates fair value for the years ended December 31, 2014 and 2013. Other TIAA Traditional Annuity contract types, including Retirement Annuities ("RA"), which are not considered fully benefit-responsive, are also reported at contract value, which approximates fair value. See Note 5 for further discussion of the TIAA Traditional Annuity.

**Use of Estimates**

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America ("US GAAP") requires the Plan's management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

**Investment Valuation and Income Recognition**

Investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company. See Note 6 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

# SETON HALL UNIVERSITY RETIREMENT PLAN

## Notes to Financial Statements

December 31, 2014 and 2013

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### Payment of Benefits

Benefits are recorded when paid.

### Administrative Expenses

Certain expenses of maintaining the Plan are paid directly by the University and are excluded from these financial statements. Fees related to the administration of loans and distributions are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

### 3. CERTIFIED INFORMATION

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, TIAA-CREF has certified on behalf of (1) TIAA-CREF, an insurance company and issuer of certain annuity contract investment assets of the Plan, and (2) as record keeper and agent for JPMorgan Chase Bank, N.A. ("JPMC"), the directed trustee/custodian of certain assets of the Plan, that the following information in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments, as shown in the Statements of Net Assets Available for Benefits as of December 31, 2014 and 2013.
- Investment income, as shown in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2014.
- Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2014.

The Plan's independent accountants did not perform auditing procedures with respect to this information.

### 4. INVESTMENTS

The following table presents the fair value of investments that represent 5% or more of the Plan's net assets as of December 31, 2014 and 2013:

	<b>December 31,</b>	
	<b>2014</b>	<b>2013</b>
CREF Stock	\$ 98,406,246	\$ 100,788,131
TIAA Traditional Annuity*	153,580,384	150,754,282

*\*Includes Plan loan default fund balances*

**SETON HALL UNIVERSITY RETIREMENT PLAN**  
**Notes to Financial Statements**  
**December 31, 2014 and 2013**

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During 2014, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value by \$12,940,081, as follows:

	<b>Year Ended</b> <b>December 31, 2014</b>
Mutual funds	\$ (1,271,845)
CREF registered investment companies	12,492,852
TIAA real estate	<u>1,719,074</u>
	<u>\$ 12,940,081</u>

**5. TIAA TRADITIONAL ANNUITY**

The TIAA Traditional Annuity is a guaranteed fixed annuity contract available as an investment option to Plan participants. Each contract is fully and unconditionally guaranteed by TIAA. The Traditional Annuity is offered through a variety of contract types, including RA, SRA and GSRA. The type of contract through which a participant invests in the TIAA Traditional Annuity determines the applicability of certain account features, such as the guaranteed minimum interest rate, additional interest declarations, the degree of liquidity of the participant's account, and the options for receiving income upon retirement.

When participants choose to allocate a portion of their retirement savings to the TIAA Traditional Annuity during the accumulation phase of the contract, their contributions purchase a specific amount of lifetime income based on the contractual rate schedule in effect at the time the premium is paid. The participant's principal, plus a specified minimum rate of interest, are guaranteed by TIAA's claims-paying ability. The TIAA Traditional Annuity also provides the potential for additional interest if declared by TIAA's Board of Trustees. Additional interest, when declared, remains in effect for the declaration year, which begins each March 1 for accumulating annuities, and January 1 for lifetime payout annuities. Additional interest is not guaranteed for future years. Together, the guaranteed minimum and additional amounts make up the crediting interest rate. For accumulating RA contracts, the crediting interest rate was 3.5% and 3.75% as of December 31, 2014 and 2013, respectively. For accumulating SRA and GSRA contracts, the crediting interest rate was 3% as of December 31, 2014 and 2013.

All RA contracts require withdrawals in the form of a lifetime payout annuity or in periodic installments over a 10-year period. When a participant's accumulation in the TIAA Traditional Annuity is converted to a lifetime payout annuity, the present value of the stream of payments is equal to the accumulated balance, and the entire amount is recorded as benefits paid to participants in the statement of changes in net assets available for benefits. All SRA and GSRA contracts provide for full participant-directed liquidity.

**6. FAIR VALUE MEASUREMENTS**

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

# SETON HALL UNIVERSITY RETIREMENT PLAN

## Notes to Financial Statements

December 31, 2014 and 2013

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The three levels of the fair value hierarchy are described as follows:

- Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 - Inputs to the valuation methodology include
- quoted prices for similar assets or liabilities in active markets;
  - quoted prices for identical or similar assets or liabilities in inactive markets;
  - inputs other than quoted prices that are observable for the asset or liability;
  - inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability. Also included in Level 2 are investments measured using a net asset value (“NAV”) per share, or its equivalent, that may be redeemed at that NAV at the period end date or in the near term, which is generally considered to be 90 days.

- Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability’s fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2014 and 2013.

- The fair values of units held by the Plan in mutual funds are valued using the net asset value provided by the administrator of the fund. The NAV price is quoted on active market and is classified within Level 1 of the valuation hierarchy.
- The fair values of accumulation units held by the Plan in CREF accounts (registered investment companies) are based on each account’s daily NAV, which is considered by plan management to be the best approximation of fair value. CREF accounts are not exchange traded and are classified within Level 2 of the fair value hierarchy. Data for NAVs are available daily to plan administrators and client investors on TIAA-CREF’s website, and provides sufficient corroborative evidence to ascertain the relationship between each fund’s NAV and the values of individual underlying holdings. Underlying holdings are primarily valued using market quotations or prices obtained from independent pricing sources. There are no unfunded commitments from participants in the Plan who invest in these accounts.

**SETON HALL UNIVERSITY RETIREMENT PLAN**  
**Notes to Financial Statements**  
**December 31, 2014 and 2013**

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- The fair value of the Plan's interest in the TIAA Real Estate Account (a pooled separate account) is based on the fund's daily NAV, which is considered by plan management to be the best approximation of fair value. This investment is classified within Level 2 of the fair value hierarchy. The unit value of the fund is calculated daily and available to plan administrators and client investors on TIAA-CREF's website. Underlying holdings are primarily valued using independent appraisals or independent pricing sources. Although the underlying assets of the fund cannot be quickly sold and converted to liquid assets, the TIAA general account provides the fund with a liquidity guarantee whereby TIAA ensures that the fund has funds available to meet participant redemption, transfer or cash withdrawal requests. There are no unfunded commitments from participants in the Plan who invest in this account.
- Investments in TIAA Traditional Annuity contracts are reported at contract value, which approximates fair value. As these investments are contract-based, observable prices for identical or similar investments do not exist and, accordingly, these investments are valued using unobservable inputs (Level 3). The contract value equals the accumulated cash contributions and interest credited to the contract, less any withdrawals. Contract value is deemed to approximate fair value for RA contracts, based on observation of recent participant investments at contract value and by comparison of historical and current yields of highly rated long-term corporate bonds to historical and current crediting interest rates of the contracts, taking into consideration the liquidity restrictions applicable to the contracts. Contract value is deemed to approximate fair value for SRA and GSRA contracts based on observation of recent participant investments at contract value and recent unrestricted participant withdrawals at contract value. See also Note 5 for discussion of the TIAA Traditional Annuity. Plan loan default fund balances are invested in these fixed accounts.

**SETON HALL UNIVERSITY RETIREMENT PLAN**  
**Notes to Financial Statements**  
**December 31, 2014 and 2013**

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2014 and 2013:

	<b>Investments at Fair Value as of December 31, 2014</b>			
	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
<b>Mutual funds</b>				
Domestic large cap equity funds	\$ 5,314,964	\$ -	\$ -	\$ 5,314,964
Domestic mid cap equity funds	5,963,318	-	-	5,963,318
Domestic small cap equity funds	2,845,001	-	-	2,845,001
International equity fund	4,713,118	-	-	4,713,118
Lifecycle funds	<u>29,291,379</u>	<u>-</u>	<u>-</u>	<u>29,291,379</u>
<b>Total mutual funds</b>	<b>48,127,780</b>	<b>-</b>	<b>-</b>	<b>48,127,780</b>
<b>CREF registered investment companies</b>				
Equity funds	-	151,769,533	-	151,769,533
Fixed income funds	-	24,341,791	-	24,341,791
Multi-asset funds	-	8,673,512	-	8,673,512
Money market funds	<u>-</u>	<u>10,880,374</u>	<u>-</u>	<u>10,880,374</u>
<b>Total CREF registered investment companies</b>	<u>-</u>	<u>195,665,210</u>	<u>-</u>	<u>195,665,210</u>
TIAA real estate account	-	16,450,730	-	16,450,730
TIAA traditional annuity*	<u>-</u>	<u>-</u>	<u>153,580,384</u>	<u>153,580,384</u>
<b>Total investments, at fair value</b>	<b><u>\$ 48,127,780</u></b>	<b><u>\$ 212,115,940</u></b>	<b><u>\$ 153,580,384</u></b>	<b><u>\$ 413,824,104</u></b>

*\*Includes Plan loan default fund balances*

**SETON HALL UNIVERSITY RETIREMENT PLAN**  
**Notes to Financial Statements**  
**December 31, 2014 and 2013**

<b>Investments at Fair Value as of December 31, 2013</b>				
	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
<b>Mutual funds</b>				
Domestic large cap equity funds	\$ 3,592,614	\$ -	\$ -	\$ 3,592,614
Domestic mid cap equity funds	4,855,870	-	-	4,855,870
Domestic small cap equity funds	2,101,031	-	-	2,101,031
International equity fund	4,281,917	-	-	4,281,917
Lifecycle funds	<u>25,110,054</u>	<u>-</u>	<u>-</u>	<u>25,110,054</u>
Total mutual funds	39,941,486	-	-	39,941,486
<b>CREF registered investment companies</b>				
Equity funds	-	149,914,564	-	149,914,564
Fixed income funds	-	20,941,543	-	20,941,543
Multi-asset funds	-	7,464,203	-	7,464,203
Money market funds	<u>-</u>	<u>11,172,564</u>	<u>-</u>	<u>11,172,564</u>
Total CREF registered investment companies	<u>-</u>	<u>189,492,874</u>	<u>-</u>	<u>189,492,874</u>
TIAA real estate account	-	13,472,660	-	13,472,660
TIAA traditional annuity*	<u>-</u>	<u>-</u>	<u>150,754,282</u>	<u>150,754,282</u>
Total investments, at fair value	<u>\$ 39,941,486</u>	<u>\$ 202,965,534</u>	<u>\$ 150,754,282</u>	<u>\$ 393,661,302</u>

\*Includes Plan loan default fund balances

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2014:

	<b>TIAA Traditional Annuity*</b>
<b>Balance, December 31, 2013</b>	\$ 150,754,282
Purchases	13,881,971
Interest income	4,664,384
Sales	<u>(15,720,253)</u>
<b>Balance, December 31, 2014</b>	<u>\$ 153,580,384</u>

\*Includes Plan loan default fund balances

**SETON HALL UNIVERSITY RETIREMENT PLAN**  
**Notes to Financial Statements**  
**December 31, 2014 and 2013**

**Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurements**

The following table represents the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs.

Type	2014 Fair Value	2013 Fair Value	Valuation Technique	Unobservable Inputs	Range
TIAA Traditional*	\$ 153,580,384	\$ 150,754,282	Discounted cash flow Theoretical transfer	Risk-adjusted discount rate	RA: 3.25% - 5.00% SRA: 3.00% - 4.25% GSRA: 3.00% - 4.25%

**Fair Value of Investments in Entities that Use NAV**

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2014 and 2013, respectively.

	2014 Fair Value	2013 Fair Value	Frequency (if Currently Eligible)	Redemption Notice Period
CREF registered investment companies				
Equity funds <sup>(a)</sup>	\$ 151,769,533	\$ 149,914,564	Daily*	Daily
Fixed income funds <sup>(b)</sup>	24,341,791	20,941,543	Daily*	Daily
Multi-asset fund <sup>(c)</sup>	8,673,512	7,464,203	Daily*	Daily
Money market fund <sup>(d)</sup>	<u>10,880,374</u>	<u>11,172,564</u>	Daily	Daily
Total CREF registered investment companies	195,665,210	189,492,874		
TIAA real estate account <sup>(e)</sup>	<u>16,450,730</u>	<u>13,472,660</u>	Quarterly	Daily
	<u>\$ 212,115,940</u>	<u>\$ 202,965,534</u>		

\* Subject to certain trading activity, frequency of redemption can be quarterly.

<sup>(a)</sup> Funds in this category invest in a diversified portfolio of domestic and/or foreign stocks to achieve a long-term rate of return.

<sup>(b)</sup> Funds in this category invest in various types of debt securities to achieve a long-term rate of return while preserving capital. These funds invest heavily in U.S. government bonds.

<sup>(c)</sup> These funds invest in domestic and foreign equities and in fixed income securities to achieve a long-term rate of return while giving special consideration to certain social criteria.

<sup>(d)</sup> This fund invests in high-quality, short-term instruments to achieve high current income and capital preservation. This account primarily invests in commercial paper, bank obligations, and U.S. government-issued securities that are classified as first-tier securities.

# SETON HALL UNIVERSITY RETIREMENT PLAN

## Notes to Financial Statements

December 31, 2014 and 2013

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- (e) This fund invests in real estate properties, other real estate-related investments, and securities. Underlying real estate holdings are valued principally using external appraisals. Underlying securities are generally priced using values obtained from independent pricing sources. Redemptions are permitted daily, except participant transfers out of the fund are limited to one per calendar quarter.

### 7. PARTY-IN-INTEREST TRANSACTIONS

Plan investments include investment contracts, registered investment companies, pooled separate accounts and shares of mutual funds managed by TIAA-CREF, the trustee and custodian of the Plan. Therefore, transactions pertaining to these investments qualify as party-in-interest transactions.

### 8. PLAN TERMINATION

While it is expected that this plan will continue indefinitely, the University reserves the right to amend, otherwise modify, or terminate the Plan, or to discontinue any further contributions or payments under the Plan, by resolution of its Board. In the event of a termination of the Plan or complete discontinuance of Plan contributions, the University will notify all participants of the terminations. As of the date of complete or partial termination, all accumulation accounts will become nonforfeitable to the extent that benefits are accrued. Upon termination of the Plan, the balance of the accumulation accounts of each participant will be distributed in a lump sum or by delivery of a fully paid annuity contract, as permitted by Treasury Regulation 1.403(b)-10(a).

### 9. TAX STATUS

The Plan has been designed to qualify under Section 403(b) of the IRC. The terms of the Plan have been prepared to conform to the sample language provided by the Internal Revenue Service ("IRS") in Revenue Procedure 2007-71. The Plan is required to operate in conformity with the IRC to maintain the tax-exempt status for plan participants under Section 403(b). The Plan administrator believes that the Plan is currently designed and operating, in all material respects, in accordance with the applicable requirements of Section 403(b) of the IRC and, therefore, believes that the Plan is qualified and the related accounts are tax exempt.

US GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2014 and 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2011.

**SETON HALL UNIVERSITY RETIREMENT PLAN**  
**Notes to Financial Statements**  
**December 31, 2014 and 2013**

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**10. RISK AND UNCERTAINTIES**

The Plan provides for investments in various securities that, in general, are exposed to various risks, such as interest rates, credit, and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the value of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

**11. ACCOUNTING AND PAYROLL RECORDS**

In November 2007, the Department of Labor (“DOL”) issued amended regulations eliminating an exemption granted to 403(b) plans from the annual Form 5500 reporting and disclosure requirements under Part 1 of Subtitle B of Title I of the ERISA, as amended. Prior to the amended regulations, the Plan (established in 1950) was not viewed as a separate reporting entity. Historically, the Plan was viewed as a collection of individual contracts with which participants could engage in a range of actions with limited involvement, if any, by the Plan Sponsor. Accordingly, various accounting and payroll records related to the Plan’s 403(b) annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009 were not sufficiently maintained by the Plan. Consequently, the financial statements have been prepared based on available records analyzed by plan management. As certain records were not available from the inception of the Plan, the effect, if any, on the completeness or accuracy of the Plan’s financial statements cannot be determined.

**12. SUBSEQUENT EVENTS**

The Plan has evaluated subsequent events October 12, 2015, the date the financial statements were available to be issued. There were no subsequent events that would require recognition or additional disclosure in the Plan’s financial statements.

**SUPPLEMENTAL SCHEDULE**

**SETON HALL UNIVERSITY RETIREMENT PLAN**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**December 31, 2014**

(a)	(b) Identity of Issuer	(c) Description of Investment	(d) Current Value
		<b>FIXED ANNUITY CONTRACTS</b>	
*	TIAA	Traditional	\$ 152,920,365
	TIAA	Plan Loan Default Fund	660,019
		<b>POOLED SEPARATE ACCOUNTS</b>	
*	TIAA	Real estate	16,450,730
		<b>REGISTERED INVESTMENT COMPANIES</b>	
*	CREF	Stock	98,406,246
*	CREF	Global equities	17,579,460
*	CREF	Money market	10,880,374
*	CREF	Growth	18,605,368
*	CREF	Social choice	8,673,512
*	CREF	Equity index	17,178,459
*	CREF	Bond market	15,984,728
*	CREF	Inflation-linked bond	8,357,063
		<b>MUTUAL FUNDS</b>	
*	TIAA - CREF	TIAA-CREF Lifecycle 2010-Inst	1,585,839
*	TIAA - CREF	TIAA-CREF Lifecycle 2015-Inst	1,552,371
*	TIAA - CREF	TIAA-CREF Lifecycle 2020-Inst	3,813,179
*	TIAA - CREF	TIAA-CREF Lifecycle 2025-Inst	4,488,741
*	TIAA - CREF	TIAA-CREF Lifecycle 2030-Inst	4,638,727
*	TIAA - CREF	TIAA-CREF Lifecycle 2035-Inst	4,243,843
*	TIAA - CREF	TIAA-CREF Lifecycle 2040-Inst	6,350,014
*	TIAA - CREF	TIAA-CREF Lifecycle 2045-Inst	1,477,066
*	TIAA - CREF	TIAA-CREF Lifecycle 2050-Inst	597,638
*	TIAA - CREF	TIAA-CREF Lifecycle 2055-Inst	141,378
*	TIAA - CREF	TIAA-CREF Lfcycle Rtmt Inc-Inst	402,583
*	TIAA - CREF	TIAA-CREF Intl Eq-Inst	4,713,118
*	TIAA - CREF	TIAA-CREF Lg-Cap Val-Inst	5,314,964
*	TIAA - CREF	TIAA-CREF Mid-Cap Gr-Inst	1,662,405
*	TIAA - CREF	TIAA-CREF Mid-Cap Val-Inst	4,300,913
*	TIAA - CREF	TIAA-CREF Sm-Cap Eq-Inst	2,845,001
		Total investments	<u>\$ 413,824,104</u>

**SCHEDULE R  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Retirement Plan Information**

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2014**

**This Form is Open to Public Inspection.**

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

<b>A</b> Name of plan  <u>Seton Hall University Retirement Plan</u>	<b>B</b> Three-digit plan number (PN) ▶ <u>003</u>
	<b>D</b> Employer Identification Number (EIN)  <u>22-1500645</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500  <u>Seton Hall University</u>	

**Part I Distributions**

All references to distributions relate only to payments of benefits during the plan year.

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... **1** 0

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
EIN(s): 13-1624203 51-6559589

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year..... **3** 0

**Part II Funding Information** (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	<b>6a</b>	<u>0</u>
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year.....	<b>6b</b>	<u>0</u>
<b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	<b>6c</b>	<u>0</u>

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline?.....  Yes  No  N/A

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....  Yes  No  N/A

**Part III Amendments**

**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....  Increase  Decrease  Both  No

**Part IV ESOPs** (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....  Yes  No

**11 a** Does the ESOP hold any preferred stock?.....  Yes  No

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....  Yes  No

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market?.....  Yes  No

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

<b>a</b>	Name of contributing employer	
<b>b</b>	EIN	<b>c</b> Dollar amount contributed by employer
<b>d</b>	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____	
<b>e</b>	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)	
	(1) Contribution rate (in dollars and cents) _____	
	(2) Base unit measure: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____	
<b>a</b>	Name of contributing employer	
<b>b</b>	EIN	<b>c</b> Dollar amount contributed by employer
<b>d</b>	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____	
<b>e</b>	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)	
	(1) Contribution rate (in dollars and cents) _____	
	(2) Base unit measure: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____	
<b>a</b>	Name of contributing employer	
<b>b</b>	EIN	<b>c</b> Dollar amount contributed by employer
<b>d</b>	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____	
<b>e</b>	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)	
	(1) Contribution rate (in dollars and cents) _____	
	(2) Base unit measure: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____	
<b>a</b>	Name of contributing employer	
<b>b</b>	EIN	<b>c</b> Dollar amount contributed by employer
<b>d</b>	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____	
<b>e</b>	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)	
	(1) Contribution rate (in dollars and cents) _____	
	(2) Base unit measure: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____	
<b>a</b>	Name of contributing employer	
<b>b</b>	EIN	<b>c</b> Dollar amount contributed by employer
<b>d</b>	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____	
<b>e</b>	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)	
	(1) Contribution rate (in dollars and cents) _____	
	(2) Base unit measure: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____	

**14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

<b>a</b> The current year.....	<b>14a</b>	
<b>b</b> The plan year immediately preceding the current plan year.....	<b>14b</b>	
<b>c</b> The second preceding plan year.....	<b>14c</b>	

**15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year.....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year.....	<b>15b</b>	

**16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

<b>a</b> Enter the number of employers who withdrew during the preceding plan year.....	<b>16a</b>	
<b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	<b>16b</b>	

**17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment.

**Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans**

**18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment

**19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

- a** Enter the percentage of plan assets held as:  
 Stock: \_\_\_\_\_% Investment-Grade Debt: \_\_\_\_\_% High-Yield Debt: \_\_\_\_\_% Real Estate: \_\_\_\_\_% Other: \_\_\_\_\_%
- b** Provide the average duration of the combined investment-grade and high-yield debt:  
 0-3 years  3-6 years  6-9 years  9-12 years  12-15 years  15-18 years  18-21 years  21 years or more
- c** What duration measure was used to calculate line 19(b)?  
 Effective duration  Macaulay duration  Modified duration  Other (specify): \_\_\_\_\_

**Annual Registration Statement Identifying Separated  
Participants With Deferred Vested Benefits**  
Under Section 6057 of the Internal Revenue Code

**PART I Annual Statement Identification Information**

For the plan year beginning 01/01/2014, and ending 12/31/2014

- A  Check her if plan is a government, church, or other plan that elects to voluntarily file Form 8955-SSA. (See instructions.)
- B  Check here if this is an amended registration statement.
- C Check the appropriate box if filing under:  Form 5558  Automatic extension  
 Special extension (enter description) \_\_\_\_\_

**PART II Basic Plan Information - enter all requested information**

1a Name of plan Seton Hall University Retirement Plan	1b Plan Number (PN) 003
--	----------------------------

**Plan Sponsor Information**

2a Plan sponsor's name Seton Hall University	2b Employer Identification Number (EIN) 22-1500645
2c Trade name (if different from plan sponsor name)	2d Plan sponsor's phone number (973) 761-7405
2e In care of name	

2f Mailing address (room, apt., suite no. and street, or P.O. Box) 400 South Orange Avenue	2g City South Orange	2h State NJ	2i ZIP code 07079
2j Foreign province (or state)	2k Foreign country	2l Foreign postal code	

**Plan Administrator Information**

3a Plan administrator's name (if other than plan sponsor) Same	3b Employer Identification Number (EIN)		
3c In care of name	3d Plan administrator's phone number		
3e Mailing address (room, apt., suite no. and street, or P.O. Box)	3f City	3g State	3h ZIP code
3i Foreign province (or state)	3j Foreign country	3k Foreign postal code	

4 If the name of EIN of the **plan administrator** has changed since the last return filed for this plan, enter the name and EIN from the last filed return:  
Plan administrator's name \_\_\_\_\_ EIN \_\_\_\_\_

5 If the name of EIN of the **plan sponsor** has changed since the last return filed for this plan, enter the name, EIN, and plan number from that return:  
Plan sponsor's name \_\_\_\_\_ EIN \_\_\_\_\_ Plan Number (PN) \_\_\_\_\_

6a Participants who separated with a deferred vested benefit required to be reported on this Form 8955-SSA . . . . .	6a	81
b Participants who separated with a deferred vested benefit voluntarily reported on this Form 8955-SSA in the same year as the separation occurred . . . . .	6b	0
7 Total number of participants on lines 6a and 6b . . . . .	7	81
8 Did the plan administrator provide an individual statement to each participant required to receive a statement? . . . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Under penalties of perjury, I declare that I have examined this statement, and to the best of my knowledge and belief, it is true, correct, and complete.

<b>Sign Here</b>	Signature of plan sponsor	Date signed	Signature of plan administrator	Date signed

**COPY ONLY - DO NOT FILE**

Name of plan Seton Hall University Retirement Plan	Plan Number 003	EIN 22-1500645
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**PART III Participant Information - enter all requested information**

9 Enter one of the following Entry Codes in column (a) for each separated participant with deferred vested benefits who:

**Code A** -- has not previously been reported.

**Code B** -- has previously been reported under the above plan number, but whose previously reported information requires revisions.

**Code C** -- has previously been reported under another plan, but who will be receiving benefits from the plan listed above instead.

**Code D** -- has previously been reported under the above plan number, but whose benefits have been paid out or who is no longer entitled to those deferred vested benefits.

(a) Entry Code	(b) Social Security Number (or FOREIGN)	Use with entry code "A", "B", "C", or "D"				Use with entry code "A" or "B"			Entry code "C" only		
		(c) Name of Participant (See instructions.)				Enter code for nature and form of benefit.		Amount of vested benefit		(h) Previous sponsor's EIN	(i) Previous plan number
		First name	M.I.	Last name	✓	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan -- periodic payment	(g) Defined contribution plan -- total value of account		
A	XXX-XX-2014	NATALIA	A	CASTANER		A	A		4,726		
A	XXX-XX-6803	RICHARD	L	HILL		A	A		211,298		
A	XXX-XX-4861	KERRI	J	CLARKE		A	A		22,931		
A	XXX-XX-7022	BRENDA	B	PETERSON		A	A		48,179		
A	XXX-XX-3971	MARGARET	D	MARTIN		A	A		98,046		
A	XXX-XX-6072	BETTY	L	SHELBY		A	A		23,901		
A	XXX-XX-0946	GEMMA		LEE		A	A		117,984		
A	XXX-XX-0370	PATRICIA	A	REMSHIFSKI		A	A		122,528		
A	XXX-XX-3234	RICHARD	C	BELLO		A	A		32,000		
A	XXX-XX-0725	JOHN		BERLANGIERI		A	A		13,084		

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Name of plan	SETON HALL UNIVERSITY RETIREMENT PLAN (MATCHING)	Plan Number	003	EIN	22-1500645
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**PART III Participant Information - enter all requested information**

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**Code B** -- has previously been reported under the above plan number, but whose previously reported information requires revisions.

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**Code D** -- has previously been reported under the above plan number, but whose benefits have been paid out or who is no longer entitled to those deferred vested benefits.

Use with entry code "A", "B", "C", or "D"					Use with entry code "A" or "B"				Entry code "C" only	
(a) Entry Code	(b) Social Security Number (or FOREIGN)	(c) Name of Participant (See instructions.)			Enter code for nature and form of benefit.		Amount of vested benefit		(h) Previous sponsor's EIN	(i) Previous plan number
		First name	M.I.	Last name	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan -- periodic payment	(g) Defined contribution plan -- total value of account		
A	XXX-XX-2824	JANET	A	ROBERTSON	✓	A	A		63,213	
A	XXX-XX-1374	DAVID	T	WEINBERG		A	A		93,600	
A	XXX-XX-0640	MARY	C	PATERNOSTER		A	A		400,575	
A	XXX-XX-7418	ADAM	D	LOEHNER		A	A		108,402	
A	XXX-XX-7027	ASHER		FINKEL		A	A		1,402,179	
A	XXX-XX-5787	JORDAN		SHYI		A	A		3,210	
A	XXX-XX-7880	JOHN	K	MENZIES		A	A		172,647	
A	XXX-XX-8048	SARAH	M	CLIFFORD		A	A		72,725	
A	XXX-XX-4554	DAVID		KIM		A	A		26,014	
A	XXX-XX-7387	ROSARIO	M	REYES-URBINA		A	A		139,780	

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Name of plan	SETON HALL UNIVERSITY RETIREMENT PLAN (MATCHING)	Plan Number	003	EIN	22-1500645
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**PART III Participant Information - enter all requested information**

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(a) Entry Code	(b) Social Security Number (or FOREIGN)	Use with entry code "A", "B", "C", or "D"				Use with entry code "A" or "B"			Entry code "C" only		
		(c) Name of Participant (See instructions.)				Enter code for nature and form of benefit.		Amount of vested benefit		(h) Previous sponsor's EIN	(i) Previous plan number
		First name	M.I.	Last name	✓	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan -- periodic payment	(g) Defined contribution plan -- total value of account		
A	XXX-XX-0902	JASON	M	FELDMAN		A	A		4,223		
A	XXX-XX-4687	MARIA	V	SCHNEIDER		A	A		13,475		
A	XXX-XX-4711	XIN		MAO		A	A		12,246		
A	XXX-XX-1703	MICHAEL	E	VALDEZ		A	A		37,297		
A	XXX-XX-0873	KAZBEK		TAMBI		A	A		286,578		
A	XXX-XX-3513	BARBARA	B	BLOZEN		A	A		62,517		
A	XXX-XX-9933	PIA	A	POULSEN		A	A		33,881		
A	XXX-XX-6236	MICHAEL	N	ARYEE		A	A		96,175		
A	XXX-XX-9994	MICHAEL	J	RICCIARDELLI		A	A		1,157		
A	XXX-XX-3468	ANNETTE		BRYAN		A	A		581		

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Name of plan	SETON HALL UNIVERSITY RETIREMENT PLAN (MATCHING)	Plan Number	003	EIN	22-1500645
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**PART III Participant Information - enter all requested information**

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(a) Entry Code	(b) Social Security Number (or FOREIGN)	Use with entry code "A", "B", "C", or "D"				Use with entry code "A" or "B"				Entry code "C" only	
		(c) Name of Participant (See instructions.)				Enter code for nature and form of benefit.		Amount of vested benefit		(h) Previous sponsor's EIN	(i) Previous plan number
		First name	M.I.	Last name	✓	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan -- periodic payment	(g) Defined contribution plan -- total value of account		
A	XXX-XX-7587	BARBARA	E	WARD		A	A		127,214		
A	XXX-XX-5446	LEIGH		STELZER		A	A		611,897		
A	XXX-XX-3043	SARA		SIMON		A	A		12,202		
A	XXX-XX-5747	RACHEL	E	LOPEZ		A	A		9,948		
A	XXX-XX-8818	MEGHAN		CODEY		A	A		29,598		
A	XXX-XX-1375	CHAD	M	POTENZONE		A	A		2,947		
A	XXX-XX-1160	ROBBIN	C	HILLIARD		A	A		243,911		
A	XXX-XX-7908	DAVID	W	MIDDLETON		A	A		168,738		
A	XXX-XX-8165	DEBORAH	A	VERDEROSA		A	A		198,173		
A	XXX-XX-0824	KYLE	L	ROSENKRANS		A	A		4,660		

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Name of plan SETON HALL UNIVERSITY RETIREMENT PLAN (MATCHING)	Plan Number 003	EIN 22-1500645
--	--------------------	-------------------

**PART III Participant Information - enter all requested information**

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**Code D** -- has previously been reported under the above plan number, but whose benefits have been paid out or who is no longer entitled to those deferred vested benefits.

(a) Entry Code	(b) Social Security Number (or FOREIGN)	Use with entry code "A", "B", "C", or "D"				Use with entry code "A" or "B"			Entry code "C" only		
		(c) Name of Participant (See instructions.)				Enter code for nature and form of benefit.		Amount of vested benefit		(h) Previous sponsor's EIN	(i) Previous plan number
		First name	M.I.	Last name	✓	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan -- periodic payment	(g) Defined contribution plan -- total value of account		
A	XXX-XX-8597	KAREN	F	MCNANNA		A	A		140,978		
A	XXX-XX-3833	CHRISTOPHE	T	BRENNAN		A	A		77,156		
A	XXX-XX-0314	CHRISTOPHER		POMPEY		A	A		7,712		
A	XXX-XX-2156	CARITHIA	L	RIVERS		A	A		2,778		
A	XXX-XX-3068	WILLIAM	A	DENNIS		A	A		61,910		
A	XXX-XX-7553	ROBERT	F	MASSEY		A	A		2,506		
A	XXX-XX-4583	JOETTE	M	ROSATO		A	A		111,875		
A	XXX-XX-5260	CHUANG		LIU		A	A		1,440		
A	XXX-XX-9918	DARREN	L	SWEEPER		A	A		77,195		
A	XXX-XX-4815	JOSEPH	E	PALENSKI		A	A		99,445		

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Name of plan	SETON HALL UNIVERSITY RETIREMENT PLAN (MATCHING)	Plan Number	003	EIN	22-1500645
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**PART III Participant Information - enter all requested information**

9 Enter one of the following Entry Codes in column (a) for each separated participant with deferred vested benefits who:

**Code A** -- has not previously been reported.

**Code B** -- has previously been reported under the above plan number, but whose previously reported information requires revisions.

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(a) Entry Code	(b) Social Security Number (or FOREIGN)	Use with entry code "A", "B", "C", or "D"				Use with entry code "A" or "B"			Entry code "C" only		
		(c) Name of Participant (See instructions.)				Enter code for nature and form of benefit.		Amount of vested benefit		(h) Previous sponsor's EIN	(i) Previous plan number
		First name	M.I.	Last name	✓	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan -- periodic payment	(g) Defined contribution plan -- total value of account		
A	XXX-XX-0917	CAROL	K	MULLEN		A	A		86,417		
A	XXX-XX-5550	PAULA	T	EDGAR		A	A		8,097		
A	XXX-XX-1280	CHRYSANTHY	M	GRIECO		A	A		690,005		
A	XXX-XX-3264	MARION	H	STEPHEN		A	A		29,714		
A	XXX-XX-9925	VICKI	B	FLEISCHER		A	A		201,839		
A	XXX-XX-9524	REBECCA	D	COX		A	A		105,868		
A	XXX-XX-8119	PETER	J	HYNES		A	A		23,594		
A	XXX-XX-0767	AMY	L	ALEXANDER		A	A		141,094		
A	XXX-XX-9732	KATHLEEN	J	MCCARTHY		A	A		73,054		
A	XXX-XX-2086	BRENDA	S	HAMPDEN		A	A		307,310		

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Name of plan	SETON HALL UNIVERSITY RETIREMENT PLAN (MATCHING)	Plan Number	003	EIN	22-1500645
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		(c) Name of Participant (See instructions.)				Enter code for nature and form of benefit.		Amount of vested benefit		(h) Previous sponsor's EIN	(i) Previous plan number
		First name	M.I.	Last name	✓	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan -- periodic payment	(g) Defined contribution plan -- total value of account		
A	XXX-XX-5580	TAI		GEDEON		A	A		11,857		
A	XXX-XX-7258	RICHARD		CUNDER		A	A		7,536		
A	XXX-XX-0021	STEPHEN	P	POLAKOWSKI		A	A		312,409		
A	XXX-XX-2398	MARIA	J	POLIMENI		A	A		180,605		
A	XXX-XX-4559	FRANK	A	PASQUALE		A	A		328,824		
A	XXX-XX-5367	CATHERINE		PROTO		A	A		16,814		
A	XXX-XX-9156	HOWARD	F	MCGINN		A	A		17,982		
A	XXX-XX-5116	CHRISTINA	M	PELLEGRINO		A	A		16,078		
A	XXX-XX-3505	E	J	JENNINGS		A	A		2,185,554		
A	XXX-XX-3195	DAPHNEY		WEST		A	A		9,453		

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Name of plan	SETON HALL UNIVERSITY RETIREMENT PLAN (MATCHING)	Plan Number	003	EIN	22-1500645
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**PART III Participant Information - enter all requested information**

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		(c) Name of Participant (See instructions.)				Enter code for nature and form of benefit.		Amount of vested benefit		(h) Previous sponsor's EIN	(i) Previous plan number
		First name	M.I.	Last name	✓	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan -- periodic payment	(g) Defined contribution plan -- total value of account		
A	XXX-XX-7683	DANIEL		VELEZ		A	A		9,604		
A	XXX-XX-4868	ANNE	T	DONOVAN		A	A		87,646		
A	XXX-XX-1663	HENRY	K	PREMPEH		A	A		253,420		
A	XXX-XX-8563	COURTNEY	R	SOLLIE		A	A		136,285		
A	XXX-XX-8848	SEJAL	M	DAVE		A	A		7,391		
A	XXX-XX-1278	MARY	K	RAWN		A	A		276,396		
A	XXX-XX-8461	GAD		JACOBY		A	A		102,432		
A	XXX-XX-6675	RICHARD	J	ALLEN		A	A		7,269		
A	XXX-XX-9228	WARREN	P	LORD		A	A		29,902		
A	XXX-XX-9908	SUSAN	J	BOLTON		A	A		48,001		

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		First name	M.I.	Last name	✓	(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan -- periodic payment	(g) Defined contribution plan -- total value of account		
A	XXX-XX-0215	BONNIE	P	STEVENSON		A	A		220,386		
D	XXX-XX-0063	ELIZABETH		SCHMIDT							
D	XXX-XX-0919	SEAN		FAHEY							
D	XXX-XX-0141	JOSHUA		ANGLERO							
D	XXX-XX-0254	JOAN		OSTHUES							
D	XXX-XX-1450	ARIANA		LEON							
D	XXX-XX-2393	ANNE		DESANTIS							
D	XXX-XX-9336	STEPHEN		SAUERS							
D	XXX-XX-9426	MARSHALL		BURGESS							

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