

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

# 2021

**Open to Public Inspection**

**A** For the **2021** calendar year, or tax year beginning **07/01/2021** and ending **06/30/2022**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization SETON HALL UNIVERSITY			<b>D</b> Employer identification number 22-1500645
	Doing Business As			<b>E</b> Telephone number (973) 761-9318
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	<b>G</b> Gross receipts \$ 633,815,000.
	400 SOUTH ORANGE AVENUE City or town, state or province, country, and ZIP or foreign postal code SOUTH ORANGE, NJ 07079			
<b>F</b> Name and address of principal officer: JOSEPH E. NYRE, PH.D. 400 SOUTH ORANGE AVENUE, SOUTH ORANGE, NJ 07079			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			<b>J</b> Website: WWW.SHU.EDU	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: 1856	<b>M</b> State of legal domicile: NJ

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: SETON HALL UNIVERSITY IS A CATHOLIC INSTITUTION OF HIGHER EDUCATION		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	37
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	30
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	3,683
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	715
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	1,265,000.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	NONE	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	56,312,000.	70,128,000.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	393,124,000.	428,763,000.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,634,000.	10,526,000.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,964,000.	17,108,000.
		473,034,000.	526,525,000.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	174,289,000.	194,549,000.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	178,191,000.	182,328,000.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	NONE	NONE
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 8,793,000.		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	115,961,000.	132,199,000.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	468,441,000.	509,076,000.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	4,593,000.	17,449,000.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	890,349,000.	868,383,000.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20.	384,818,000.	388,698,000.
	505,531,000.	479,685,000.	

## Part II Signature Block

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

<b>Sign Here</b>	Signature of officer	05/12/2023		
		Date		
	DONNA M. MCMONAGLE	VP FINANCE & CFO		
	Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	DANIEL ROMANO, PARTNER		05/12/2023	<input type="checkbox"/> P00504182
	Firm's name ▶ GRANT THORNTON, LLP	Firm's EIN ▶ 36-6055558	Phone no. 212-542-9609	
	Firm's address ▶ 757 THIRD AVENUE NEW YORK, NY 10017			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

[ ] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

[ ] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 337,664,000. including grants of \$ 180,920,000. ) (Revenue \$ 432,839,000. )

EDUCATIONAL - SETON HALL UNIVERSITY OPERATES TO PROVIDE BACCALAUREATE, MASTERS, AND DOCTORAL DEGREES. DAY AND EVENING SESSIONS ACCOMMODATE BOTH COMMUTER AND RESIDENTIAL STUDENTS ON A PART-TIME AND FULL TIME BASIS.

4b (Code: ) (Expenses \$ 102,552,000. including grants of \$ 12,946,000. ) (Revenue \$ 10,442,000. )

ACADEMIC SUPPORT AND STUDENT SERVICES - ACADEMIC SUPPORT PROVIDES SUPPORT SERVICES, SUCH AS LIBRARIES, ACADEMIC TECHNOLOGY, FACULTY CURRICULUM DEVELOPMENT, FOR ITS PRIMARY MISSIONS OF INSTRUCTION, RESEARCH AND PUBLIC SERVICE. STUDENT SERVICES PROVIDE VARIOUS SERVICES TO STUDENTS, SUCH AS COUNSELING, CAREER GUIDANCE, FINANCIAL AID, STUDENT RECORDS, HEALTH SERVICES AND TRANSPORTATION, WHICH CONTRIBUTE TO THE STUDENTS' EMOTIONAL AND PHYSICAL WELL-BEING AND TO THEIR INTELLECTUAL, CULTURAL AND SOCIAL DEVELOPMENT OUTSIDE THE CONTEXT OF THE UNIVERSITY'S FORMAL INSTRUCTIONAL PROGRAMS.

4c (Code: ) (Expenses \$ 9,630,000. including grants of \$ 683,000. ) (Revenue \$ )

RESEARCH, TRAINING & PUBLIC SERVICES - ENABLES FACULTY TO EXPLORE NEW AREAS OF EDUCATION, LEARNING AND KNOWLEDGE AND PROVIDES NON-INSTRUCTIONAL SERVICES TO INDIVIDUALS AND GROUPS EXTERNAL TO THE UNIVERSITY. THE UNIVERSITY ALSO OFFERS FINANCIAL SUPPORT TO STUDENTS THROUGH ACADEMIC SCHOLARSHIPS AND WORK-STUDY PROGRAMS, WHICH ARE FUNDED BY FEDERAL, STATE AND PRIVATE GRANTS.

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 449,846,000.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> . . . . .	<input checked="" type="checkbox"/>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions . . . . .	<input checked="" type="checkbox"/>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> . . . . .		<input checked="" type="checkbox"/>
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> . . . . .	<input checked="" type="checkbox"/>	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III.</i> . . . . .		<input checked="" type="checkbox"/>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> . . . . .		<input checked="" type="checkbox"/>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> . . . . .		<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> . . . . .	<input checked="" type="checkbox"/>	
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> . . . . .		<input checked="" type="checkbox"/>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V.</i> . . . . .	<input checked="" type="checkbox"/>	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> . . . . .	<input checked="" type="checkbox"/>	
<b>b</b> Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> . . . . .	<input checked="" type="checkbox"/>	
<b>c</b> Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> . . . . .		<input checked="" type="checkbox"/>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> . . . . .	<input checked="" type="checkbox"/>	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> . . . . .	<input checked="" type="checkbox"/>	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> . . . . .	<input checked="" type="checkbox"/>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i> . . . . .	<input checked="" type="checkbox"/>	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i> . . . . .		<input checked="" type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> . . . . .	<input checked="" type="checkbox"/>	
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?. . . . .	<input checked="" type="checkbox"/>	
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i> . . . . .	<input checked="" type="checkbox"/>	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i> . . . . .		<input checked="" type="checkbox"/>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i> . . . . .		<input checked="" type="checkbox"/>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions . . . . .		<input checked="" type="checkbox"/>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> . . . . .	<input checked="" type="checkbox"/>	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> . . . . .		<input checked="" type="checkbox"/>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> . . . . .		<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .	<input checked="" type="checkbox"/>	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [ ]

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, business income, foreign accounts, and various IRS forms.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (37), 1b (30), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

DONNA M. MCMONAGLE 400 SOUTH ORANGE AVENUE SOUTH ORANGE, NJ 07079
973 761 9343

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KEVIN WILLARD HEAD COACH MEN'S BASKETBALL	60.00 NONE						X	2,601,083.	NONE	72,675.
(2) JOSEPH E. NYRE, PH.D. PRESIDENT/CEO/REGENT/TRUSTEE	60.00 NONE	X		X				1,746,407.	NONE	88,875.
(3) PATRICK G. LYONS, MBA EXECUTIVE VP & CHIEF OF STAFF	60.00 NONE			X				775,169.	NONE	139,822.
(4) KATIA PASSERINI, PH.D. EXECUTIVE VP AND PROVOST	50.00 NONE			X				457,429.	NONE	64,097.
(5) ALYSSA MCCLOUD, PH.D. SR.VP ENROLLMENT MANAGEMENT	50.00 NONE			X				407,737.	NONE	77,198.
(6) ANTHONY J. BOZZELLA HEAD COACH WOMEN'S BASKETBALL	60.00 NONE						X	409,946.	NONE	63,031.
(7) KATHLEEN BOOZANG, JD, LLM DEAN, SCHOOL OF LAW	45.00 NONE					X		418,339.	NONE	36,861.
(8) JON PAPARSENOS VP UNIV.ADVANCEMENT	50.00 NONE			X				362,549.	NONE	72,078.
(9) KIMBERLY A.CAPADONA, ESQ. GENERAL COUNSEL	50.00 NONE			X				348,024.	NONE	68,594.
(10) STEPHEN A. GRAHAM, MBA VP FINANCE & CFO (THRU 9/21)	50.00 NONE			X				354,079.	NONE	47,905.
(11) STEPHEN J.LUBBEN, JD, PH.D. LAW SCHOOL PROFESSOR	45.00 NONE						X	304,536.	NONE	61,987.
(12) BRYAN FELT, M.A. ATHLETICS DIRECTOR	45.00 NONE						X	325,621.	NONE	28,120.
(13) JOYCE A. STRAWSER, PH.D. DEAN, STILLMAN SCHOOL BUSINESS	45.00 NONE						X	290,129.	NONE	59,995.
(14) MATTHEW BOROWICK, MBA VP UNIVERSITY RELATIONS	50.00 NONE			X				283,887.	NONE	59,571.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15) BRIAN B. SHULMAN, PH.D. DEAN, SCHOOL HEALTH & MEDICAL	45.00 NONE				X			297,839.	NONE	36,861.
( 16) JOHN BUSCHMAN, D.L.S. DEAN OF UNIVERSITY LIBRARIES	45.00 NONE					X		260,330.	NONE	49,076.
( 17) PETER W. SHOEMAKER, PH.D. DEAN COLLEGE OF A&S (THRU 8/21)	45.00 NONE				X			230,414.	NONE	62,084.
( 18) KAREN E. BOROFF, PH.D. FORMER INTERIM PROVOST	45.00 NONE						X	238,308.	NONE	47,802.
( 19) ROBERT MCLAUGHLIN INTERIM VP FIN.&CFO (THRU 3/22)	50.00 NONE			X				242,824.	NONE	23,525.
( 20) SHAWNA COOPER-GIBSON, ED.D. VP STUDENT SERVICES, (THRU 8/21	50.00 NONE			X				201,594.	NONE	25,427.
( 21) MONICA BURNETTE, PH.D. VP STUDENT SERVICES	50.00 NONE			X				155,739.	NONE	58,779.
( 22) MICHELE NELSON, PH.D. VP BOARD AFFAIRS & STRATEGY	50.00 NONE			X				142,942.	NONE	56,142.
( 23) REV. COLIN KAY, M. DIV. VP FOR MISSION & MINISTRY	50.00 NONE			X				67,252.	NONE	78,212.
( 24) TRACY H. GOTTLIEB, PH.D. FORMER VP STUDENT SERVICES	45.00 NONE					X		108,972.	NONE	36,133.
( 25) MSGR. JOSEPH R. REILLY TRUSTEE/RECTOR/DEAN	45.00 NONE	X						38,803.	NONE	78,014.
<b>1b Sub-total</b> . . . . .								11,069,952.	NONE	1,492,864.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								139,516.	NONE	158,748.
<b>d Total (add lines 1b and 1c)</b> . . . . .								11,209,468.	NONE	1,651,612.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 361

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .		
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . .		
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .		

**Section B. Independent Contractors**

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

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

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



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26 ) ROBIN L. CUNNINGHAM, ED. S. FORMER INT. VP STUD. SERV.	45.00 NONE						X	103,894.	NONE	12,660.
( 27 ) REV. GERALD J. BUONOPANE REGENT/TRUSTEE/SR. LECTURER	45.00 NONE	X						34,622.	NONE	78,185.
( 28 ) MSGR. PETER SMUTELOVIC TRUSTEE	1.00 NONE	X						NONE	NONE	65,880.
( 29 ) REV. JOHN J. CHADWICK REGENT/TRUSTEE	45.00 NONE	X						1,000.	NONE	2,023.
( 30 ) CARDINAL JOSEPH W. TOBIN C SSR REGENT/TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 31 ) MOST REV. KURT R. BURNETTE REGENT/TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 32 ) MOST REV. JAMES F. CHECCHIO REGENT	1.00 NONE	X						NONE	NONE	NONE
( 33 ) MOST REV. DENNIS J. SULLIVAN REGENT	1.00 NONE	X						NONE	NONE	NONE
( 34 ) SR. MARGARET STALLMEYER, C.D.P REGENT/TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 35 ) KEVIN H. MARINO, ESQ. REGENT/TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 36 ) MARY ANN CHRISTOPHER REGENT	1.00 NONE	X						NONE	NONE	NONE
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 37 ) MARK E. GANTON ----- REGENT	1.00 ----- NONE	X					NONE	NONE	NONE	
( 38 ) ROBERT J. SLOAN ----- REGENT/TRUSTEE	1.00 ----- NONE	X					NONE	NONE	NONE	
( 39 ) JAMES E. COLLINS ----- REGENT	1.00 ----- NONE	X					NONE	NONE	NONE	
( 40 ) HENRY F. D'ALESSANDRO ----- REGENT/TRUSTEE	1.00 ----- NONE	X					NONE	NONE	NONE	
( 41 ) ROBERT S. BASSO ----- REGENT	1.00 ----- NONE	X					NONE	NONE	NONE	
( 42 ) ROBERT B. BUDELMAN, ESQ. ----- TRUSTEE	1.00 ----- NONE	X					NONE	NONE	NONE	
( 43 ) EDWARD C. CERNY ----- REGENT	1.00 ----- NONE	X					NONE	NONE	NONE	
( 44 ) DAVID L. FLOOD ----- REGENT	1.00 ----- NONE	X					NONE	NONE	NONE	
( 45 ) ROBERT C. GARRETT ----- REGENT	1.00 ----- NONE	X					NONE	NONE	NONE	
( 46 ) RICHARD A. GIUDITTA, JR. ----- REGENT	1.00 ----- NONE	X					NONE	NONE	NONE	
( 47 ) ANTHONY MASHERELLI ----- REGENT	1.00 ----- NONE	X					NONE	NONE	NONE	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 48 ) RICHARD C. MCMAHON ----- REGENT	1.00 ----- NONE	X						NONE	NONE	NONE
( 49 ) JOHN F. SWIFT ----- REGENT	1.00 ----- NONE	X						NONE	NONE	NONE
( 50 ) STEPHEN G. WALDIS ----- REGENT	1.00 ----- NONE	X						NONE	NONE	NONE
( 51 ) MATTHEW W. WRIGHT ----- REGENT/TRUSTEE	1.00 ----- NONE	X						NONE	NONE	NONE
( 52 ) JAMES T. BOYLE, JR. ----- REGENT	1.00 ----- NONE	X						NONE	NONE	NONE
( 53 ) KEVIN P. FLOOD ----- REGENT	1.00 ----- NONE	X						NONE	NONE	NONE
( 54 ) LEO J. ZATTA ----- REGENT/TRUSTEE	1.00 ----- NONE	X						NONE	NONE	NONE
( 55 ) MOST REV. KEVIN J. SWEENEY ----- REGENT	1.00 ----- NONE	X						NONE	NONE	NONE
( 56 ) SR. SHARON A. EUART, RSM ----- TRUSTEE	1.00 ----- NONE	X						NONE	NONE	NONE
( 57 ) SR. MAUREEN SHAUGHNESSY, S.C. ----- TRUSTEE	1.00 ----- NONE	X						NONE	NONE	NONE
( 58 ) STEPHEN P. LOUGHREY ----- REGENT	1.00 ----- NONE	X						NONE	NONE	NONE
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		

**Section B. Independent Contractors**

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

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

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



**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>						
	<b>b</b> Membership dues . . . . .	<b>1b</b>						
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	419,000.					
	<b>d</b> Related organizations . . . . .	<b>1d</b>						
	<b>e</b> Government grants (contributions) . .	<b>1e</b>	50,746,000.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	18,963,000.					
	<b>g</b> Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$ 1,245,000.					
	<b>h Total.</b> Add lines 1a-1f . . . . .			70,128,000.				
	<b>Program Service Revenue</b>				<b>Business Code</b>			
<b>2a</b> TUITION & FEES			900099	393,283,000.	393,283,000.			
<b>b</b> ROOM AND BOARD			900099	35,480,000.	35,480,000.			
<b>c</b>								
<b>d</b>								
<b>e</b>								
<b>f</b> All other program service revenue . . . . .								
<b>g Total.</b> Add lines 2a-2f . . . . .				428,763,000.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			2,760,000.		708,000.	2,052,000.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .			-444,000.			-444,000.	
	<b>5</b> Royalties . . . . .			161,000.			161,000.	
	<b>6a</b> Gross rents . . . . .	<b>6a</b>	(i) Real	94,000.				
			(ii) Personal					
	<b>b</b> Less: rental expenses	<b>6b</b>		13,000.				
	<b>c</b> Rental income or (loss)	<b>6c</b>		81,000.		NONE		
	<b>d</b> Net rental income or (loss) . . . . .				81,000.		81,000.	
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	114,877,000.				
			(ii) Other	260,000.				
	<b>b</b> Less: cost or other basis and sales expenses . .	<b>7b</b>		105,123,000.	1,804,000.			
	<b>c</b> Gain or (loss) . . . . .	<b>7c</b>		9,754,000.	-1,544,000.			
	<b>d</b> Net gain or (loss) . . . . .				8,210,000.		8,210,000.	
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>		419,000.	321,000.				
				350,000.				
<b>b</b> Less: direct expenses . . . . .	<b>8b</b>							
<b>c</b> Net income or (loss) from fundraising events . . . . .				-29,000.		-29,000.		
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>			NONE				
				NONE				
<b>b</b> Less: direct expenses . . . . .	<b>9b</b>			NONE				
<b>c</b> Net income or (loss) from gaming activities . . . . .				NONE				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>			NONE				
				NONE				
<b>b</b> Less: cost of goods sold . . . . .	<b>10b</b>			NONE				
<b>c</b> Net income or (loss) from sales of inventory . . . . .				NONE				
<b>Miscellaneous Revenue</b>				<b>Business Code</b>				
	<b>11a</b> NCAA/CONFERENCE DISTRIBUTIONS		900099	5,017,000.	5,017,000.			
	<b>b</b> ATHLETIC REVENUE		900099	5,425,000.	5,425,000.			
	<b>c</b> PARKING		812930	1,383,000.			1,383,000.	
	<b>d</b> All other revenue . . . . .		900099	5,070,000.	4,076,000.	557,000.	437,000.	
	<b>e Total.</b> Add lines 11a-11d . . . . .			16,895,000.				
<b>12 Total revenue.</b> See instructions . . . . .			526,525,000.	443,281,000.	1,265,000.	11,851,000.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Salaries, Pension, and Total functional expenses.

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	9,038,000.	<b>1</b>	30,880,000.
	<b>2</b> Savings and temporary cash investments . . . . .	56,961,000.	<b>2</b>	56,045,000.
	<b>3</b> Pledges and grants receivable, net . . . . .	13,649,000.	<b>3</b>	18,334,000.
	<b>4</b> Accounts receivable, net . . . . .	5,347,000.	<b>4</b>	3,202,000.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	2,894,000.	<b>5</b>	NONE
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	NONE	<b>6</b>	NONE
	<b>7</b> Notes and loans receivable, net . . . . .	5,609,000.	<b>7</b>	3,882,000.
	<b>8</b> Inventories for sale or use . . . . .	NONE	<b>8</b>	NONE
	<b>9</b> Prepaid expenses and deferred charges . . . . .	19,216,000.	<b>9</b>	18,935,000.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 645,935,000.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 314,877,000.		
		310,780,000.	<b>10c</b>	331,058,000.
	<b>11</b> Investments - publicly traded securities. . . . .	126,527,000.	<b>11</b>	94,735,000.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	224,164,000.	<b>12</b>	225,096,000.
	<b>13</b> Investments - program-related. See Part IV, line 11. . . . .	NONE	<b>13</b>	NONE
	<b>14</b> Intangible assets . . . . .	NONE	<b>14</b>	NONE
<b>15</b> Other assets. See Part IV, line 11 . . . . .	116,164,000.	<b>15</b>	86,216,000.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	890,349,000.	<b>16</b>	868,383,000.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	53,813,000.	<b>17</b>	57,512,000.
	<b>18</b> Grants payable . . . . .	NONE	<b>18</b>	NONE
	<b>19</b> Deferred revenue . . . . .	12,347,000.	<b>19</b>	13,839,000.
	<b>20</b> Tax-exempt bond liabilities . . . . .	198,582,000.	<b>20</b>	183,745,000.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	NONE	<b>21</b>	NONE
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	NONE	<b>22</b>	NONE
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	NONE	<b>23</b>	NONE
	<b>24</b> Unsecured notes and loans payable to unrelated third parties. . . . .	NONE	<b>24</b>	NONE
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	120,076,000.	<b>25</b>	133,602,000.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25. . . . .	384,818,000.	<b>26</b>	388,698,000.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	258,697,000.	<b>27</b>	250,996,000.
	<b>28</b> Net assets with donor restrictions. . . . .	246,834,000.	<b>28</b>	228,689,000.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
	<b>32</b> <b>Total net assets or fund balances</b> . . . . .	505,531,000.	<b>32</b>	479,685,000.
<b>33</b> <b>Total liabilities and net assets/fund balances.</b> . . . . .	890,349,000.	<b>33</b>	868,383,000.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	526,525,000.
2	Total expenses (must equal Part IX, column (A), line 25)	2	509,076,000.
3	Revenue less expenses. Subtract line 2 from line 1	3	17,449,000.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	505,531,000.
5	Net unrealized gains (losses) on investments	5	-42,023,000.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-1,272,000.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	479,685,000.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . .  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	



**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

SETON HALL UNIVERSITY

Employer identification number

22-1500645

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	59,790,000.	43,567,000.	45,513,000.	56,312,000.	70,128,000.	275,310,000.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						NONE
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						NONE
<b>4 Total.</b> Add lines 1 through 3. . . . .	59,790,000.	43,567,000.	45,513,000.	56,312,000.	70,128,000.	275,310,000.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						NONE
<b>6 Public support.</b> Subtract line 5 from line 4						275,310,000.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 . . . . .	59,790,000.	43,567,000.	45,513,000.	56,312,000.	70,128,000.	275,310,000.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	4,968,000.	4,029,000.	2,787,000.	2,675,000.	1,780,000.	16,239,000.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	804,000.	499,000.	171,000.	690,000.	1,265,000.	3,429,000.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	2,883,000.	2,255,000.	1,438,000.	1,792,000.	2,141,000.	10,509,000.
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						305,487,000.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	2,013,286,000.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	90.12 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 . . . . .	<b>15</b>	87.96 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.  
 If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5. . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f)). . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support tests - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations (continued)**

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

**1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016 . . . . .			
b	From 2017 . . . . .			
c	From 2018 . . . . .			
d	From 2019 . . . . .			
e	From 2020 . . . . .			
f	<b>Total</b> of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017 . . . .			
b	Excess from 2018 . . . .			
c	Excess from 2019 . . . .			
d	Excess from 2020 . . . .			
e	Excess from 2021 . . . .			

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

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2017	2018	2019	2020	2021	TOTAL
INCOME FUNDRAISING EVENTS	538,000.	321,000.	136,000.	185,000.	321,000.	1,501,000.
PARKING	1,640,000.	1,247,000.	1,004,000.	550,000.	1,383,000.	5,824,000.
SALE OF NJ TAX CREDITS				1,000,000.	350,000.	1,350,000.
OTHER REVENUE	705,000.	687,000.	298,000.	57,000.	87,000.	1,834,000.
<b>TOTALS</b>	<b>2,883,000.</b>	<b>2,255,000.</b>	<b>1,438,000.</b>	<b>1,792,000.</b>	<b>2,141,000.</b>	<b>10,509,000.</b>



Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

Employer identification number

SETON HALL UNIVERSITY

22-1500645

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)( 3 ) (enter number) organization

[ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[ ] 527 political organization

Form 990-PF

[ ] 501(c)(3) exempt private foundation

[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . \$ \_\_\_\_\_

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

SETON HALL UNIVERSITY

Employer identification number

22-1500645

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$ 12,569,406.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 8,652,151.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 1,940,324.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A	\$ 1,650,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

SETON HALL UNIVERSITY

Employer identification number

22-1500645

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization <p style="text-align: center;">SETON HALL UNIVERSITY</p>	Employer identification number <p style="text-align: center;">22-1500645</p>
--	---

**Part III** **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

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

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

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

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions . . . . . ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities. See instructions . . . . .

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .  Yes  No
- 4a Was a correction made? . . . . .  Yes  No
- b If "Yes," describe in Part IV.

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990) 2021

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

**A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check  if the filing organization checked box A and "limited control" provisions apply.

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

**4-Year Averaging Period Under Section 501(h)**

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

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	<b>(d)</b> 2021	<b>(e)</b> Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

Table with 3 main columns: Description, (a) Yes/No, and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

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

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

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

Part IV Supplemental Information

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

SEE PAGE 4

Blank lines for providing supplemental information.

**Part IV** Supplemental Information (continued)

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

SETON HALL UNIVERSITY LOBBIED STATE LEGISLATORS REGARDING ANNUAL INDEPENDENT COLLEGE APPROPRIATIONS AND AID FOR INDEPENDENT COLLEGE STUDENTS. EFFORTS CONSISTED OF DIRECT MAILINGS, PHONE CALLS AND PERSONAL MEETINGS. MEMBERS OF CONGRESS WERE CONTACTED REGARDING STUDENT AID AND GRANTS FOR VARIOUS UNIVERSITY PROGRAMS. THE UNIVERSITY'S STAFF IS INVOLVED IN LOBBYING EFFORTS. THE VALUE OF THAT STAFF TIME IS APPROXIMATELY \$33,291. THOSE COSTS HAVE BEEN REPORTED ON LINE 7 (OTHER SALARIES AND WAGES) AND NOT SEPARATELY IDENTIFIED ON LINE 11 (D) IN PART IX, STATEMENT OF FUNCTIONAL EXPENSES.



SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

2021

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

SETON HALL UNIVERSITY

22-1500645

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1., (ii) Assets included in Form 990, Part X., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1., b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2021

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange program
- e  Other \_\_\_\_\_

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	336,330,000.	270,000,000.	269,162,000.	271,090,000.	259,799,000.
b Contributions	28,465,000.	7,963,000.	3,891,000.	5,490,000.	5,311,000.
c Net investment earnings, gains, and losses	-30,013,000.	74,306,000.	14,028,000.	10,675,000.	25,041,000.
d Grants or scholarships	3,206,000.	3,291,000.	3,167,000.	3,474,000.	3,487,000.
e Other expenditures for facilities and programs	9,469,000.	8,438,000.	8,173,000.	9,780,000.	11,431,000.
f Administrative expenses	4,188,000.	4,210,000.	5,741,000.	4,839,000.	4,143,000.
g End of year balance	317,919,000.	336,330,000.	270,000,000.	269,162,000.	271,090,000.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  39.0800 %
- b Permanent endowment  35.5800 %
- c Term endowment  25.3400 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
- (ii) Related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,840,000.		4,840,000.
b Buildings		540,168,000.	265,939,000.	274,229,000.
c Leasehold improvements				
d Equipment		61,483,000.	48,938,000.	12,545,000.
e Other		39,444,000.		39,444,000.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				331,058,000.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely held equity interests . . . . .		
(3) Other _____		
(A) SEE SUPPLEMENTAL PAGE		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	225,096,000.	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) DEPOSITS W/ TRUSTEE	75,902,000.
(2) RIGHT-OF-USE UNDER OPER LEASES	372,000.
(3) RIGHT-OF-USE UNDER FINA LEASES	9,942,000.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	86,216,000.

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) REFUNDABLE U.S. GOV'T GRANTS	5,912,000.
(3) CONDITIONAL ASSET RETIRE OBLIG	9,603,000.
(4) OTHER LIABILITIES, NET	10,758,000.
(5) OPERATING LEASE LIABILITIES	372,000.
(6) FINANCE LSE LIAB/SECURED BORRO	19,063,000.
(7) TAXABLE BONDS PAYABLE	87,894,000.
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . . ▶	133,602,000.

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



**Part XIII** Supplemental Information (continued)

PART III, LINE 4

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

PART V, LINE 4

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

**Part XIII Supplemental Information** (continued)

ADDITION TO THE SPENDING RATE, AS APPROVED BY THE UNIVERSITY'S BOARD OF REGENTS. THERE WERE NO SPECIAL ALLOCATION MADE IN THE YEAR ENDED JUNE 30, 2022.

## PART X, LINE 2 - OTHER LIABILITIES - INCOME TAXES

THE UNIVERSITY HAS ADOPTED THE PROVISIONS OF THE ASC 740, ACCOUNTING FOR UNCERTAINTIES IN INCOME TAXES. ASC 740-10 CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS SECTION PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN BE RECOGNIZED IN THE FINANCIAL STATEMENTS ONLY IF THE POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED.

THE UNIVERSITY IS EXEMPT FROM FEDERAL AND NEW JERSEY STATE INCOME TAXATION BY VIRTUE OF BEING AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE IRC AND SIMILAR PROVISIONS OF THE NEW JERSEY STATE TAX CODE. NEVERTHELESS, THE UNIVERSITY MAY BE SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE. THE UNIVERSITY BELIEVES THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS WITHIN ITS FINANCIAL STATEMENTS.

**Part XIII** Supplemental Information (continued)

PART XI, LINE 2D - OTHER

CHANGE IN THE VALUE OF THE SPLIT-INTEREST AGREEMENTS OF \$573,000.

PART XI, LINE 4B - OTHER

FINANCIAL AID OF \$181,808,000 LESS SPECIAL EVENTS EXPENSES OF \$350,000  
LESS RENTAL EXPENSE OF \$13,000.

PART XII, LINE 2D - OTHER

SPECIAL EVENTS EXPENSES OF \$350,000, PROVISION FOR UNCOLLECTIBLE  
CONTRIBUTIONS RECEIVABLE OF \$699,000, AND RENTAL EXPENSE OF \$13,000.

PART XII, LINE 4B - OTHER

FINANCIAL AID OF \$181,808,000.

**Part XIII** Supplemental Information (continued)SCHEDULE D, PART VII - INVESTMENTS - OTHER SECURITIES  
=====

DESCRIPTION -----	BOOK VALUE -----	COST OR FMV -----
OUTSIDE TRUST	11,606,000.	FMV
HEDGE FUNDS	52,027,000.	FMV
COMMINGLED FUNDS	783,000.	FMV
PRIVATE EQUITY FUNDS	19,268,000.	FMV
VENTURE CAPITAL	9,229,000.	FMV
LIQUID FIXED INCOME	16,098,000.	FMV
ILLIQUID FIXED INCOME	28,338,000.	FMV
OPPORTUNISTIC	19,803,000.	FMV
LONG EQUITY	20,135,000.	FMV
DIVERSIFYING ASSETS	27,828,000.	FMV
REAL ASSETS	19,981,000.	FMV
	-----	
TOTALS	225,096,000.	
	=====	



**SCHEDULE E  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schools**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
- ▶ Attach to Form 990 or Form 990-EZ.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Name of the organization

SETON HALL UNIVERSITY

Employer identification number

22-1500645

**Part I**

	YES	NO
<b>1</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .	X	
<b>2</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .	X	
<b>3</b> Has the organization publicized its racially nondiscriminatory policy on its primarily publicly accessible Internet homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II . . . . .	X	
<u>SEE SUPPLEMENTAL PAGE</u>		
<b>4</b> Does the organization maintain the following?		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	X	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	X	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	X	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .	X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II.		
<b>5</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges? . . . . .		X
<b>b</b> Admissions policies? . . . . .		X
<b>c</b> Employment of faculty or administrative staff? . . . . .		X
<b>d</b> Scholarships or other financial assistance? . . . . .		X
<b>e</b> Educational policies? . . . . .		X
<b>f</b> Use of facilities? . . . . .		X
<b>g</b> Athletic programs? . . . . .		X
<b>h</b> Other extracurricular activities? . . . . .		X
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		
<b>6a</b> Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	X	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? . . . . .		X
If you answered "Yes" on either line 6a or line 6b, explain on Part II.		
<b>7</b> Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II . . . . .	X	

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

PART I, LINE:3

THE UNIVERSITY'S RACIALLY NONDISCRIMINATORY POLICY APPEARS IN ITS UNDERGRADUATE AND GRADUATE CATALOGS, AS WELL AS IN THE ADMISSION PROSPECTUS. IT IS ALSO IN ALL NEWSPAPER ADVERTISEMENTS AND THE UNIVERSITY'S WEBSITE.

LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID

THE UNIVERSITY PARTICIPATES IN VARIOUS FEDERAL AND STATE FINANCIAL AID PROGRAMS, WHICH INCLUDE, BUT ARE NOT LIMITED TO THE FOLLOWING PROGRAMS: FEDERAL DIRECT LENDING PROGRAM, FEDERAL PELL GRANT, FEDERAL COLLEGE WORK STUDY, FEDERAL SUPPLEMENTAL EDUCATION OPPORTUNITY GRANT, N.J STATE TUITION ASSISTANCE GRANT AND N.J. STATE EDUCATION OPPORTUNITY FUND. DURING THE FISCAL YEAR ENDED JUNE 30, 2022, THE FEDERAL GOVERNMENT PROVIDED HIGHER EDUCATION INSTITUTIONS WITH HIGHER EDUCATION EMERGENCY RELIEF FUNDING ("HEERF"), WHICH WAS ALLOCATED UNDER VARIOUS ACTS OF CONGRESS. HEERF FUNDING PROVIDED EMERGENCY AID TO STUDENTS OF THE UNIVERSITY.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

SETON HALL UNIVERSITY

Employer identification number

22-1500645

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		125,962,980.
(2) EUROPE			INVESTMENTS		33,296,235.
(3) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	RECRUITMENT & MBA PROG	48,750.
(4) SOUTH ASIA			PROGRAM SERVICES	PEACE BUILDING	237,750.
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Subtotal . . . . .					159,545,715.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)					159,545,715.

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

Schedule F (Form 990) 2021

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities . . . . . ▶ \_\_\_\_\_

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . .  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* . . . . .  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* . . . . .  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . .  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* . . . . .  Yes  No

**Part V Supplemental Information**

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

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

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

PART I, LINE 3 (3)

SUPPORT FOR STUDENT RECRUITMENT AND ACADEMIC EXCHANGE PROGRAM DEVELOPMENTS. DURING FY2022, THE STILLMAN SCHOOL CONTINUED TO OFFER AN EXECUTIVE-STYLE MBA PROGRAM IN COLLABORATION WITH VIAGOLD INTERNATIONAL EDUCATION MANAGEMENT GROUP, WITH COHORTS IN SHANGHAI AND ZHUHAI, CHINA. STUDENTS ARE TAUGHT IN MANDARIN BY A COMBINATION OF STILLMAN FACULTY AND FACULTY EMPLOYED BY CHINESE UNIVERSITIES.

**Part V Supplemental Information**

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

PART I, LINE 3 (4)

HUMANITARIAN PEACEBUILDING, STABILIZATION, RECOVERY, AND DEVELOPMENT  
ACTORS PROVIDE CONFLICT SENSITIVE PROGRAMS IN YEMEN: THIS PROJECT WILL  
LOOK TO BUILD A SHARED UNDERSTANDING AMONG SERVICE PROVIDERS ABOUT THE  
CONFLICT CONTEXTS AND HOW TO OPERATE MOST EFFECTIVELY IN THEM, AND  
AGREEMENT WHERE POSSIBLE ON COLLECTIVE ACTIONS/APPROACHES. IT WILL DO  
THIS THROUGH NETWORKING, COORDINATION, STRENGTHENING OF WORKING  
RELATIONSHIPS, AND REGULAR SESSIONS TO REVIEW AVAILABLE ANALYSIS AND PLAN  
FOR SHARED ACTIONS.



**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public  
Inspection**

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

Employer identification number

SETON HALL UNIVERSITY

22-1500645

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		LS DINNER DANCE (event type)	SEMINARY GOLF (event type)	6 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	181,000.	122,000.	437,000.	740,000.
	2	Less: Contributions	136,000.	50,000.	233,000.	419,000.
	3	Gross income (line 1 minus line 2)	45,000.	72,000.	204,000.	321,000.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	1,000.	6,000.	12,000.	19,000.
	7	Food and beverages	35,000.	30,000.	137,000.	202,000.
	8	Entertainment		24,000.	26,000.	50,000.
	9	Other direct expenses	13,000.	1,000.	65,000.	79,000.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					-29,000.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		1	Gross revenue			
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)					
8	Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:
 

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17 Mandatory distributions:
  - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
  - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

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**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

SETON HALL UNIVERSITY

Employer identification number

22-1500645

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> TOWNSHIP OF SOUTH ORANGE VILLAGE 76 S. ORANGE AVE. SOUTH ORANGE, NJ 07079	22-6002309	115	562,000.				GENERAL PURPOSE
<b>(2)</b> SOUTH ORANGE PERFORMING ARTS CENTER, INC. 1 SOPAC WAY SOUTH ORANGE, NJ 07079	32-0074004	501(C)(3)	9,000.				GENERAL PURPOSE
<b>(3)</b> SAINT PAUL'S OUTREACH 110 CRUSADER AVE WEST ST. PAUL, MN 55118	41-1621192	501(C)(3)	10,000.				GENERAL PURPOSE
<b>(4)</b> TOWNSHIP OF NUTLEY, NJ 1 KENNEDY DRIVE NUTLEY, NJ 07110	22-6002167	115	146,000.				GENERAL PURPOSE
<b>(5)</b> TOWNSHIP OF CLIFTON, NJ 900 CLIFTON AVE. CLIFTON, NJ 07013	22-2940857	115	332,000.				GENERAL PURPOSE
<b>(6)</b> SOMA CROSS CULTURAL WORKS, INC 572 PROSPECT STREET MAPLEWOOD, NJ 07040	82-2722982	501(C)(3)	8,000.				GENERAL PURPOSE
<b>(7)</b> THE SCHOLARSHIP FUND FOR INNER CITY CHILDRE 171 CLIFTON AVENUE NEWARK, NJ 07104-0500	51-0546401	501(3)(C)	10,000.				GENERAL PURPOSE
<b>(8)</b> CITY OF SUMMIT NJ 512 SPRINGFIELD AVENUE SUMMIT, NJ 07901	22-6002329	115	61,000.				GENERAL PURPOSE
<b>(9)</b>							
<b>(10)</b>							
<b>(11)</b>							
<b>(12)</b>							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 8

3 Enter total number of other organizations listed in the line 1 table ▶ NONE

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

Schedule I (Form 990) 2021

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 FEDERAL AWARDS	2,095	11,723,000.			
2 STATE OF NEW JERSEY AWARDS	1,810	14,561,000.			
3 INSTITUTIONAL SUPPORT	14,787	159,292,000.			
4 COVID-19 RELIEF GRANTS	1,529	7,835,000.			
5					
6					
7					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PART I, LINE 2

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHOLARSHIPS ARE PROVIDED TO STUDENTS WHO ARE REQUIRED TO MATRICULATE IN  
 THE UNIVERSITY, THEREBY ENSURING THAT THE FUNDS ARE EXPENDED FOR THE  
 INTENDED PURPOSES.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

SETON HALL UNIVERSITY

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Employer identification number

22-1500645

**Part I Questions Regarding Compensation**

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

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> First-class or charter travel             | <input checked="" type="checkbox"/> Housing allowance or residence for personal use   |
| <input checked="" type="checkbox"/> Travel for companions                     | <input checked="" type="checkbox"/> Payments for business use of personal residence   |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account                       | <input checked="" type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
  - b** Participate in or receive payment from a supplemental nonqualified retirement plan?
  - c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
  - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
  - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1a</b>		
<b>1b</b>		X
<b>2</b>	X	
<b>3</b>		
<b>4a</b>	X	
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JOSEPH E. NYRE, PH.D. PRESIDENT/CEO/REGENT/TRUSTEE	(i)	691,660.	650,000.	404,747.	22,800.	66,075.	1,835,282.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
2 KIMBERLY A. CAPADONA, ES GENERAL COUNSEL	(i)	294,105.	30,900.	23,019.	31,336.	37,258.	416,618.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
3 KATIA PASSERINI, PH.D. EXECUTIVE VP AND PROVOST	(i)	389,663.	40,000.	27,766.	62,800.	1,297.	521,526.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
4 PATRICK G. LYONS, MBA EXECUTIVE VP & CHIEF OF STAFF	(i)	397,800.	225,074.	152,295.	122,800.	17,022.	914,991.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
5 KAREN E. BOROFF, PH.D. FORMER INTERIM PROVOST	(i)	227,335.	NONE	10,973.	21,582.	26,220.	286,110.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
6 ALYSSA MCCLOUD, PH.D. SR. VP ENROLLMENT MANAGEMENT	(i)	328,938.	55,000.	23,799.	62,800.	14,398.	484,935.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
7 STEPHEN A. GRAHAM, MBA VP FINANCE & CFO (THRU 9/21)	(i)	221,423.	32,000.	100,656.	13,818.	34,087.	401,984.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
8 KATHLEEN BOOZANG, JD, LL DEAN, SCHOOL OF LAW	(i)	392,865.	NONE	25,474.	22,800.	14,061.	455,200.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
9 JOYCE A. STRAWSER, PH.D DEAN, STILLMAN SCHOOL BUSINESS	(i)	274,703.	NONE	15,426.	22,800.	37,195.	350,124.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
10 PETER W. SHOEMAKER, PH.D DEAN COLLEGE OF A&S(THRU 8/21)	(i)	196,132.	NONE	34,282.	16,783.	45,301.	292,498.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
11 BRIAN B. SHULMAN, PH.D DEAN, SCHOOL HEALTH & MEDICAL	(i)	281,678.	NONE	16,161.	22,800.	14,061.	334,700.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
12 KEVIN WILLARD HEAD COACH MEN'S BASKETBALL	(i)	2,324,035.	140,000.	137,048.	22,800.	49,875.	2,673,758.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
13 ANTHONY J. BOZZELLA HEAD COACH WOMEN'S BASKETBALL	(i)	287,914.	82,500.	39,532.	22,800.	40,231.	472,977.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
14 STEPHEN J. LUBBEN, JD, PH LAW SCHOOL PROFESSOR	(i)	301,564.	NONE	2,972.	22,800.	39,187.	366,523.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
15 TRACY H. GOTTLIEB, PH.D FORMER VP STUDENT SERVICES	(i)	104,709.	NONE	4,263.	10,229.	25,904.	145,105.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
16 ROBIN L. CUNNINGHAM, ED. FORMER INT. VP STUD. SERV.	(i)	98,541.	NONE	5,353.	4,850.	7,810.	116,554.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE



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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JON PAPARSENOS VP UNIV.ADVANCEMENT	(i)	332,403.	22,700.	7,446.	34,425.	37,653.	434,627.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
2 MATTHEW BOROWICK, MBA VP UNIVERSITY RELATIONS	(i)	238,665.	25,000.	20,222.	22,800.	36,771.	343,458.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
3 MICHELE NELSON, PH.D. VP BOARD AFFAIRS & STRATEGY	(i)	122,157.	13,500.	7,285.	12,600.	43,542.	199,084.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
4 BRYAN FELT, M.A. ATHLETICS DIRECTOR	(i)	243,416.	55,000.	27,205.	22,800.	5,320.	353,741.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
5 ROBERT MCLAUGHLIN INTERIM VP FIN.&CFO(THRU 3/22)	(i)	227,535.	NONE	15,289.	22,375.	1,150.	266,349.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
6 MONICA BURNETTE, PH.D. VP STUDENT SERVICES	(i)	148,941.	NONE	6,798.	17,076.	41,703.	214,518.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
7 JOHN BUSCHMAN, D.L.S. DEAN OF UNIVERSITY LIBRARIES	(i)	248,992.	NONE	11,338.	19,758.	29,318.	309,406.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
8 SHAWNA COOPER-GIBSON, VP STUDENT SERVICES,(THRU 8/21)	(i)	160,416.	24,500.	16,678.	7,970.	17,457.	227,021.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A

JOSEPH E. NYRE, PH.D. BECAME PRESIDENT/CEO/TRUSTEE/REGENT ON AUGUST 1, 2019. UNDER THE TERMS OF HIS BOARD APPROVED EMPLOYMENT AGREEMENT WITH THE UNIVERSITY, THE UNIVERSITY PROVIDES HIM WITH CERTAIN PERMISSIBLE EXPENSE REIMBURSEMENTS, INCLUDING FOR THE BUSINESS USE OF HIS RESIDENCE, WHICH ARE IMPUTED AS TAXABLE INCOME AS APPROPRIATE. WHERE APPLICABLE, GROSS-UP PAYMENTS ARE MADE TO HIM TO COVER THE TAX WITHHOLDING IMPACT ASSOCIATED WITH IMPUTED INCOME.

AS A CONDITION OF EMPLOYMENT, THE PRESIDENT IS REQUIRED TO LIVE IN A BOARD OF REGENTS ("BOARD") APPROVED RESIDENCE WHICH IS IN CLOSE PROXIMITY TO THE UNIVERSITY'S SOUTH ORANGE, NEW JERSEY CAMPUS, AND IS SUITABLE FOR ENTERTAINING GROUPS LARGE AND SMALL AND CONDUCTING UNIVERSITY BUSINESS. RATHER THAN THE UNIVERSITY INITIALLY PURCHASING A RESIDENCE SUITABLE FOR CONDUCTING UNIVERSITY BUSINESS, THE EMPLOYMENT AGREEMENT REQUIRED THE PRESIDENT TO PURCHASE A BOARD-APPROVED RESIDENCE WITH A LOAN FROM THE UNIVERSITY.

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

THE RESULTING EXPENSE RAMIFICATIONS TO THE UNIVERSITY, WHICH INCLUDES THE IMPACT OF IMPUTED INCOME AND GROSS-UP PAYMENTS TO THE PRESIDENT, ARE REPORTED IN THIS FORM 990 AND WILL ALSO BE REFLECTED IN THE SUBSEQUENT FISCAL YEAR'S FILING. UPON ASSESSING THE TOTAL EXPENSE TO THE UNIVERSITY ASSOCIATED WITH THESE AMOUNTS, THE PRESIDENT REQUESTED THE BOARD MODIFY THE EMPLOYMENT AGREEMENT TO REDUCE HIS TOTAL ANNUAL COMPENSATION. A NEW AGREEMENT WAS ENTERED INTO IN JUNE OF 2021, THE PRESIDENT CONVEYED THE RESIDENCE TO THE UNIVERSITY FOR \$1.00 ON AUGUST 6, 2021, AND HIS TOTAL COMPENSATION WAS REDUCED, ALL OF WHICH WILL BE REFLECTED IN THE FISCAL YEAR 2023 FORM 990 FILING AND THEREAFTER. FOR FURTHER INFORMATION RELATED TO THE RESIDENCE, SEE THE SCHEDULE L, PART II NARRATIVE INCLUDED IN PART V SUPPLEMENTAL INFORMATION.

UPON "DECLARING COVID-19 REPRESENTS AN UNFORESEEN, SEVERE, DRASTIC AND EMERGENCY SITUATION" ALL UNIVERSITY ADMINISTRATORS AND STAFF MEMBERS EARNING MORE THAN \$50,000 PER YEAR INCURRED TIERED REDUCTIONS IN BASE PAY, INCLUDING THE PRESIDENT. ADDITIONALLY, AT THE REQUEST OF THE BOARD,

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

THE PRESIDENT RELINQUISHED AN ADDITIONAL \$325,000 OF COMPENSATION TO ASSIST WITH PANDEMIC RELATED EXPENSES OF THE UNIVERSITY. IN THE SUBSEQUENT YEAR, AND CAPTURED IN THIS REPORTING PERIOD AND 990, THE BOARD ELECTED TO AWARD THE PRESIDENT A ONE-TIME INCENTIVE BONUS IN AN AMOUNT EQUAL TO THE FUNDS HE HAD RELINQUISHED IN SUPPORT OF THE UNIVERSITY.

HOUSING AND RELATED SERVICES ARE PROVIDED AT NO CHARGE TO MEMBERS OF ITS PRIEST COMMUNITY, WHICH INCLUDES AN OFFICER AND CERTAIN REGENTS AND TRUSTEES AS REFLECTED IN PART VII OF THE FORM 990. WHERE APPROPRIATE, THE VALUE OF THESE HOUSING AND RELATED BENEFITS IS REFLECTED IN PART VII, SECTION A, COLUMN F AS OTHER COMPENSATION AND IN SCHEDULE J, PART II AS NONTAXABLE BENEFITS FOR THE PRIEST WHO MET THE COMPENSATION REQUIREMENT FOR INCLUSION IN SCHEDULE J.

MEMBERSHIP FEES FOR THE UNIVERSITY'S MEN'S BASKETBALL COACH, KEVIN WILLARD, ITS WOMEN'S BASKETBALL COACH, ANTHONY BOZZELLA, ITS ATHLETICS DIRECTOR, BRYAN FELT, AND ITS EVP/CHIEF OF STAFF, PATRICK G. LYONS, WERE PAID BY THE UNIVERSITY TO ASSIST SUCH INDIVIDUALS IN THEIR DUTIES

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

INVOLVING DONOR CULTIVATION AND FUNDRAISING FOR THE UNIVERSITY. THE FEES ASSOCIATED WITH THEIR BUSINESS-RELATED ATTENDANCE ARE INCLUDED IN NONTAXABLE BENEFITS IN SCHEDULE J, PART II. TO THE EXTENT OF ANY PERSONAL USAGE OF SAME, A PORTION OF THESE FEES ARE INCLUDED IN THE RECIPIENT'S TAXABLE INCOME.

CERTAIN MEMBERS OF THE UNIVERSITY, INCLUDING ITS PRESIDENT, MEN'S AND WOMEN'S BASKETBALL COACHES, AND OTHER MEMBERS OF THE EXECUTIVE CABINET, ARE PERMITTED TO HAVE THEIR SPOUSES ACCOMPANY THEM TO A LIMITED NUMBER OF UNIVERSITY BUSINESS EVENTS, INCLUDING FUNDRAISING AND ALUMNI EVENTS. WHERE APPROPRIATE, THE VALUE OF PERSONAL TRAVEL BENEFITS IS INCLUDED IN THE RECIPIENT'S TAXABLE INCOME.

CERTAIN MEMBERS OF THE UNIVERSITY AND ITS BOARD OF TRUSTEES INCLUDING ITS PRESIDENT, EVP/CHIEF OF STAFF, VP ADVANCEMENT, ATHLETICS DIRECTOR, AND MEN'S AND WOMEN'S BASKETBALL COACHES, TOGETHER WITH THEIR SPOUSES OR FAMILIES, WILL OCCASIONALLY JOIN THE MEN'S OR WOMEN'S BASKETBALL TEAMS ON CHARTERED FLIGHTS TO BASKETBALL TOURNAMENTS OR GAMES.

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

THE COMPENSATION INFORMATION REFLECTED IN THE FORM 990 IS BASED ON  
CALENDAR YEAR 2021 AND WAS PAYABLE (OR DISCLOSABLE, AS THE CASE MAY BE)  
CONSISTENT WITH THE TERMS OF EACH EXECUTIVE'S UNDERLYING EMPLOYMENT  
AGREEMENT AS APPLICABLE.

PART I, LINE 4A

STEPHEN A. GRAHAM, VP FINANCE AND CFO, SEPARATED FROM THE UNIVERSITY AND  
RECEIVED A SEPARATION PAYMENT.

PART I, LINE 4B

CERTAIN KEY EXECUTIVES OF THE UNIVERSITY PARTICIPATE IN ITS 457(F)  
NON-QUALIFIED DEFERRED COMPENSATION PLAN, WHICH IS INTENDED TO PERMIT THE  
UNIVERSITY TO ATTRACT AND RETAIN TALENTED INDIVIDUALS WHILE REQUIRING  
SAME TO GENERALLY SATISFY CERTAIN PERFORMANCE AND EMPLOYMENT CONTINUATION  
REQUIREMENTS AS A PRECONDITION OF HIS OR HER RECEIPT OF ANY AMOUNTS

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

THEREUNDER. DURING 2021, THE FOLLOWING EXECUTIVES PARTICIPATED IN THE DEFERRED COMPENSATION PLAN: PATRICK G. LYONS, MBA, EVP/CHIEF OF STAFF, \$100,000; KATIA PASSERINI, PH.D., PROVOST AND EVP, \$40,000; ALYSSA MCCLOUD, PH.D., \$40,000; KIMBERLY A. CAPADONA, ESQ., GENERAL COUNSEL, \$31,336; JON PAPARSENOS, VP, \$34,425; AND MONICA BURNETTE, PH.D. VP, \$2,042. DEFERRED AMOUNTS WHICH MAY BE PAYABLE IN THE FUTURE ARE REFLECTED IN COLUMN C OF SCHEDULE J, PART II FOR THOSE EXECUTIVES WHO MEET THE COMPENSATION REQUIREMENT FOR INCLUSION IN SCHEDULE J.

**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**

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

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

SETON HALL UNIVERSITY

Employer identification number

22-1500645

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> NJEFA - SETON HALL - ISSUE 2020C	221829511	6460667B0	06/18/2020	34,025,223.	SEE PART VI		X		X		X
<b>B</b> NJEFA - SETON HALL - ISSUE 2011 A	221829511	646065U83	06/10/2011	37,578,532.	SEE PART VI		X		X		X
<b>C</b> NJEFA - SETON HALL - CIF 2014 B	221829511	646066DG2	04/29/2014	19,369,367.	SEE PART VI		X		X	X	
<b>D</b> NJEFA - SETON HALL - ISSUE 2017 D	221829511	646066V64	06/29/2017	41,827,193.	SEE PART VI		X		X		X

**Part II Proceeds**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
<b>1</b> Amount of bonds retired . . . . .			32,270,000.		273,074.			
<b>2</b> Amount of bonds legally defeased . . . . .								
<b>3</b> Total proceeds of issue . . . . .	34,025,223.		37,578,532.		19,369,367.		41,827,193.	
<b>4</b> Gross proceeds in reserve funds . . . . .								
<b>5</b> Capitalized interest from proceeds . . . . .	2,389,475.							
<b>6</b> Proceeds in refunding escrows . . . . .								
<b>7</b> Issuance costs from proceeds . . . . .	266,697.		421,094.		113,339.		348,259.	
<b>8</b> Credit enhancement from proceeds . . . . .	1,369,051.							
<b>9</b> Working capital expenditures from proceeds . . . . .								
<b>10</b> Capital expenditures from proceeds . . . . .	25,713,856.				1,014,830.			
<b>11</b> Other spent proceeds . . . . .			37,157,438.				41,478,934.	
<b>12</b> Other unspent proceeds . . . . .	5,905,543.							
<b>13</b> Year of substantial completion . . . . .	2023		2011		2015		2017	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b> Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .		X	X			X	X	
<b>15</b> Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .		X		X		X		X
<b>16</b> Has the final allocation of proceeds been made? . . . . .		X	X		X		X	
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X		X	

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

Schedule K (Form 990) 2021



**Part III Private Business Use**

I

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X				X		X
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		X				X		X
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X				X		X
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? . . . . .								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X				X		X
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? . . . . .								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶								
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶								
<b>6</b> Total of lines 4 and 5 . . . . .								
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X				X		X
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X				X		X
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X				X		X	

**Part IV Arbitrage**

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



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

## PART IV, LINE 2C

REBATE COMPUTATIONS WERE PERFORMED IN JUNE AND JULY 2022 TIME FRAME FOR ALL SETON HALL UNIVERSITY BOND ISSUES LISTED IN PART I, WITH THE EXCEPTION OF BOND 2014 SERIES B, AND BOND 2016 SERIES B. THE 2014 B AND 2016 B BONDS ARE PART OF POOLED FINANCINGS AND THE REBATE CALCULATIONS ARE PERFORMED BY THE ISSUER. THERE IS NO REBATE LIABILITY RELATED TO ANY OF THE UNIVERSITY'S ISSUES AS OF JUNE 30, 2022.

## PART I, COLUMN(F) DESCRIPTION OF PURPOSE

1. SETON HALL UNIVERSITY ISSUE, 2020 SERIES C (CUSIP 6460667B0), WAS ISSUED BY THE NJEFA TO FUND CAPITAL IMPROVEMENTS ON THE UNIVERSITY'S CAMPUS.
2. SETON HALL UNIVERSITY ISSUE, 2011 SERIES A, (CUSIP NUMBER 646065U83) WAS ISSUED BY THE NJEFA TO CURRENTLY REFUND SETON HALL UNIVERSITY'S 1999 REFUNDING, 2001 SERIES A, 2001 SERIES B, AND 2001 SERIES G BOND ISSUES.
3. THE NJEFA ISSUED CIF BONDS, 2014 SERIES B, AND 2014 SERIES D, WERE ISSUED PURSUANT TO A PROGRAM OF THE STATE OF NEW JERSEY TO FINANCE CAPITAL IMPROVEMENTS AT INSTITUTIONS OF HIGHER EDUCATION. THE UNIVERSITY'S PORTION OF THE 2014 B WAS \$2,192,165 OF WHICH \$1,165,170 WAS GRANT AND \$1,014,830 WAS DEBT REPAYABLE OVER 20 YEARS. THE UNIVERSITY'S SHARE OF 2014 D WAS \$2,724,951 WITH \$1,226,845 BEING DEBT AND THE REMAINDER BEING A GRANT. THE UNIVERSITY PAID OFF ITS 2014 SERIES D DEBT DURING IT'S FISCAL YEAR ENDED JUNE 30, 2021.
4. SETON HALL UNIVERSITY ISSUE, 2017 SERIES D (CUSIP 646066V64), WAS ISSUED BY THE NJEFA TO REFUND THE UNIVERSITY'S 2008 SERIES D BONDS AND TO PAY \$4,872,000 FOR THE TERMINATION OF SWAP AGREEMENTS.
5. SETON HALL UNIVERSITY ISSUE, 2013 SERIES D, (CUSIP 6460656D9) WAS ISSUED BY THE NJEFA TO CURRENTLY REFUND SETON HALL UNIVERSITY'S 2009 C BONDS SOLD DIRECTLY TO CAPITAL ONE, N.A., FINANCE A PORTION OF THE COST OF TERMINATING THE UNIVERSITY'S INTEREST RATE SWAP AGREEMENT WITH

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

CITIBANK, N.A. THAT HEDGED INTEREST RATE EXPOSURE RELATED TO THE 2009 C BONDS, AND TO FINANCE CAPITAL IMPROVEMENTS.

6. SETON HALL UNIVERSITY ISSUE, 2015 C (CUSIP 646066MC1) WAS ISSUED BY THE NJEFA TO ADVANCE REFUND SETON HALL UNIVERSITY'S 2008 SERIES E BONDS.

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

8. THE NJEFA ISSUED CIF BONDS, 2016 SERIES A, REFUNDED CIF BONDS PREVIOUSLY ISSUED. PURSUANT TO A PROGRAM OF THE STATE OF NEW JERSEY TO FINANCE CAPITAL IMPROVEMENTS AT INSTITUTIONS OF HIGHER EDUCATION. THE PRIVATELY PLACED BONDS WERE ALLOCATED TO FOURTEEN PRIVATE INSTITUTIONS IN NEW JERSEY. THE UNIVERSITY'S SHARE OF THE PROCEEDS WAS \$2,326,537.

9. THE NJEFA ISSUED CIF BONDS, 2016 SERIES B, WERE ISSUED PURSUANT TO A PROGRAM OF THE STATE OF NEW JERSEY TO FINANCE CAPITAL IMPROVEMENTS AT INSTITUTIONS OF HIGHER EDUCATION. THE BONDS WERE ALLOCATED TO TWELVE PRIVATE INSTITUTIONS IN NEW JERSEY. THE UNIVERSITY'S SHARE AFTER ISSUANCE COSTS, WAS \$1,500,000 OF WHICH \$766,748 WAS A GRANT AND \$733,252 WAS DEBT REPAYABLE OVER TWENTY YEARS.

**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

SETON HALL UNIVERSITY

Employer identification number

22-1500645

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> NJEFA - SETON HALL - ISSUE 2013 D	221829511	6460656D9	07/10/2013	43,935,728.	SEE PART VI		X		X		X
<b>B</b> NJEFA - SETON HALL - ISSUE 2015 C	221829511	646066MC1	07/14/2015	24,225,807.	SEE PART VI		X		X		X
<b>C</b> NJEFA - SETON HALL - ISSUE 2016 C	221829511	646066B66	09/15/2016	38,059,002.	SEE PART VI		X		X		X
<b>D</b> NJEFA - SETON HALL - CIF 2016 A	221829511	000000000	07/26/2016	20,805,115.	SEE PART VI		X		X	X	X

**Part II Proceeds**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
<b>1</b> Amount of bonds retired . . . . .	23,580,000.		4,960,000.				327,017.	
<b>2</b> Amount of bonds legally defeased . . . . .								
<b>3</b> Total proceeds of issue . . . . .	43,935,728.		24,255,807.		38,059,002.		20,805,115.	
<b>4</b> Gross proceeds in reserve funds . . . . .								
<b>5</b> Capitalized interest from proceeds . . . . .	2,405,009.				1,655,530.			
<b>6</b> Proceeds in refunding escrows . . . . .								
<b>7</b> Issuance costs from proceeds . . . . .	522,076.		306,564.		403,472.		48,426.	
<b>8</b> Credit enhancement from proceeds . . . . .								
<b>9</b> Working capital expenditures from proceeds . . . . .								
<b>10</b> Capital expenditures from proceeds . . . . .	33,208,335.				36,000,000.			
<b>11</b> Other spent proceeds . . . . .	7,800,307.		23,949,243.				1,046,461.	
<b>12</b> Other unspent proceeds . . . . .								
<b>13</b> Year of substantial completion . . . . .	2014		2015		2018		2016	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b> Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .	X			X		X	X	
<b>15</b> Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .		X	X			X		X
<b>16</b> Has the final allocation of proceeds been made? . . . . .	X		X		X		X	
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X		X	

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

Schedule K (Form 990) 2021

**Part III Private Business Use**

II

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X				X		X
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		X				X		X
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X				X		X
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? . . . . .								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X				X		X
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? . . . . .								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶								
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶								
<b>6</b> Total of lines 4 and 5 . . . . .								
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X				X		X
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X				X		X
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X				X		X	

**Part IV Arbitrage**

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



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

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**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

SETON HALL UNIVERSITY

Employer identification number

22-1500645

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> NJEFA - SETON HALL - CIF 2016 B	221829511	646066F54	12/20/2016	30,676,062.	SEE PART VI		X		X	X	
<b>B</b>											
<b>C</b>											
<b>D</b>											

**Part II Proceeds**

	A		B		C		D	
<b>1</b> Amount of bonds retired . . . . .	117,197.							
<b>2</b> Amount of bonds legally defeased . . . . .								
<b>3</b> Total proceeds of issue . . . . .	30,676,062.							
<b>4</b> Gross proceeds in reserve funds . . . . .								
<b>5</b> Capitalized interest from proceeds . . . . .								
<b>6</b> Proceeds in refunding escrows . . . . .								
<b>7</b> Issuance costs from proceeds . . . . .	246,539.							
<b>8</b> Credit enhancement from proceeds . . . . .								
<b>9</b> Working capital expenditures from proceeds . . . . .								
<b>10</b> Capital expenditures from proceeds . . . . .	733,252.							
<b>11</b> Other spent proceeds . . . . .								
<b>12</b> Other unspent proceeds . . . . .								
<b>13</b> Year of substantial completion . . . . .	2019							
	Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b> Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .		X						
<b>15</b> Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .		X						
<b>16</b> Has the final allocation of proceeds been made? . . . . .	X							
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X							

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

Schedule K (Form 990) 2021

**Part III Private Business Use**

III

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X						
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		X						
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X						
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? . . . . .								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X						
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? . . . . .								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶								
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶								
<b>6</b> Total of lines 4 and 5 . . . . .								
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X						
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X							

**Part IV Arbitrage**

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



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

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**SCHEDULE L  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open To Public  
Inspection**

Name of the organization

SETON HALL UNIVERSITY

Employer identification number

22-1500645

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			SEE SUPPLEMENTAL PAGE									
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
<b>Total</b> . . . . . ▶ \$						NONE						

**Part III Grants or Assistance Benefiting Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1) TOTAL OF 6		131,010.	SCHOLAR/TUITION REMISSION	EDUCATION
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2021

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) TRACY H. GOTTLIEB	SISTER OF OFFICER	149,282.	COMPENSATION & BENEFITS		X
(2) TRACY H. GOTTLIEB	SISTER OF OFFICER	58,112.	COMPENSATION & BENEFITS		X
(3) TRACY H. GOTTLIEB	DAUGHTER OF OFFICER	73,094.	COMPENSATION & BENEFITS		X
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

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

PART II - LOANS TO AND/OR FROM INTERESTED PERSONS

AS DISCLOSED IN THE FORM 990 FILING FOR THE UNIVERSITY'S FISCAL YEAR ENDED JUNE 30, 2021, AND IN SCHEDULE J, PART III OF THIS FORM 990, THE PRESIDENT, AS A CONDITION OF EMPLOYMENT, IS REQUIRED TO LIVE IN A BOARD OF REGENTS (BOARD) APPROVED RESIDENCE SUITABLE FOR ENTERTAINING GROUPS LARGE AND SMALL AND CONDUCTING UNIVERSITY BUSINESS. RATHER THAN THE UNIVERSITY INITIALLY PURCHASING A RESIDENCE SUITABLE FOR CONDUCTING UNIVERSITY BUSINESS, THE EMPLOYMENT AGREEMENT REQUIRED THE PRESIDENT TO PURCHASE A BOARD APPROVED RESIDENCE WITH A LOAN FROM THE UNIVERSITY. THE 2019 LOAN, WHICH WAS SECURED BY THE RESIDENCE, WAS FOR 30 YEARS IN THE AMOUNT OF \$2,894,000. IT FULLY FINANCED THE PURCHASE OF THE RESIDENCE. LOAN PRINCIPAL WAS TO BE PAID UPON MATURITY OR TERMINATION OF EMPLOYMENT. ANNUAL PAYMENTS WERE TO BE FOR INTEREST ONLY, UNLESS INTEREST WAS FORGIVEN BY THE BOARD, WHICH WAS THE CASE BASED ON ITS DETERMINATION THAT THE RESIDENCE WAS USED FOR SUBSTANTIAL OFFICIAL UNIVERSITY FUNCTIONS AND BUSINESS ON A CONTINUOUS BASIS. INTEREST FORGIVENESS WAS IMPUTED INTO HIS TAXABLE INCOME IN 2020 WITH GROSS-UP PAYMENTS MADE TO HIM TO COVER THE TAX WITHHOLDING IMPACT OF THE IMPUTED INCOME.

ON AUGUST 6, 2021, DR. NYRE CONVEYED THE RESIDENCE TO THE UNIVERSITY FOR \$1.00 FOR THE REASONS NOTED IN SCHEDULE J, PART III. IN CONNECTION WITH THE CONVEYANCE, THE LOAN OF \$2,894,000 WAS DISCHARGED IN ITS ENTIRETY. REMAINING INTEREST ON THE LOAN WAS FORGIVEN BY THE BOARD IN 2022 AND WAS IMPUTED INTO HIS TAXABLE INCOME IN 2022 WITH GROSS-UP PAYMENTS MADE TO HIM TO COVER THE TAX WITHHOLDING IMPACT OF THE IMPUTED INCOME.

PART III - GRANTS OR ASSISTANCE BENEFITING INTERESTED PERSONS

SETON HALL UNIVERSITY IS NOT REQUIRED TO IDENTIFY INTERESTED PERSONS TO WHOM ASSISTANCE WAS PROVIDED UNDER THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA).

**Part IV Business Transactions Involving Interested Persons.**

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

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

**Part V Supplemental Information**

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

PART IV - BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS

THE TWO SISTERS AND DAUGHTER OF DR. TRACY H. GOTTLIEB, FORMER V.P. FOR STUDENT SERVICES, SERVED AS EMPLOYEES OF THE UNIVERSITY. IN FISCAL YEAR 2022, THEY RECEIVED TOTAL COMPENSATION AND BENEFITS OF \$149,282, \$58,112, AND \$73,094, RESPECTIVELY.

ALL TRANSACTIONS WITH INTERESTED PERSONS WERE CONDUCTED AT ARM'S LENGTH, FOR GOOD SUFFICIENT CONSIDERATION, BASED ON TERMS THAT ARE FAIR AND REASONABLE TO AND FOR THE BENEFIT OF THE UNIVERSITY. THE APPLICABLE INTERESTED PERSONS HAD NO INFLUENCE OVER THE DECISIONS TO ENTER INTO THE TRANSACTIONS.

**Part IV Business Transactions Involving Interested Persons.**

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

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

**Part V Supplemental Information**

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

SCHEDULE L, PART II

=====

(A/B) NAME AND RELATIONSHIP	(C) PURPOSE OF LOAN	(D) LOAN		(E) ORIGINAL	(F) BALANCE DUE	(G) IN DEFAULT?		(H) APPROVED		(I) WRITTEN	
		TO	FROM			YES	NO	YES	NO	YES	NO
JOSEPH E. NYRE, PH.D. PRESIDENT/CEO/TRUSTEE/REGENT	HOME PURCHASE		X	2,894,000.	NONE		X		X		X
TOTAL					-----				NONE		=====



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

Employer identification number

SETON HALL UNIVERSITY

22-1500645

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .	X	3	2,000.	APPRAISAL
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .	X		2,000.	APPRAISAL
5 Clothing and household goods . . . . .	X		5,000.	COST
6 Cars and other vehicles. . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X	22	1,067,000.	SELLING PRICE
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .	X	3	19,000.	COST
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ (SEE SUPP PAGE ) . . . . .		5.	150,000.	
26 Other ▶ ( ) . . . . .				
27 Other ▶ ( ) . . . . .				
28 Other ▶ ( ) . . . . .				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement . . . . . **29** NONE

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

---

PART I, LINE 32B

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

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

## SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
LABORATORY EQUI	X	1	90,000.	APPRAISAL
ESPORTS EQUIPME	X	1	21,000.	APPRAISAL
LIFE INSURANCE	X	1	12,000.	COST
MISCELLANEOUS	X	2	27,000.	COST
TOTALS		5.	150,000.	

**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

SETON HALL UNIVERSITY

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

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**2021**

**Open to Public  
Inspection**

Employer identification number

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**FORM 990, PART III, LINE 1**

SETON HALL UNIVERSITY (THE "UNIVERSITY") IS THE NATION'S OLDEST DIOCESAN CATHOLIC UNIVERSITY. IN A DIVERSE AND COLLABORATIVE ENVIRONMENT, IT FOCUSES ON ACADEMIC, ETHICAL, AND SPIRITUAL DEVELOPMENT. SETON HALL STUDENTS ARE PREPARED TO BE LEADERS IN THEIR PROFESSIONAL AND COMMUNITY LIVES IN A GLOBAL SOCIETY AND ARE CHALLENGED BY OUTSTANDING FACULTY, A TECHNOLOGICALLY ADVANCED SETTING, AND VALUES-CENTERED CURRICULA. THE UNIVERSITY IS HOME TO TEN NATIONALLY RECOGNIZED AND ACCREDITED SCHOOLS LOCATED ON THREE CAMPUSES, ALL WITHIN 15 MILES OF NEW YORK CITY. ITS MAIN CAMPUS IS IN SOUTH ORANGE, NEW JERSEY, ITS NATIONALLY RANKED LAW SCHOOL IS IN NEWARK, NEW JERSEY, AND ITS INTERPROFESSIONAL HEALTH SCIENCES ("IHS") CAMPUS IS IN THE CITY OF CLIFTON AND THE TOWNSHIP OF NUTLEY, NEW JERSEY. WITHIN THESE TEN SCHOOLS, THE PROFESSORS OF SETON HALL EDUCATE, SHAPE AND DEVELOP APPROXIMATELY 6,000 UNDERGRADUATE AND 3,800 GRADUATE STUDENTS, WHO ARE ENROLLED IN MORE THAN 90 RIGOROUS MAJORS. THIS HAS LED TO THE UNIVERSITY BEING NATIONALLY RECOGNIZED FOR ACADEMIC EXCELLENCE BY THE PRINCETON REVIEW, U.S. NEWS AND WORLD REPORT, AND BLOOMBERG BUSINESSWEEK. THE UNIVERSITY REMAINS A PIONEER IN CATHOLIC EDUCATION.

THE UNIVERSITY HAS A LONG-TERM RELATIONSHIP WITH HACKENSACK MERIDIAN HEALTH AT ITS IHS CAMPUS. THE UNIVERSITY AND HMH WERE PARTNERS IN AN AGREEMENT TO RENOVATE THE IHS PREMISES FOR THE UNIVERSITY'S CON AND SHMS COLLEGES AND THE HACKENSACK MERIDIAN SCHOOL OF MEDICINE (HMSOM). HMH IS LESSOR TO THE LEASE FOR THIS PREMISIS (KINGSLAND LEASE) AND THE UNIVERSITY SUBLEASES SPACE FROM HMH. THE UNIVERSITY AND HMH WILL CO-OWN

**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

SETON HALL UNIVERSITY

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THE IHS CAMPUS WHEN THE KINGSLAND LEASE AND UNIVERSITY'S SUBLEASE EXPIRE.  
IN ADDITION, THE UNIVERSITY AND HMH MAINTAIN A STRATEGIC ACADEMIC  
PARTNERSHIP AGREEMENT WHEREBY THE UNIVERSITY AND THE HMSOM HAVE AN  
INTEGRATED CURRICULUM, WITH 25% OF THE SEATS IN EACH CLASS OF THE MD  
PROGRAM RESERVED FOR UNIVERSITY GRADUATES WHO RESIDE IN NEW JERSEY,  
PROVIDED THEY MEET THE STANDARDS OF ADMISSION SET BY THE HMSOM, AND THE  
UNIVERSITY'S CON AND SHMS STUDENTS HAVEING BROAD ACCESS TO TRAIN AT HMH  
HOSPITALS.

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

**FORM 990, PART VI**

PART VI, SECTION A, LINE 7A: THE BOARD OF REGENTS IS RESPONSIBLE FOR THE  
ENTIRE MANAGEMENT OF THE AFFAIRS AND CONCERNS OF THE UNIVERSITY. THE  
BOARD OF REGENTS IS VESTED WITH THE RESPONSIBILITY, POWER, AND AUTHORITY  
TO GOVERN THE UNIVERSITY AND SHALL EXERCISE THE CORPORATE POWERS OF THE  
UNIVERSITY UNDER LAW. BOARD OF REGENT EMERITI DO NOT HAVE VOTING  
PRIVILEGES.

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

**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

SETON HALL UNIVERSITY

**Supplemental Information to Form 990 or 990-EZ**

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THE SALE OF ANY UNIVERSITY PROPERTY AND, MOST IMPORTANTLY, TO ELECT THE BOARD OF REGENTS.

PART VI, SECTION B, LINE 11: THE BOARD OF REGENTS HAS CHARGED THE AUDIT COMMITTEE WITH THE RESPONSIBILITY TO CONDUCT, REVIEW, AND APPROVE ANNUALLY THE UNIVERSITY'S FORM 990 AND FORM 990-T FOR FILING WITH INTERNAL REVENUE SERVICE. FOLLOWING REVIEW AND RECOMMENDATION BY THE AUDIT COMMITTEE, FORMS 990 AND 990-T ARE SUBMITTED TO THE FULL BOARD OF REGENTS FOR ITS REVIEW AND APPROVAL FOR FILING WITH THE INTERNAL REVENUE SERVICE.

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

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(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

SETON HALL UNIVERSITY

**Supplemental Information to Form 990 or 990-EZ**

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DOES BUSINESS WITH AN ENTITY IN WHICH A REGENT HAS A MATERIAL FINANCIAL INTEREST. WHEN SUCH RELATIONSHIPS EXIST, MEASURES ARE TAKEN TO MITIGATE ANY ACTUAL OR PERCEIVED CONFLICT, INCLUDING REQUIRING THAT SUCH TRANSACTIONS BE CONDUCTED AT ARM'S LENGTH, FOR GOOD AND SUFFICIENT CONSIDERATION, BASED ON TERMS THAT ARE FAIR AND REASONABLE TO AND FOR THE BENEFIT OF THE UNIVERSITY, AND IN ACCORDANCE WITH RELEVANT CONFLICT OF INTEREST LAWS. THE UNIVERSITY IS UNAWARE OF ANY SUCH ASSOCIATIONS CONSIDERED TO BE SIGNIFICANT.

PART VI, SECTION B, LINE 15: SETON HALL UNIVERSITY CAN ENSURE AND DEMONSTRATE THAT OUR COMPENSATION ACTIONS DO NOT INURE TO THE BENEFIT OF A PRIVATE INDIVIDUAL. WE CAN DEMONSTRATE THAT THE COMPENSATION OF ALL DISQUALIFIED PERSONS, SUCH AS OFFICERS, DIRECTORS, AND KEY EMPLOYEES, IS CONSIDERED REASONABLE AND WOULD ORDINARILY BE PAID FOR LIKE SERVICES BY LIKE ENTERPRISES UNDER LIKE CIRCUMSTANCES. THE REASONABLENESS OF OUR COMPENSATION TAKES INTO ACCOUNT ALL BENEFITS. ANY COMPENSATION TRANSACTIONS FOR THESE INDIVIDUALS ARE APPROVED BY AN AUTHORIZED BODY OF INDIVIDUALS WHO HAVE NO CONFLICT OF INTEREST. UTILIZING A COMPENSATION CONSULTANT, APPROPRIATE COMPENSATION DATA IS RELIED UPON FOR COMPARABILITY AND PROOF OF FAIR MARKET VALUE, BEFORE MAKING A DECISION. COMPENSATION DECISIONS AND REPORTS ARE CONTEMPORANEOUSLY DOCUMENTED IN THE MINUTES OF THE MEETING OF THE COMMITTEE WHEN THE DECISIONS ARE MADE.

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

**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**SETON HALL UNIVERSITY**

**Supplemental Information to Form 990 or 990-EZ**

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Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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**FORM 990, PART VII, SECTION A**

STEPHEN A. GRAHAM, MBA, WAS VP FOR FINANCE AND CFO UP UNTIL SEPTEMBER 24,  
2021.

ROBERT MCLAUGHLIN, BECAME INTERIM VP FOR FINANCE AND CFO IN SEPTEMBER 25,  
2021 AND WAS IN THAT POSITION UP UNTIL MARCH 27, 2022.

DONNA M. MCMONAGLE, BECAME VP FOR FINANCE AND CFO ON MARCH 28, 2022.

ACCORDINGLY, SHE IS REPORTED ON THE FORM 990 WITH NO COMPENSATION IN  
CALENDAR YEAR 2021.

GEORITA M. FRIERSON, PH.D., BECAME DEAN OF THE COLLEGE OF ARTS AND  
SCIENCES ON AUGUST 15, 2021. ACCORDINGLY, SHE IS NOT REPORTED IN FORM 990  
PART VII BECAUSE SHE DID NOT MEET THE THRESHOLD OF REPORTABLE  
COMPENSATION AMOUNT FOR REPORTING AS A KEY EMPLOYEE.

PETER SHOEMAKER, PH.D., WAS DEAN OF THE COLLEGE OF ARTS AND SCIENCES  
UNTIL AUGUST 14, 2021.

SHAWNA COOPER-GIBSON, ED. D., WAS VP FOR STUDENT SERVICES UNTIL AUGUST 4,  
2021.

MONICA BURNETTE, PH. D., BECAME INTERIM VP FOR STUDENT SERVICES ON AUGUST  
5, 2021 AND VP FOR STUDENT SERVICES ON DECEMBER 1, 2021.

**FORM 990, PART XI, LINE 9**

PROVISION FOR UNCOLLECTIBLE CONTRIBUTIONS RECEIVABLE OF \$699,000 AND THE  
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS OF \$573,000.

**COVID-19 PANDEMIC**

DURING THE COVID PANDEMIC THE FEDERAL GOVERNMENT PROVIDED HIGHER



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
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Name of the organization

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**Supplemental Information to Form 990 or 990-EZ**

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Form 990 or 990-EZ or to provide any additional information.

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EDUCATION INSTITUTIONS WITH HIGHER EDUCATION EMERGENCY RELIEF FUNDING ("HEERF"), WHICH WAS ALLOCATED UNDER VARIOUS ACTS OF CONGRESS. THE CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITIES ACT ("CARES") WAS SIGNED INTO LAW ON MARCH 27, 2020, AND PROVIDED THE UNIVERSITY WITH TOTAL FUNDING OF \$5,750,000 UNDER HEERF I. THE CORONAVIRUS RESPONSE AND RELIEF SUPPLEMENTAL APPROPRIATIONS ACT ("CRRSAA") WAS SIGNED INTO LAW ON DECEMBER 27, 2020, AND PROVIDED THE UNIVERSITY WITH TOTAL FUNDING OF \$8,858,000 UNDER HEERF II. THE AMERICAN RESCUE PLAN ("ARP") WAS SIGNED INTO LAW ON MARCH 11, 2021, AND PROVIDED THE UNIVERSITY WITH TOTAL FUNDING OF \$15,666,000 UNDER HEERF III IN 2022. EACH OF THESE AWARDS HAS A STUDENT AID PORTION AND AN INSTITUTIONAL PORTION. THE DEPARTMENT OF EDUCATION PROVIDED REQUIRED USES OF THE FUNDS FOR BOTH THE STUDENT PORTION AND INSTITUTIONAL PORTION AND UNTIL THE CONDITIONS ASSOCIATED WITH THOSE REQUIREMENTS ARE SATISFIED, REVENUE CANNOT BE RECOGNIZED, IN ACCORDANCE WITH ASU 2018-08.

THE UNIVERSITY INCURRED NONRECURRING COVID-19 PANDEMIC EXPENSES OF \$7,971,000 DURING THE YEAR ENDING JUNE 30, 2022, FOR EMERGENCY GRANTS TO STUDENTS UNDER THE HEERF PROGRAM, SPENDING ON SHIELDING, VENTILATION IMPROVEMENTS, PERSONAL PROTECTIVE EQUIPMENT ("PPE"), TESTING, TRACING, REMOTE LEARNING, ADDITIONAL DINING SERVICES, CLEANING, SUPPLIES, AND SIGNAGE. DURING THE YEAR ENDED JUNE 30, 2022, THE UNIVERSITY RECOGNIZED HEERF STUDENT SHARE REVENUES OF \$7,835,000 OFFSETTING THE EMERGENCY GRANTS PROVIDED TO STUDENTS.

Name of the organization

SETON HALL UNIVERSITY

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## FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
GOURMET DINING LLC 400 SOUTH ORANGE AVENUE SOUTH ORANGE, NJ 07079	FOOD SERVICES	8,301,150.
JOSEPH A NATOLI CONSTRUCTION CORPORATION 293 CHANGEBRIDGE RD. PINE BROOK, NJ 07058-9513	GENERAL CONTRACTING	5,731,803.
TORCON, INC. 328 NEWMAN SPRINGS ROAD, STE 5 RED BANK, NJ 07701-5685	GENERAL CONTRACTING	5,630,389.
ATALIAN GLOBAL SERVICES 417 FIFTH AVENUE, 9TH FLOOR NEW YORK, NY 10016	HOUSEKEEPING	4,169,264.
SECURITAS SECURITY P.O. BOX 403412 ATLANTA, GA 30384-3412	SECURITY	1,954,084.

Name of the organization

**SETON HALL UNIVERSITY**

Employer identification number

**22-1500645**

## FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	COST OR FMV
CORPORATE EQUITY	103,728,000.	80,106,000.	FMV
CORPORATE BONDS	19,882,000.	7,879,000.	FMV
CASH AND TEMPORARY INVESTMENTS	2,917,000.	6,750,000.	FMV
TOTALS	126,527,000.	94,735,000.	

Name of the organization

Employer identification number

SETON HALL UNIVERSITY

22-1500645

FORM 990, PART X - DEFERRED REVENUE

=====

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
-----	-----	-----
DEFERRED REVENUE AND DEPOSITS	12,347,000.	13,839,000.
TOTALS	----- 12,347,000. =====	----- 13,839,000. =====

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

SETON HALL UNIVERSITY

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

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

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) ROMAN CATHOLIC ARCHDIOCESE OF NEWARK 221487308 171 CLIFTON AVENUE NEWARK, NJ 07104	SEE PART VII	NJ	501(C)(3)	1	N/A		X
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2021

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		X
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		X
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		X
<b>f</b> Dividends from related organization(s) . . . . .		
<b>g</b> Sale of assets to related organization(s) . . . . .		X
<b>h</b> Purchase of assets from related organization(s) . . . . .		X
<b>i</b> Exchange of assets with related organization(s) . . . . .		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		X
<b>o</b> Sharing of paid employees with related organization(s) . . . . .		X
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	X	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		X
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													



**Part VII** Supplemental Information

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

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PART II : IDENTIFICATION OF RELATED TAX-EXEMPT ORG. PRIMARY ACTIVITY

PRIMARY ACTIVITY OF ROMAN CATHOLIC ARCHDIOCESE OF NEWARK - OVERSEES THE  
CATHOLIC CHURCH IN CERTAIN COUNTIES OF NEW JERSEY.