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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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No. 1545-0047

**2012**Open to Public  
Inspection**A** For the 2012 calendar year, or tax year beginning **JUL 1, 2012** and ending **JUN 30, 2013**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input checked="" 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 <b>SAINT PETER'S UNIVERSITY</b>		<b>D</b> Employer identification number <b>22-1508627</b>
	Doing Business As		<b>E</b> Telephone number <b>201-761-7425</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>118,546,035.</b>
	<b>2641 KENNEDY BOULEVARD</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City, town, or post office, state, and ZIP code <b>JERSEY CITY, NJ 07306-5943</b>		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>F</b> Name and address of principal officer <b>EUGENE J. CORNACCHIA</b> <b>SAME AS C ABOVE</b>			<b>H(c)</b> Group exemption number ▶
<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: ▶ <b>WWW.SPC.EDU</b>			
<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: <b>1872</b> <b>M</b> State of legal domicile: <b>NJ</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities <b>SAINT PETER'S UNIVERSITY, INSPIRED BY ITS JESUIT, CATHOLIC IDENTITY, COMMITMENT TO INDIVIDUAL</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	<b>26</b>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>24</b>
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<b>1325</b>
	6	Total number of volunteers (estimate if necessary)	<b>0</b>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<b>-41,328.</b>
7b	Net unrelated business taxable income from Form 990-T, line 34	<b>-41,327.</b>	
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	<b>7,397,872.</b>
	9	Program service revenue (Part VIII, line 2g)	<b>80,746,536.</b>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>1,239,449.</b>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>1,578,579.</b>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>90,962,436.</b>
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>27,893,373.</b>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>31,244,679.</b>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<b>74,658.</b>
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>2,574,015.</b>	<b>114,425.</b>
<b>Net Assets or Fund Balances</b>	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>30,517,854.</b>
	18	Total expenses - add lines 13-17 (must equal Part IX, column (A), line 25)	<b>89,730,564.</b>
	19	Revenue less expenses. Subtract line 18 from line 12	<b>1,231,872.</b>
	20	Total assets (Part X, line 16)	<b>176,055,023.</b>
	21	Total liabilities (Part X, line 26)	<b>133,147,111.</b>
22	Net assets or fund balances. Subtract line 21 from line 20	<b>148,691,888.</b>	
		<b>Beginning of Current Year</b>	<b>End of Year</b>
		<b>27,363,135.</b>	<b>35,286,622.</b>

**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	Date <b>5/14/14</b>
	<b>DENTON L. STARGEL, VP OF FINANCE AND BUSINESS</b>	
<b>Preparer</b>	Print/Type preparer's name	Preparer's signature
	<b>THOMAS LANNING</b>	<b>5/13/14</b>
<b>Use Only</b>	Firm's name ▶ <b>COHNREZNICK LLP</b>	Firm's EIN ▶ <b>22-1478099</b>
	Firm's address ▶ <b>4 BECKER FARM ROAD ROSELAND, NJ 07068</b>	Phone no. <b>973-228-3500</b>

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

232001 12-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2012)

**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

SCANNED JUN 18 2014

9-17

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☒ X**1** Briefly describe the organization's mission:

SAINT PETER'S UNIVERSITY, INSPIRED BY ITS JESUIT, CATHOLIC IDENTITY, COMMITMENT TO INDIVIDUAL ATTENTION AND GROUNDING IN THE LIBERAL ARTS, EDUCATES A DIVERSE COMMUNITY OF LEARNERS IN UNDERGRADUATE, GRADUATE AND PROFESSIONAL PROGRAMS TO EXCEL INTELLECTUALLY, LEAD ETHICALLY,

**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 ☒ 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 ☒ 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 \$ 51,136,223. including grants of \$ 27,937,770.) (Revenue \$ 72,744,067.)

INSTRUCTION AND ACADEMIC SUPPORT - THE UNIVERSITY PROVIDES ACCREDITED COURSES AND OTHER RELATED SERVICES TO APPROXIMATELY 3,000 STUDENTS INCLUDING BOTH DAY AND EVENING SESSIONS, FOR FULL-TIME OR PART-TIME UNDERGRADUATE AND GRADUATE STUDIES. FINANCIAL AID IS AWARDED TO STUDENTS FROM INSTITUTIONAL SOURCES BASED ON ACADEMIC ACHIEVEMENT, ATHLETIC ABILITY AND NEED.

**4b** (Code \_\_\_\_\_) (Expenses \$ 20,801,132. including grants of \$ \_\_\_\_\_) (Revenue \$ 8,640,275.)

STUDENT SERVICES - INCLUDES ENROLLMENT SERVICES, REGISTRAR, HEALTH AND COUNSELING PROGRAMS, FINANCIAL AID, CAMPUS MINISTRY, STUDENT CLUBS AND ORGANIZATIONS, INTERCOLLEGIATE AND INTRAMURAL SPORTS AND ACTIVITIES, AND STUDENT HOUSING.

**4c** (Code \_\_\_\_\_) (Expenses \$ 1,075,205. including grants of \$ \_\_\_\_\_) (Revenue \$ 1,107,007.)

SPONSORED PROGRAMS - INCLUDES VARIOUS PRIVATE PROGRAMS FOR THE BENEFIT OF THE STUDENT BODY, SUCH AS ACADEMIC ENRICHMENT, ACADEMIC CHAIRS, CAPITAL CAMPAIGN, AND VARIOUS ENDOWED SCHOLARSHIPS.

**4d** Other program services (Describe in Schedule O.)

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

**4e** Total program service expenses 73,012,560.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<input checked="" type="checkbox"/>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<input checked="" type="checkbox"/>
4 <b>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"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		<input checked="" type="checkbox"/>
7 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"/>
8 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"/>	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	
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"/>
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<input checked="" type="checkbox"/>	
e 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"/>	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	
12a 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 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"/>	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input checked="" type="checkbox"/>	
14a Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
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"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	<input checked="" type="checkbox"/>	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	
19 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"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	X	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt noncharitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O.

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**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a 4285		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a 1325		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders.	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c Enter the amount of reserves on hand.	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

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**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response to any question in this Part VI ☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	26			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b Enter the number of voting members included in line 1a, above, who are independent		24		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?				X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?				X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?				X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in 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, physical address, and telephone number of the person who possesses the books and records of the organization **DENTON L. STARGEL - 201-761-7425**  
**2641 KENNEDY BOULEVARD, JERSEY CITY, NJ 07306-5943**

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

Check if Schedule O contains a response to any question in this Part VII

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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			
(1) ALFA DEMELLASH TRUSTEE	1.00	X						0.	0.	0.
(2) ANNETTE D. CORBIN TRUSTEE	1.00	X						0.	0.	0.
(3) ANTHONY O. PERGOLA, ESQ. TRUSTEE	1.00	X						0.	0.	0.
(4) BERNARD W. CICIRELLI, JR TRUSTEE	1.00	X						0.	0.	0.
(5) ELNARDO J. WEBSTER TRUSTEE/ PROJECT DIRECTOR	35.00	X		X				90,000.	0.	0.
(6) EUGENE J. CORNACCHIA PRESIDENT	35.00	X		X				303,010.	0.	94,618.
(7) FAUSTO ROTUNDO TRUSTEE	1.00	X						0.	0.	0.
(8) FRANCIS A. MCGRAIL TRUSTEE	1.00	X						0.	0.	0.
(9) FRANCIS FEKETE TRUSTEE	1.00	X						0.	0.	0.
(10) FRED W NITTING, JR. TRUSTEE	1.00	X						0.	0.	0.
(11) GARY MICHAEL GURTNER, S.J. TRUSTEE	1.00	X						0.	0.	0.
(12) GLORIA BONILLA-SANTIAGO TRUSTEE	1.00	X						0.	0.	0.
(13) J. DONALD MONAN, S.J. TRUSTEE	1.00	X						0.	0.	0.
(14) JOSEPH GROMEK TRUSTEE	1.00	X						0.	0.	0.
(15) JOSEPH P. PARKES, S.J. TRUSTEE	1.00	X						0.	0.	0.
(16) KATHLEEN A. GIVNEY TYRRELL, ESQ TRUSTEE	1.00	X						0.	0.	0.
(17) MADELINE L. ROMEU, O.D. TRUSTEE	1.00	X						0.	0.	0.



**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 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			
(18) PAMELA T. MILLER, ESQ. TRUSTEE	1.00	X						0.	0.	0.
(19) PETER G. STEWART, ESQ. TRUSTEE	1.00	X						0.	0.	0.
(20) RALPH R. RUSSO TRUSTEE	1.00	X						0.	0.	0.
(21) RICHARD P. LIBRETTI TRUSTEE	1.00	X						0.	0.	0.
(22) ROBERT A. CUTRO TRUSTEE	1.00	X						0.	0.	0.
(23) ROBERT G. LAHITA, MD TRUSTEE	1.00	X						0.	0.	0.
(24) ROBERT J. GOLDSTEIN TRUSTEE	1.00	X						0.	0.	0.
(25) ROBERTO L. SANTOS TRUSTEE	1.00	X						0.	0.	0.
(26) SUSAN P. MITCHELL-ABBATE TRUSTEE	1.00	X						0.	0.	0.
<b>1b Sub-total</b>								393,010.	0.	94,618.
<b>c Total from continuation sheets to Part VII, Section A</b>								1,548,815.	0.	97,317.
<b>d Total (add lines 1b and 1c)</b>								1,941,825.	0.	191,935.

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 **10**

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

	Yes	No
3		X
4	X	
5		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
GATEWAY SECURITY SERVICES 604-608 MARKET STREET, NEWARK, NJ 07105	CAMPUS SECURITY	1,613,793.
INKWELL COMMUNICATIONS 235 EAST 2ND ST, 3V, NEW YORK, NY 10010	ADVERTISING AGENCY, MEDIA BUYING & DESIG	1,345,619.
COLLINS BUILDING SERVICES 24-01 44TH ROAD, LONG ISLAND CITY, NY 11101	CUSTODIAL	1,092,612.
SUNGARD, 2300 MAITLAND CENTER PARKWAY, SUITE 34, MAITLAND, FL 32751	INFORMATION TECHNOLOGY	371,076.
PEACOCK PRINTING AND GRAPHICS 600 RYERSON RD, LINCOLN PARK, NJ 07035	PRINTING AND GRAPHICS	340,708.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **23**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2012)

**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 line)	(C) Position (check all that apply)						(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			
(27) THOMAS D. CARVER, ESQ. TRUSTEE	1.00	X						0.	0.	0.
(28) THOMAS P. MACMAHON TRUSTEE	1.00	X						0.	0.	0.
(29) VINCENT B. SULLIVAN, SJ TRUSTEE	1.00	X						0.	0.	0.
(30) WILLIAM J. COZINE TRUSTEE	1.00	X						0.	0.	0.
(31) DENTON L STARGEL VICE PRESIDENT FINANCE/BUS	35.00			X				181,750.	0.	12,050.
(32) EILEEN L. POIANI VP/STUDENT AFFAIRS	35.00			X				83,375.	0.	7,622.
(33) JEFFREY HANDLER VP ENROLLMENT MNGMNT & MARKETING	35.00			X				70,784.	0.	4,642.
(34) MARYLOU YAM PROVOST/ ACADEMIC VP	35.00			X				154,570.	0.	15,198.
(35) MICHAEL A. FAZIO VP ADVANCEMENT/ EXT.AFFAIR	35.00			X				166,592.	0.	5,464.
(36) MICHAEL BRADEN, SJ VP/MISSION AND MINISTRY	35.00			X				0.	0.	0.
(37) TERENCE PEAVY VP ENROLLMENT MNGMNT & MARKETING	35.00			X				48,288.	0.	5,175.
(38) VIRGINIA BENDER BD SECY, SP ASST TO PRES	35.00			X				133,159.	0.	5,693.
(39) GERARD PROTOMASTRO PROF OF MATHEMATICS	35.00					X		136,483.	0.	6,633.
(40) JAMES P. JACOBSON ASSOCIATE PROFESSOR OF EDUCATION	35.00					X		120,625.	0.	7,623.
(41) JEROME GILLEN ASSOCIATE PROFESSOR OF HISTORY	35.00					X		117,496.	0.	8,940.
(42) JOHN DUNNE MEN'S BASKETBALL COACH	35.00					X		204,750.	0.	11,320.
(43) LEONARD J SCIORRA CHAIRPERSON, SCHUH PROFESSO	35.00					X		130,943.	0.	6,957.
Total to Part VII, Section A, line 1c								1,548,815.		97,317.

**Part VIII** Statement of RevenueCheck if Schedule O contains a response to any question 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, 513, or 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	271,969.			
	d Related organizations	1d				
	e Government grants (contributions)	1e	1,781,827.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,477,748.			
	g Noncash contributions included in lines 1a-1f \$		880,752.			
	<b>h Total. Add lines 1a-1f</b>		<b>7,531,544.</b>			
<b>Program Service Revenue</b>	Business Code					
	2 a TUITION & FEES	900099	72,744,067.	72,744,067.		
	b AUXILIARY ENTERPRISES	900099	8,640,275.	8,640,275.		
	c					
	d					
	e					
	f All other program service revenue					
<b>g Total. Add lines 2a-2f</b>		<b>81,384,342.</b>				
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)		837,226.			837,226.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real 684,557.				
	b Less: rental expenses	393,023.				
	c Rental income or (loss)	291,534.				
	d Net rental income or (loss)		291,534.		-41,328.	332,862.
	7 a Gross amount from sales of assets other than inventory	(i) Securities 26,936,319.				
	b Less: cost or other basis and sales expenses	25,217,125.				
	c Gain or (loss)	1,719,194.				
	d Net gain or (loss)		1,719,194.			1,719,194.
	8 a Gross income from fundraising events (not including \$ 271,969. of contributions reported on line 1c). See Part IV, line 18	a 65,040.				
	b Less: direct expenses	b 304,637.				
	c Net income or (loss) from fundraising events		-239,597.			-239,597.
	9 a Gross income from gaming activities See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10 a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
c Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
11 a ATHLETICS	900099	739,102.	739,102.			
b FEES	900099	367,905.	367,905.			
c						
d All other revenue						
<b>e Total. Add lines 11a-11d</b>		<b>1,107,007.</b>				
<b>12 Total revenue. See instructions.</b>		<b>92,631,250.</b>	<b>82,491,349.</b>	<b>-41,328.</b>	<b>2,649,685.</b>	

**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 to any question in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	27,937,770.	27,937,770.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,380,009.		1,198,984.	181,025.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	23,938,487.	19,866,058.	2,748,712.	1,323,717.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	565,238.	448,341.	73,907.	42,990.
9 Other employee benefits	3,812,333.	3,705,819.		106,514.
10 Payroll taxes	2,088,051.	1,388,606.	596,044.	103,401.
11 Fees for services (non-employees).				
a Management	624,806.	131,946.	477,015.	15,845.
b Legal	333,249.	13,382.	319,867.	
c Accounting	157,031.		157,031.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	114,425.			114,425.
f Investment management fees	228,352.		228,352.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	3,813.			3,813.
12 Advertising and promotion	1,526,659.	785,236.	502,959.	238,464.
13 Office expenses	1,460,528.	804,998.	389,655.	265,875.
14 Information technology	2,824,912.	740,534.	2,073,746.	10,632.
15 Royalties				
16 Occupancy	6,641,599.	4,685,727.	1,939,906.	15,966.
17 Travel	839,173.	719,197.	98,157.	21,819.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,314,832.	1,164,962.	103,346.	46,524.
20 Interest	2,008,052.	2,008,052.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,471,063.	1,927,184.	1,543,879.	
23 Insurance	496,763.	182,314.	314,449.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OTHER EXPENSES	5,330,419.	2,977,361.	2,270,053.	83,005.
b STUDENT MEAL PLAN	2,495,697.	2,433,512.	62,185.	
c ATHLETICS EXPENSE	830,687.	830,687.		
d DATABASES, PERIODICALS,	260,874.	260,874.		
e All other expenses	181,432.		181,432.	
25 Total functional expenses. Add lines 1 through 24e	90,866,254.	73,012,560.	15,279,679.	2,574,015.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 88-2 (ASC 958-720)

**Part X Balance Sheet**Check if Schedule O contains a response to any question in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing	30,871,164.	1	5,490,568.
	2 Savings and temporary cash investments	11,353,181.	2	1,519,568.
	3 Pledges and grants receivable, net	5,217,802.	3	5,173,602.
	4 Accounts receivable, net	2,852,845.	4	4,092,151.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net	28,095,074.	7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,323,586.	9	1,401,460.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 113,303,531.		
	b Less: accumulated depreciation	10b 59,132,880.	10c	54,170,651.
	11 Investments - publicly traded securities	16,445,529.	11	26,682,017.
	12 Investments - other securities See Part IV, line 11	1,416,384.	12	3,022,262.
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,606,795.	15	31,594,832.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	176,055,023.	16	133,147,111.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	30,748,052.	17	24,575,507.
	18 Grants payable	99,063.	18	
	19 Deferred revenue	1,506,917.	19	1,878,154.
	20 Tax-exempt bond liabilities	65,165,148.	20	60,305,155.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	42,692,627.	23	4,781,511.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	8,480,081.	25	6,320,162.
	26 <b>Total liabilities.</b> Add lines 17 through 25	148,691,888.	26	97,860,489.
	<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		-18,546,096.	27	-15,073,459.
28 Temporarily restricted net assets		24,401,240.	28	28,527,499.
29 Permanently restricted net assets		21,507,991.	29	21,832,582.
Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 <b>Total net assets or fund balances</b>		27,363,135.	33	35,286,622.
34 <b>Total liabilities and net assets/fund balances</b>		176,055,023.	34	133,147,111.

Form 990 (2012)

**Part XI** Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	92,631,250.
2	Total expenses (must equal Part IX, column (A), line 25)	2	90,866,254.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,764,996.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	27,363,135.
5	Net unrealized gains (losses) on investments	5	310,183.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-49.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	5,848,357.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	35,286,622.

**Part XII** Financial Statements and Reporting

Check if Schedule O contains a response to any question 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 in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  
☐ Separate basis ☐ Consolidated basis ☐ 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 in 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 in Schedule O and describe any steps taken to undergo such audits

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

Form 990 (2012)

Department of the Treasury  
Internal Revenue Service

**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 ▶ See separate instructions.**

OMB No. 1545-0047

2012

**Open to Public Inspection**

Name of the organization

SAINT PETER'S UNIVERSITY

Employer identification number  
22-1508627

<b>Part I</b>	<b>Reason for Public Charity Status</b> (All organizations must complete this part ) See instructions.
---------------	--

The organization is not a private foundation because it is: (For lines 1 through 11, 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)

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 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)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐

(ii) A family member of a person described in (i) above? ☐

(iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐

h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2012

**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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 <b>First five 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**

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
16a <b>33 1/3% support test - 2012.</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 type="checkbox"/>		
b <b>33 1/3% support test - 2011.</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"/>		
17a <b>10% -facts-and-circumstances test - 2012.</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 IV 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 - 2011.</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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 <b>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"/>		

Schedule A (Form 990 or 990-EZ) 2012



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

(Complete only if you checked the box on line 9 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

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

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

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

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2012.** 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 - 2011.** 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 ☐

**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

OMB No 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

SAINT PETER'S UNIVERSITY

Employer identification number  
22-1508627

**Part I**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II**

**Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, 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)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III**

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (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) Revenues included in 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 SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a 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 programs  
 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" to 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

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No

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

☐

**Part V Endowment Funds.** Complete if the organization answered "Yes" to 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	27,307,304.	29,017,075.	25,278,971.	22,540,085.	31,402,328.
b Contributions	324,591.	339,191.	543,169.	1,026,798.	1,088,129.
c Net investment earnings, gains, and losses	2,638,251.	-468,329.	3,539,534.	2,981,848.	-7,148,030.
d Grants or scholarships	1,510,653.	1,324,052.	1,180,887.	984,760.	1,576,855.
e Other expenditures for facilities and programs		256,581.	200,000.	285,000.	1,225,487.
f Administrative expenses			-1,036,288.		
g End of year balance	28,759,493.	27,307,304.	29,017,075.	25,278,971.	22,540,085.

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

a Board designated or quasi-endowment ☒ 5.89 %

b Permanent endowment ☒ 75.91 %

c Temporarily restricted endowment ☒ 18.20 %

The percentages in 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" to 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.** 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		8,535,542.		8,535,542.
b Buildings		82,292,223.	42,065,574.	40,226,649.
c Leasehold improvements		1,438,949.	1,101,227.	337,722.
d Equipment		16,916,722.	14,821,437.	2,095,285.
e Other		4,120,095.	1,144,642.	2,975,453.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ☒ 54,170,651.

Schedule D (Form 990) 2012

**Part VII Investments - Other Securities.** 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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.** See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) CASH VALUE OF INSURANCE	265,745.
(2) DEFERRED BOND INSURANCE COSTS	1,177,748.
(3) DUE FROM STOCKHOLDERS	30,151,339.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	31,594,832.

**Part X Other Liabilities.** See Form 990, Part X, line 25

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITY PAYMENT OBLIGATIONS	1,221,800.
(3) CONDITIONAL ASSET RETIREMENT	607,427.
(4) INTEREST RATE SWAP AGREEMENT	4,490,935.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	6,320,162.

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements		1	71,321,328.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a 310,183.		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d -22,317,765.		
e	Add lines 2a through 2d		2e	-22,007,582.
3	Subtract line 2e from line 1		3	93,328,910.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b -697,660.		
c	Add lines 4a and 4b		4c	-697,660.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	92,631,250.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements		1	63,675,027.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d 974,895.		
e	Add lines 2a through 2d		2e	974,895.
3	Subtract line 2e from line 1		3	62,700,132.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b 28,166,122.		
c	Add lines 4a and 4b		4c	28,166,122.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	90,866,254.

**Part XIII Supplemental Information**

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

**PART III, LINE 4: THE UNIVERSITY'S COLLECTIONS INCLUDE ART WORKS,**

**PAINTINGS, SCULPTURES, POSTERS, DOCUMENTA AND OTHER ARTIFACTS, AND ARE ALL**

**EMPLOYED IN THE EDUCATION OF STUDENTS ON THE WORLD'S RICH HISTORICAL AND**

**CULTURAL TRADITIONS.**

**PART V, LINE 4: THE ORGANIZATION'S ENDOWMENT FUNDS WILL BE USED FOR**

**SCHOLARSHIPS, CONSTRUCTION OF FACILITIES, AND TO FUND CHAIRS AND COLLEGE**

**OPERATIONS.**

**Part XIII** Supplemental Information (continued)

PART X, LINE 2: THE UNIVERSITY IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND A SIMILAR PROVISION OF THE NEW JERSEY STATE INCOME TAX LAWS. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN REFLECTED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

THE UNIVERSITY HAS NO UNRECOGNIZED TAX BENEFITS AT JUNE 30, 2013 AND 2012. THE UNIVERSITY'S U.S. FEDERAL AND STATE TAX FILINGS PRIOR TO FISCAL YEAR 2010 ARE CLOSED AND MANAGEMENT CONTINUALLY EVALUATES EXPIRING STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW AND NEW AUTHORITATIVE RULINGS.

THE UNIVERSITY RECOGNIZES INTEREST AND PENALTIES ASSOCIATED WITH TAX MATTERS AS OPERATING EXPENSES AND INCLUDES ACCRUED INTEREST AND PENALTIES WITH ACCRUED EXPENSES IN THE STATEMENTS OF FINANCIAL POSITION.

THERE WERE NO INTEREST AND PENALTIES PAID FOR THE YEARS ENDED JUNE 30, 2013 AND 2012.

## PART XI, LINE 2D - OTHER ADJUSTMENTS:

SCHOLARSHIP ALLOWANCE	-27,937,770.
TRUSTEE FEES	-228,352.
PENSION GAINS	3,897,638.
LOSS ON DISPOSAL	-156,637.
CHANGE IN INTEREST RATE SWAP	2,183,382.
CHANGE IN SPLIT INTEREST	-76,026.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-22,317,765.

**Part XIII** Supplemental Information (continued)

## PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES	-304,637.
RENT EXPENSE	-393,023.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-697,660.

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSE	304,637.
RENT EXPENSE	393,023.
SPC REALTY UNCONSOLIDATION	277,235.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	974,895.

## PART XII, LINE 4B - OTHER ADJUSTMENTS:

SCHOLARSHIP ALLOWANCE	27,937,770.
TRUSTEE FEES	228,352.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	28,166,122.

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

**Schools**

OMB No 1545-0047

**2012**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990 or Form 990-EZ.**

Name of the organization

**SAINT PETER'S UNIVERSITY**

Employer identification number

**22-1508627**

**Part I**

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

If you need more space, use Part II

**THE POLICY IS DESCRIBED IN ALL LITERATURE PUBLISHED FOR  
GENERAL PUBLIC DISTRIBUTION, WITHIN THE STUDENT HANDBOOK AND  
ON THE UNIVERSITY'S WEBSITE.**

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

- 5 Does the organization discriminate by race in any way with respect to:
- a Students' rights or privileges?
- b Admissions policies?
- c Employment of faculty or administrative staff?
- d Scholarships or other financial assistance?
- e Educational policies?
- f Use of facilities?
- g Athletic programs?
- h Other extracurricular activities?
- If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.

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

	YES	NO
1	X	
2	X	
3	X	
4a	X	
4b	X	
4c	X	
4d	X	
5a		X
5b		X
5c		X
5d		X
5e		X
5f		X
5g		X
5h		X
6a	X	
6b		X
7	X	

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

Schedule E (Form 990 or 990-EZ) (2012)



## Part III

**Supplemental Information.** Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information.

[illegible]

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

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

OMB No 1545-0047

**2012**

Open to Public Inspection

Name of the organization

**SAINT PETER'S UNIVERSITY**

Employer identification number

**22-1508627**

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" to 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

2 a 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 ten 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			
RUFFALO CODY - 65 KIRKWOOD NORTH ROAD SW, CEDAR RAPIDS, GRAHAM-PELTON ASSOCIATES INC - 39 BEECHWOOD ROAD, SUMMIT,	TELEMARKETING		X	173,317.	54,468.	118,849.
	STRATEGIC ADVICE		X	0.	59,967.	-59,967.
<b>Total</b>				173,317.	114,435.	58,882.

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

**NJ**

**Part II Fundraising Events.** Complete if the organization answered "Yes" to 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 (add col (a) through col. (c))
		GOLF OUTING (event type)	BUSINESS SYMPOSIUM (event type)	1 (total number)	
Revenue	1 Gross receipts	166,335.	114,925.	55,749.	337,009.
	2 Less Contributions	133,725.	93,695.	44,549.	271,969.
	3 Gross income (line 1 minus line 2)	32,610.	21,230.	11,200.	65,040.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	48,471.	61,659.	43,598.	153,728.
	7 Food and beverages	53,768.	266.		54,034.
	8 Entertainment	27,875.	69,000.		96,875.
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d)				( 304,637.)
	11 Net income summary Combine line 3, column (d), and line 10				-239,597.

**Part III Gaming.** Complete if the organization answered "Yes" to 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))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	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 Combine line 1, column d, and line 7				

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

a Is the organization licensed to operate 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 operate 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 operated in
- |                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records.

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 15a 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.** Complete this part to provide the explanations 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 complete this part to provide any additional information (see instructions).**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: RUFFALO CODY

(I) ADDRESS OF FUNDRAISER:

65 KIRKWOOD NORTH ROAD SW, CEDAR RAPIDS, IA 52406

(I) NAME OF FUNDRAISER: GRAHAM-PELTON ASSOCIATES INC

(I) ADDRESS OF FUNDRAISER: 39 BEECHWOOD ROAD, SUMMIT, NJ 07901

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
**► Attach to Form 990.**

Name of the organization

**Employer identification number**  
**22-1508627**

SAINT PETER'S UNIVERSITY

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?

- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part III** **Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to 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.

[illegible]

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

U.S. DEPARTMENT OF THE TREASURY

**1041010A For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule I (Form 990) (2012)

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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
SCHOLARSHIPS	1942	27,937,770.	0. FMV		

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

THE UNIVERSITY PROVIDES SCHOLARSHIPS TO STUDENTS MATRICULATING AT THE UNIVERSITY, THEREFORE, ALL FUNDS GRANTED ARE USED TO DEFRAY THE COST OF TUITION AND NO FURTHER MONITORING OF THE GRANTS IS REQUIRED.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

**2012**

Open to Public Inspection

Name of the organization

**SAINT PETER'S UNIVERSITY**

Employer identification number

**22-1508627**

**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 in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence            |
| <input 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 type="checkbox"/> Personal services (e.g., 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

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

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input 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 in 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) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in 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" to line 5a or 5b, describe in Part III.

**6** For persons listed in 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" to line 6a or 6b, describe in Part III.

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

**8** Were any amounts reported in 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" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

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

Schedule J (Form 990) 2012





**Part III** Supplemental Information

Complete this part to 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 4B: EUGENE CORNACCHIA - \$17000.

PART I, LINE 7: THE EXECUTIVE PERFORMANCE INCENTIVE PLAN ESTABLISHES THE INDIVIDUAL ANNUAL OBJECTIVES THAT REFLECT ACCOMPLISHMENT BEYOND THAT WOULD BE REGARDED AS COMPETENT PERFORMANCE OF THE DUTIES THAT ARE SET OUT IN A JOB PACT SHEET FOR THAT POSITION. THE OBJECTIVES ARE ESTABLISHED BY THE PRESIDENT. FOR THE YEAR ENDING JUNE 30, 2013 THE ORGANIZATION DID PAY A BONUS.

LINE 1 -

THE PRESIDENT, EUGENE J. CORNACCHIA, RESIDES IN A UNIVERSITY-OWNED PROPERTY AS A CONDITION OF EMPLOYMENT AND FOR THE CONVENIENCE OF THE UNIVERSITY. THE UNIVERSITY LIKEWISE, PAYS A SMALL AMOUNT OF SOCIAL CLUB DUES FOR THE PRESIDENT.

**SCHEDULE K**  
(Form 990)  
Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047  
**2012**  
Open to Public Inspection

Name of the organization

**SAINT PETER'S UNIVERSITY**

Employer identification number  
**22-1508627**

**Part III** Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Deceased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> NEW JERSEY EDUCATIONAL FACILITIES AUTHORITY	22-1829511	NONE	07/01/08	5,000,000.	FUND CAPITAL PROJECTS				X		X
<b>B</b> NEW JERSEY EDUCATIONAL FACILITIES AUTHORITY	22-1829511	NONE	12/28/07	36053466.	FUND CAPITAL PROJECTS				X		X
<b>C</b> NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY	22-1829511	NONE	09/29/11	24925000.	FUND CAPITAL PROJECTS				X		X

**D**

**Part III** Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired			734,321.		2,210,700.		3,900,000.	
2 Amount of bonds legally defeased								
3 Total proceeds of issue			5,031,882.		36,053,466.		24,925,000.	
4 Gross proceeds in reserve funds							1,246,307.	
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds			100,000.		721,069.		504,250.	
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds			184,175.					
10 Capital expenditures from proceeds			4,021,929.				23,174,443.	
11 Other spent proceeds			693,869.		13,199,047.			
12 Other unspent proceeds								
13 Year of substantial completion	2012		2007					
14 Were the bonds issued as part of a current refunding issue?		X		X		X		No
15 Were the bonds issued as part of an advance refunding issue?		X		X		X		No
16 Has the final allocation of proceeds been made?	X		X		X			
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

**Part III** Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 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		No
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		No

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

Part IV Arbitrage		A				B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?	X				X		X			
2	If "No" to line 1, did the following apply?										
a	Rebate not due yet?										
b	Exception to rebate?										
c	No rebate due?										
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed											
3	Is the bond issue a variable rate issue?	X				X				X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X				X				X	
b	Name of provider	CAPITAL ONE BANK									
c	Term of hedge	2,018.00000002,027.0000000									
d	Was the hedge superintegrated?		X				X				
e	Was the hedge terminated?		X				X				



**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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

OMB No 1545-0047

**2012**

**Open to Public Inspection**

Name of the organization

**SAINT PETER'S UNIVERSITY**

Employer identification number

**22-1508627**

**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	2	1.	EVALUATIONS
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		1,000.	ESTIMATED VALUE
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	42	867,255.	MEAN OF HIGH/LOW PRI
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				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ( <u>EVENT SUPPORT</u> )	X	5	12,496.	BILLS/CHECKS/ESTIMAT
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 IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	
33		

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

Schedule M (Form 990) (2012)

**Part II**

**Supplemental Information.** Complete this part to 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, LINE 32B: 32B- WELLS FARGO ADVISORS**

461 FROM ROAD MACK VI

PO BOX 687

PARAMUS, NJ 07653

ACCOUNT NUMBER: 72732519

ACCEPT & SELL STOCK GIFTS; INVESTS PROCEEDS; NON-SOLICITOR.

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

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

SAINT PETER'S UNIVERSITY

Employer identification number  
22-1508627

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ATTENTION AND GROUNDING IN THE LIBERAL ARTS, EDUCATES A DIVERSE  
COMMUNITY OF LEARNERS IN UNDERGRADUATE, GRADUATE AND PROFESSIONAL  
PROGRAMS TO EXCEL INTELLECTUALLY, LEAD ETHICALLY, SERVE COMPASSIONATELY  
AND PROMOTE JUSTICE IN OUR EVER-CHANGING URBAN AND GLOBAL ENVIRONMENT

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SERVE COMPASSIONATELY AND PROMOTE JUSTICE IN OUR EVER-CHANGING URBAN  
AND GLOBAL ENVIRONMENT

FORM 990, PART VI, SECTION A, LINE 4: IN JULY 2012 THE ORGANIZATION  
CHANGED ITS NAME FROM SAINT PETER'S COLLEGE TO SAINT PETER'S UNIVERSITY.  
ALL ORGANIZING DOCUMENTS WERE UPDATED TO REFLECT THIS CHANGE.

FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE DRAFT FORM 990 WAS  
CIRCULATED TO THE AUDIT COMMITTEE FOR DISCUSSION AND COMMENT. EACH BOARD  
MEMBER WAS PROVIDED A COPY OF THE FORM 990 PRIOR TO ITS FILING WITH THE  
INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C: EACH OFFICER, DIRECTOR, TRUSTEE  
AND KEY EMPLOYEE IS REQUIRED TO ANNUALLY DISCLOSE ANY CONFLICTS OF INTEREST  
THAT ARISE BY VIRTUE OF THEIR EMPLOYMENT, BOARD SERVICE, OR POSITION WITH  
THE UNIVERSITY. THE UNIVERSITY MONITORS COMPLIANCE WITH ITS CONFLICT OF  
INTEREST POLICY THROUGH AN ANNUAL QUESTIONNAIRE/DISCLOSURE STATEMENT THAT  
IS DISTRIBUTED TO THESE INDIVIDUALS. POTENTIAL CONFLICTS ARE INVESTIGATED  
IMMEDIATELY.

Name of the organization

SAINT PETER'S UNIVERSITY

Employer identification number

22-1508627

FORM 990, PART VI, SECTION B, LINE 15: THE UNIVERSITY UNDERTAKES A THOROUGH PROCESS TO ENSURE THAT THE EXECUTIVE COMPENSATION IT PAYS TO ITS TOP MANAGEMENT OFFICIAL AND ALL OF ITS OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION IS REASONABLE GIVEN THE MARKET IN WHICH THE UNIVERSITY OPERATES. IN RELEVANT PART, THE BOARD OF TRUSTEES HAS ESTABLISHED A COMPENSATION COMMITTEE OF INDEPENDENT PERSONS WHO HAVE NO PERSONAL INTEREST IN THE PROPOSED COMPENSATION AGREEMENT.

THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES WILL THEN SET THE COMPENSATION FOR THE RELEVANT EXECUTIVE.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC BY RETAINING A COPY AT ITS PLACE OF BUSINESS. THE FORM 990 IS LIKEWISE PUBLISHED ON THE INTERNET AT WWW.GUIDESTAR.ORG. THE ORGANIZATION'S FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY WILL BE AVAILABLE TO THE PUBLIC UPON REQUEST AND AT MANAGEMENT'S DISCRETION.

FORM 990, PART VII

FATHER BRADEN AND FATHER SULLIVAN ARE JESUIT PRIESTS WHO ARE OFFICER OF THE UNIVERSITY, BUT THEY ARE NOT ISSUED A W-2 FOR THE SALARIES THEY DERIVE. FOR CALENDAR YEAR 2013, FATHER BRADEN WAS PAID \$61,206, AND FATHER SULLIVAN WAS PAID \$28,923, HOWEVER, THEY RECEIVE NO BENEFITS FROM THE COLLEGE AND THEIR ENTIRE SALARIES ARE DEPOSITED DIRECTLY INTO THE JESUIT PROVINCE BANK ACCOUNT. PER THE INSTRUCTIONS TO THE FORM 990, THEIR SALARY IS NOT REQUIRED TO BE REPORTED IN SCHEDULE J.



Name of the organization

SAINT PETER'S UNIVERSITY

Employer identification number

22-1508627

## FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	-76,026.
CHANGE IN FAIR VALUE OF INTEREST RATE SWAP AGREEMENTS	2,183,382.
PENSION GAINS	3,897,638.
LOSS ON DISPOSAL	-156,637.
TOTAL TO FORM 990, PART XI, LINE 9	5,848,357.

## FORM 990, PART XII, LINE 2C

THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES IS RESPONSIBLE FOR  
OVERSEEING REGULAR AUDITS OF FINANCIAL ACTIVITIES, ENSURING THAT THE  
UNIVERSITY ADHERES TO LAWS AND REGULATIONS, AND MONITORING THE  
INSTITUTION'S CONFLICT OF INTEREST POLICIES.

## FORM 990, PART VI, LINE 1

TWO TRUSTEES EMERITUS ATTEND AND PARTICIPATE IN BOARD OF TRUSTEE  
MEETINGS BUT HAVE NO VOTING RIGHTS. ALL OTHER TRUSTEES, INCLUDING THE  
PRESIDENT EX OFFICIO, TAKE PART IN BOARD DISCUSSIONS AND VOTE, PROVIDED  
THERE IS NO CONFLICT OF INTEREST. ALL BOARD MEMBERS EXCEPT THE  
PRESIDENT AND TRUSTEE/PROJECT DIRECTOR - 21 CENTURY GRANT ARE  
INDEPENDENT VOTING MEMBERS.

**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

**SAINT PETER'S UNIVERSITY**

Employer identification number

**22-1508627**

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to 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
SPJC MANAGEMENT LLC - 20-1447046 2641 KENNEDY BOULEVARD JERSEY CITY, NJ 07306	REAL ESTATE	NEW JERSEY			SAINT PETER'S UNIVERSITY

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to 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
ST. PETERS COLLEGE REALTY HOLDING, INC. - 20-1412644, 30 MONTGOMERY STREET, 15TH FLOOR, JERSEY CITY, NJ 07302	REAL ESTATE	NEW JERSEY	501(C)(2)	N/A			X

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

Schedule R (Form 990) 2012



**Part V** Transactions With Related Organizations (Complete if the organization answered "Yes" to 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.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

**a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

**b** Gift, grant, or capital contribution to related organization(s)

**c** Gift, grant, or capital contribution from related organization(s)

**d** Loans or loan guarantees to or for related organization(s)

**e** Loans or loan guarantees by related organization(s)

**f** Dividends from related organization(s)

**g** Sale of assets to related organization(s)

**h** Purchase of assets from related organization(s)

**i** Exchange of assets with related organization(s)

**j** Lease of facilities, equipment, or other assets to related organization(s)

**k** Lease of facilities, equipment, or other assets from related organization(s)

**l** Performance of services or membership or fundraising solicitations for related organization(s)

**m** Performance of services or membership or fundraising solicitations by related organization(s)

**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

**o** Sharing of paid employees with related organization(s)

**p** Reimbursement paid to related organization(s) for expenses

**q** Reimbursement paid by related organization(s) for expenses

**r** Other transfer of cash or property to related organization(s)

**s** Other transfer of cash or property from related organization(s)

**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 other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ST. PETERS COLLEGE REALTY HOLDING, INC.	R	797,418.FMV	
(2)			
(3)			
(4)			
(5)			
(6)			



**Part VII** Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

2012 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No	Description	Date Acquired	Method	Life	C o n v	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
2	BUILDINGS & IMPROVEMENTS	VARIOUS	SL	39.50	16	82292223.					82292223.	39941771.		2,123,803.	42065574.
	* 990 PAGE 10 TOTAL BUILDINGS						82292223.				82292223.	39941771.		2,123,803.	42065574.
	MACHINERY & EQUIPMENT														
3	EQUIPMENT	VARIOUS	SL	7.00	16	16439894.					16439894.	13436124.		936,144.	14372268.
5	VEHICLE	VARIOUS	SL	4.00	16	476,828.					476,828.	437,315.		11,854.	449,169.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						16916722.				16916722.	13873439.		947,998.	14821437.
	LAND														
1	LAND	VARIOUS		.000	HY16	8,535,542.					8,535,542.			0.	
	* 990 PAGE 10 TOTAL LAND						8,535,542.				8,535,542.			0.	0.
	OTHER														
4	LEASE AND LEASEHOLD IMPROVEMENTS	VARIOUS		.000	HY16	1,438,949.					1,438,949.	1,083,082.		18,145.1.	1,101,227.
6	COMPUTER & SOFTWARE	VARIOUS	SL	7.00	HY16	173,235.					173,235.	19,138.		33,926.	53,064.
7	HARDWARE	VARIOUS		.000	HY16	1,827,629.					1,827,629.	694,468.		312,500.1.	1,006,968.
8	CONSTRUCTION IN PROGRESS	VARIOUS		.000	HY16	1,520,116.					1,520,116.			0.	
9	LAND IMPROVEMENTS	VARIOUS		.000	HY16	599,115.					599,115.	49,920.		34,690.	84,610.
	* 990 PAGE 10 TOTAL OTHER						5,559,044.				5,559,044.	846,608.		399,261.2.	2,245,859.
	* GRAND TOTAL 990 PAGE 10 DEPR						113,303,531.				113,303,531.	55661818.		3,471,062.	59132880.

228111  
05-01-12

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone