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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 private foundations)

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**Open to Public  
Inspection**A** For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014****B** Check if applicable

- ☐ Address change  
☒ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization**CALDWELL UNIVERSITY, INC.**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

**120 BLOOMFIELD AVENUE**

City or town, state or province, country, and ZIP or foreign postal code

**CALDWELL, NJ 07006-6195****F** Name and address of principal officer **JACK RAINEY****9 RYERSON AVENUE, CALDWELL, NJ 07006****D** Employer identification number**22-1500483****E** Telephone number**973-618-3230****G** Gross receipts \$ **64,042,249.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

**H(c)** Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **HTTP://WWW.CALDWELL.EDU****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **1939** **M** State of legal domicile: **NJ****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <b>THE EXEMPT PURPOSE IS TO PREPARE STUDENTS THROUGH THE LIBERAL ARTS AND PROFESSIONAL STUDIES TO THINK</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>28</b>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>27</b>
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>938</b>
	6	Total number of volunteers (estimate if necessary)	<b>0</b>
Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<b>120,136.</b>
	7b	Net unrelated business taxable income from Form 990-T, line 34	<b>71,178.</b>
	8	Contributions and grants (Part VIII, line 1h)	<b>2,885,969.</b>
	9	Program service revenue (Part VIII, line 2g)	<b>46,060,544.</b>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>898,345.</b>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>7,817,655.</b>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>57,662,513.</b>
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>16,632,566.</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>22,548,969.</b>
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>
	b	Total fundraising expenses (Part IX, column (D), line 25)	<b>1,328,607.</b>
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>16,782,986.</b>
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>55,964,521.</b>
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	<b>1,697,992.</b>
	20	Total assets (Part X, line 16)	<b>52,502,582.</b>
	21	Total liabilities (Part X, line 26)	<b>27,453,897.</b>
	22	Net assets or fund balances. Subtract line 21 from line 20	<b>25,048,685.</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.

Sign Here

Signature of officer

Date

**5/8/2015****JACK RAINEY, V.P. FINANCE**

Type of print name and title

Paid

Print/Type preparer's name  
**THOMAS LANNING**

Preparer's signature

Date

Check if self-employed ☐

PTIN

**P00851654**

Preparer

Firm's name **COHNREZNICK LLP**Firm's EIN **22-1478099**

Use Only

Firm's address **4 BECKER FARM ROAD  
ROSELAND, NJ 07068**Phone no. **973-228-3500**

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

☒ Yes ☐ No

332001 10-29-13

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2013)

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

SCANNED JUN 17 2015

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**Part III** Statement of Program Service Accomplishments

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

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

FOUNDED IN 1939 BY THE SISTERS OF SAINT DOMINIC, CALDWELL UNIVERSITY PROMOTES INTELLECTUAL, SPIRITUAL, AND AESTHETIC GROWTH TO A DIVERSE POPULATION AND WELCOMES ALL CULTURES AND FAITH TRADITIONS. INSPIRED BY ST. DOMINIC DE GUZMAN AND OUR CATHOLIC HERITAGE, WE MAKE A DIFFERENCE

**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 \$ 46,947,753. including grants of \$ 16,632,566.) (Revenue \$ 53,771,842.)

CALDWELL SERVES A DIVERSE BODY OF 2,182 STUDENTS (1,576 UNDERGRADUATE AND 606 GRADUATE). ABOUT FORTY (40) PERCENT OF UNDERGRADUATES SELF-IDENTIFY AS BEING PART OF A MINORITY GROUP, WITH 17 PERCENT IDENTIFYING AS BLACK; 19 PERCENT REPORTING HISPANIC HERITAGE; 6 PERCENT INDICATING AN ASIAN BACKGROUND, AND ONE (1) PERCENT REPORTING TWO OR MORE RACES. TWENTY (20) PERCENT OF GRADUATE STUDENTS SELF-IDENTIFY AS BEING PART OF A MINORITY GROUP, WITH EIGHT (8) PERCENT REPORTING HISPANIC HERITAGE; NINE (9) PERCENT IDENTIFYING AS BLACK; TWO (2) PERCENT AS ASIAN, AND ONE (1) PERCENT AS TWO OR MORE RACES. WOMEN COMPRISE 69 PERCENT OF THE COLLEGE'S UNDERGRADUATE STUDENT POPULATION AND 83 PERCENT OF THE GRADUATE SCHOOL. ABOUT FIVE (5) PERCENT OF CALDWELL UNDERGRADUATES ARE INTERNATIONAL STUDENTS, INCLUDING A

**4b** (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4c** (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

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

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

**4e** Total program service expenses **▶** 46,947,753.

**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>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
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>		X
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>		X
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>		X
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>		X
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>		X
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>		X
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>		X
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>	X	
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>	X	
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>		X
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>		X
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>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
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>	X	
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>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	X	
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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>		X
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>	X	
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>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government 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 or 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 25a</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> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, 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 non-charitable 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 or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	2866	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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	938	
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)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	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)?		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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
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?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		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?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> 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	<b>Section 501(c)(12) organizations.</b> 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	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> 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	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
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 or note to any line in this Part VI ☒ **X**

**Section A. Governing Body and Management**

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9
1a Enter the number of voting members of the governing body at the end of the tax year	28											
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		27										
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?												
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?												
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?												
5 Did the organization become aware during the year of a significant diversion of the organization's assets?												
6 Did the organization have members or stockholders?												
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?												
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?												
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:												
a The governing body?												
b Each committee with authority to act on behalf of the governing body?												
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O												

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

	10a	10b	11a	12a	12b	12c	13	14	15a	15b	16a	16b
10a Did the organization have local chapters, branches, or affiliates?												
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?												
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?												
b Describe in Schedule O the process, if any, used by the organization to review this Form 990												
12a Did the organization have a written conflict of interest policy? If "No," go to line 13												
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?												
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done												
13 Did the organization have a written whistleblower policy?												
14 Did the organization have a written document retention and destruction policy?												
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?												
a The organization's CEO, Executive Director, or top management official												
b Other officers or key employees of the organization												
If "Yes" to line 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?												
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: **▶**

**JOHN RAINEY, V.P. - FINANCE - 973-618-3230**

**120 BLOOMFIELD AVENUE, CALDWELL, NJ 07006-6195**

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

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

☒**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) EDWARD R. COLLINS TRUSTEE	1.00	X						0.	0.	0.
(2) ELIZABETH CHALAS BERMAN TRUSTEE	1.00	X						0.	0.	0.
(3) GERALD J. SMITH JR. TRUSTEE	1.00	X						0.	0.	0.
(4) JAMES R. GONZALEZ TRUSTEE	1.00	X						0.	0.	0.
(5) JOHN C. PETERSON SECRETARY	1.00	X		X				0.	0.	0.
(6) JOSEPH BECKER, CPA TRUSTEE	1.00	X						0.	0.	0.
(7) KATHLEEN M. BARABAS TRUSTEE	1.00	X						0.	0.	0.
(8) KENNETH J. GILMORE TRUSTEE	1.00	X						0.	0.	0.
(9) LAURITA WARNER TRUSTEE	1.00	X						0.	0.	0.
(10) LINDA LUCIANO, ED.D TRUSTEE	1.00	X						0.	0.	0.
(11) LISA M. BROMBERG, ESQ. TRUSTEE	1.00	X						0.	0.	0.
(12) MARILYN BASTARDI CHAIR	1.00	X		X				0.	0.	0.
(13) MARK A. REDA TRUSTEE	1.00	X						0.	0.	0.
(14) MAUREEN T. BEZER TRUSTEE	1.00	X						0.	0.	0.
(15) MICHAEL CANDIDO TRUSTEE	1.00	X						0.	0.	0.
(16) NANCY COSTELLO MILLER, ESQ VICE CHAIR	1.00	X		X				0.	0.	0.
(17) NANCY H. BLATTNER, PHD., OPA PRESIDENT	35.00	X		X				265,296.	0.	72,217.



**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) PATRICK OSINSKI, ESQ. TRUSTEE	1.00	X						0.	0.	0.
(19) ROBERT G. PURDY TRUSTEE	1.00	X						0.	0.	0.
(20) ROBERT J. IACULLO TRUSTEE	1.00	X						0.	0.	0.
(21) SR. ARLENE ANTCZAK, OP TRUSTEE	1.00	X						0.	0.	0.
(22) SR. DONNA CIANGIO TRUSTEE	1.00	X						0.	0.	0.
(23) SR. LUELLA RAMM, OP TRUSTEE	1.00	X						0.	0.	0.
(24) SR. MARY EILEEN O'BRIEN, OP, PH TRUSTEE	1.00	X						0.	0.	0.
(25) SR. MARY LOU BAUMAN, OP TRUSTEE	1.00	X						0.	0.	0.
(26) SR. PATRICIA COSTELLO, OP TRUSTEE	1.00	X						0.	0.	0.
<b>1b Sub-total</b>								265,296.	0.	72,217.
<b>c Total from continuation sheets to Part VII, Section A</b>								1,749,422.	0.	215,126.
<b>d Total (add lines 1b and 1c)</b>								2,014,718.	0.	287,343.

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 **23**

- 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
GOURMET DINING SERVICES, LLC P.O. BOX 417632, BOSTON, MA 02241	FOOD SERVICE	1,928,855.
HUDSON CONSTRUCTION GROUP 309 BLOOMFIELD AVE., CALDWELL, NJ 07006	CONSTRUCTION	780,715.
SJE GROUP, LLC P.O. BOX 1573, MONTCLAIR, NJ 07042	CONSTRUCTION	739,049.
WILLIAM H. CONNOLLY & CO. LLC 56 PARK ST., MONTCLAIR, NJ 07042	INSURANCE BROKER	402,528.
1800PRINT ME.COM, 122 MOUNT BETHEL ROAD, SUITE 2, WARREN, NJ 07059	PRINTING	324,517.

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 **9**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2013)

(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) SR. PATRICIA TAVIS TRUSTEE	1.00	X						0.	0.	0.
(28) WILLIAM DEETER TRUSTEE	1.00	X						0.	0.	0.
(29) JOHN T. RAINEY VP FINANCE AND ADMIN	35.00			X				176,358.	0.	28,272.
(30) JOSEPH POSILICO VP/ENROLLMENT MANAGEMENT	35.00			X				153,296.	0.	35,539.
(31) KEVIN P. BOYLE VP FOR DEVELOPMENT	35.00			X				165,218.	0.	11,192.
(32) LAURA A. BAYLESS INTERIM VP FOR SL	35.00			X				72,382.	0.	7,933.
(33) PATRICK PROGAR VP ACADEMIC AFFAIRS	35.00			X				147,993.	0.	29,949.
(34) SHEILA O'ROURKE VP FOR INST. EFFECTIVENESS	35.00			X				136,529.	0.	27,517.
(35) SR. KATHLEEN A. TUI TE VP FOR STUDENT LIFE	35.00			X				0.	0.	0.
(36) APRIL N. KISAMORE ASST PROFESSOR OF ABA	35.00				X			161,745.	0.	7,574.
(37) JASON C. VLADESCO ASST. PROFESSOR OF ABA	35.00				X			186,562.	0.	13,879.
(38) RUTH M. DEBAR ASSOC PROFESSOR OF ABA	35.00				X			165,336.	0.	11,580.
(39) SHARON REEVE PROFESSOR OF ABA	35.00				X			251,785.	0.	27,051.
(40) TINA M. SIDENER ASSOC PROFESSOR OF ABA	35.00				X			132,218.	0.	14,640.
Total to Part VII, Section A, line 1c								1,749,422.		215,126.

**Part VIII** Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b> 163,188.				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b> 1,117,733.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 1,605,048.				
	<b>g</b> Noncash contributions included in lines 1a-1f \$	675,882.				
	<b>h Total.</b> Add lines 1a-1f		2,885,969.			
<b>Program Service Revenue</b>	<b>Business Code</b>					
	<b>2 a</b> TUITION & FEES	611710	46,060,544.	46,060,544.		
	<b>b</b>					
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
<b>g Total.</b> Add lines 2a-2f		46,060,544.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		199,582.			199,582.
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6 a</b> Gross rents	(i) Real 213,000.				
	<b>b</b> Less: rental expenses	17,128.				
	<b>c</b> Rental income or (loss)	195,872.				
	<b>d</b> Net rental income or (loss)		195,872.	75,736.	120,136.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities 6,993,095.	(ii) Other			
	<b>b</b> Less: cost or other basis and sales expenses	6,294,332.				
	<b>c</b> Gain or (loss)	698,763.				
	<b>d</b> Net gain or (loss)		698,763.			698,763.
	<b>8 a</b> Gross income from fundraising events (not including \$ 163,188. of contributions reported on line 1c) See Part IV, line 18	a 54,497.				
	<b>b</b> Less: direct expenses	b 68,276.				
	<b>c</b> Net income or (loss) from fundraising events		-13,779.			-13,779.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	a				
	<b>b</b> Less: direct expenses	b				
	<b>c</b> Net income or (loss) from gaming activities					
	<b>10 a</b> Gross sales of inventory, less returns and allowances	a				
	<b>b</b> Less: cost of goods sold	b				
<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b> ROOM & BOARD	611710	5,808,618.	5,808,618.			
<b>b</b> AUTISM CENTER	611710	1,656,375.	1,656,375.			
<b>c</b> CAMPUS STORE	611710	73,520.	73,520.			
<b>d</b> All other revenue	611710	97,049.	97,049.			
<b>e Total.</b> Add lines 11a-11d		7,635,562.				
<b>12 Total revenue.</b> See instructions.		57,662,513.	53,771,842.	120,136.	884,566.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(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	16,632,566.	16,632,566.		
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	1,256,654.	963,910.	239,010.	53,734.
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	16,822,164.	12,903,353.	3,199,506.	719,305.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	666,373.	511,138.	126,741.	28,494.
9 Other employee benefits	2,570,683.	1,971,829.	488,934.	109,920.
10 Payroll taxes	1,233,095.	945,839.	234,530.	52,726.
11 Fees for services (non-employees):				
a Management	100,030.		100,030.	
b Legal	465,373.		465,373.	
c Accounting	167,611.		167,611.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	128,859.		128,859.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	104,866.	6,157.	98,709.	
12 Advertising and promotion	902,450.	844,473.	17,579.	40,398.
13 Office expenses	2,052,130.	1,593,833.	410,834.	47,463.
14 Information technology	556,685.		556,685.	
15 Royalties				
16 Occupancy	4,064,444.	3,609,848.	401,114.	53,482.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	675,425.	513,135.	127,181.	35,109.
20 Interest	764,718.	721,152.	25,187.	18,379.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,935,142.	1,777,063.	102,760.	55,319.
23 Insurance	324,808.		324,808.	
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 <b>FOOD</b>	1,602,733.	1,602,733.		
b <b>UTILITIES</b>	1,318,297.	1,163,113.	136,927.	18,257.
c <b>SPECIAL PROJECTS</b>	888,539.	511,855.	334,783.	41,901.
d <b>RESTRICTED FUNDS PROGRA</b>	375,466.	364,574.		10,892.
e All other expenses	355,410.	311,182.	1,000.	43,228.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	55,964,521.	46,947,753.	7,688,161.	1,328,607.
26 <b>Joint costs.</b> 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 98-2 (ASC 958-720)

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing	2,948,262.	1	2,534,525.
	2 Savings and temporary cash investments	2,288,090.	2	732,997.
	3 Pledges and grants receivable, net	231,260.	3	366,334.
	4 Accounts receivable, net	1,661,963.	4	1,089,354.
	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		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	605,486.	9	938,269.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 68,294,837.		
	b Less accumulated depreciation	10b 29,638,153.	10c	38,656,684.
	11 Investments - publicly traded securities	4,629,577.	11	6,138,805.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,912,194.	15	2,045,614.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	49,803,805.	16	52,502,582.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	4,233,354.	17	5,106,829.
	18 Grants payable		18	
	19 Deferred revenue	960,267.	19	1,646,162.
	20 Tax-exempt bond liabilities	20,759,872.	20	20,180,906.
	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	580,000.	23	520,000.
	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		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	26,533,493.	26	27,453,897.
<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	18,423,118.	27	19,925,902.
	28 Temporarily restricted net assets	917,401.	28	942,564.
	29 Permanently restricted net assets	3,929,793.	29	4,180,219.
	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>	23,270,312.	33	25,048,685.
	34 <b>Total liabilities and net assets/fund balances</b>	49,803,805.	34	52,502,582.

Form 990 (2013)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	57,662,513.
2	Total expenses (must equal Part IX, column (A), line 25)	2	55,964,521.
3	Revenue less expenses Subtract line 2 from line 1	3	1,697,992.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	23,270,312.
5	Net unrealized gains (losses) on investments	5	78,455.
6	Donated services and use of facilities	6	1,923.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	3.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	25,048,685.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
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 <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
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.	2c	X
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?	3a	X
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	3b	X

Form 990 (2013)

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.**

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

OMB No. 1545-0047

2013

**Open to Public Inspection**

Name of the organization

CALDWELL UNIVERSITY, INC.

Employer identification number

22-1500483

<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) 2013

**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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a <b>33 1/3% support test - 2013.</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 - 2012.</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 - 2013.</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 - 2012.</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) 2013



**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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 <b>Total.</b> 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 <b>Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 <b>Total support.</b> (Add lines 9, 10c, 11, and 12)						
14 <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**

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

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

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2013.** 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 - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

## Part IV

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12.

Also complete this part for any additional information (See instructions).

Name of organization

Employer identification number

CALDWELL UNIVERSITY, INC.

22-1500483

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	ROBERT SYDNEY NEEDHAM FOUNDATION 1525 W WT HARRIS BLVD D1114-044 CHARLOTTE, NC 28288	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
32	ROBERT WOOD JOHNSON FOUNDATION PO BOX 2316 PRINCETON, NJ 08543	\$ 142,105.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
33	ROXANNE KNOTT-KUCZBORSKI 25 GLADDING RD CALDWELL, NJ 07006-5804	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
34	SEGER ENTERPRISES 182 STEVENS AVE CEDAR GROVE, NJ 07009-1149	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
35	SODEXO 3030 HARTLEY ROAD JACKSONVILLE, FL 32258	\$ 503,485.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
36	STATE OF NEW JERSEY PO BOX 211 TRENTIN, NJ 08625-0211	\$ 874,257.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

**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.**

▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)**

OMB No 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization

**CALDWELL UNIVERSITY, INC.**

Employer identification number  
**22-1500483**

**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 ☐ Nob 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	2,388,562.	2,138,323.	2,248,655.	1,964,026.	1,724,910.
b Contributions	106,865.	183,541.	140,101.	49,000.	3,250.
c Net investment earnings, gains, and losses	192,395.	128,978.	-129,186.	267,267.	308,884.
d Grants or scholarships					
e Other expenditures for facilities and programs	110,185.	62,280.	121,247.	31,638.	73,018.
f Administrative expenses					
g End of year balance	2,577,637.	2,388,562.	2,138,323.	2,248,655.	1,964,026.

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

a Board designated or quasi-endowment ☐ %b Permanent endowment ☒ 91.97 %c Temporarily restricted endowment ☒ 8.03 %

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

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,151,371.		1,151,371.
b Buildings		48,524,301.	20,383,768.	28,140,533.
c Leasehold improvements				
d Equipment		10,912,239.	6,529,624.	4,382,615.
e Other		7,706,926.	2,724,761.	4,982,165.
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				38,656,684.

Schedule D (Form 990) 2013

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

Schedule D (Form 990) 2013

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a

1	Total revenue, gains, and other support per audited financial statements		1	41,074,118.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a	78,455.	
b	Donated services and use of facilities	2b	1,923.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	-16,737,049.	
e	Add lines 2a through 2d	2e		-16,656,671.
3	Subtract line 2e from line 1	3		57,730,789.
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	-68,276.	
c	Add lines 4a and 4b	4c		-68,276.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		57,662,513.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	39,295,748.
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	68,276.	
e	Add lines 2a through 2d	2e		68,276.
3	Subtract line 2e from line 1	3		39,227,472.
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	16,737,049.	
c	Add lines 4a and 4b	4c		16,737,049.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		55,964,521.

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

THE UNIVERSITY HAS NO UNRECOGNIZED TAX BENEFITS AT JUNE 30,

2014 AND 2013. THE UNIVERSITY'S FEDERAL AND STATE TAX FILINGS PRIOR TO

FISCAL 2011 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 OR PENALTIES PAID FOR THE YEARS ENDED JUNE 30, 2014 AND 2013.

**Part XIII** Supplemental Information (continued)**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

SCHOLARSHIP ALLOWANCE -16,632,568.

INVESTMENT EXPENSE -103,481.

RECLASS OF 990 T PAYMENT -1,000.

TOTAL TO SCHEDULE D, PART XI, LINE 2D -16,737,049.

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

EVENT EXPENSE -68,276.

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

EVENT EXPENSES 68,276.

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

SCHOLARSHIP ALLOWANCES 16,632,568.

INVESTMENT EXPENSE 103,481.

RECLASS OF 990 T PAYMENT 1,000.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 16,737,049.



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

Department of the Treasury  
Internal Revenue Service

**Schools**

▶ 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.

OMB No 1545-0047

**2013**

**Open to Public  
Inspection**

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

Name of the organization

**CALDWELL UNIVERSITY, INC.**

Employer identification number

**22-1500483**

**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

**CALDWELL UNIVERSITY USES THE FOLLOWING NOTICE IN NEWSPAPER,  
BROADCAST MEDIA ADMISSIONS AND CATALOGUES: CALDWELL COLLEGE  
DOES NOT DISCRIMINATE IN APPLICATIONS FOR STUDENTS IN  
PROGRAMS, FACILITIES OR SCHOLARSHIPS ON THE BASIS OF RACE,  
COLOR, CREED, AGE, NATIONAL OR ETHNIC ORIGIN OR DISABILITY.**

- 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) (2013)

**Part II****Supplemental Information.** 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.**LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:**

THE ORGANIZATION RECEIVES FUNDS FROM STATE OF NEW JERSEY

UNDER THE EDUCATIONAL OPPORTUNITY FUND (EOF) OF NEW JERSEY.

Department of the Treasury  
Internal Revenue Service

**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.**

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

OMB No 1545-0047

2013

## Open To Public Inspection

Name of the organization

CALDWELL UNIVERSITY, INC.

Employer identification number  
22-1500483

## 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			
Total						

## Total

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

**Part II Fundraising Events.** Complete if the organization answered "Yes" 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
		PRESIDENTIAL GALA (event type)	GOLF OUTING (event type)	1 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	150,200.	56,815.	10,670.	217,685.
	2 Less: Contributions	119,450.	39,368.	4,370.	163,188.
	3 Gross income (line 1 minus line 2)	30,750.	17,447.	6,300.	54,497.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes		2,794.	343.	3,137.
	6 Rent/facility costs	21,158.	16,622.	7,668.	45,448.
	7 Food and beverages			43.	43.
	8 Entertainment	4,000.			4,000.
	9 Other direct expenses	10,785.	2,118.	2,745.	15,648.
	10 Direct expense summary Add lines 4 through 9 in column (d)				68,276.
	11 Net income summary Subtract line 10 from line 3, column (d)				-13,779.

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

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

- |   |  |
|---|--|
| <b>11</b> Does the organization operate gaming activities with nonmembers?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| <b>12</b> 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| <b>13</b> Indicate the percentage of gaming activity operated in:   |  |
| <b>a</b> The organization's facility  | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>13a</b> </div> <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block; vertical-align: middle;"></div> <div style="text-align: right; padding-right: 10px;">%</div> |
| <b>b</b> An outside facility  | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>13b</b> </div> <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block; vertical-align: middle;"></div> <div style="text-align: right; padding-right: 10px;">%</div> |
| <b>14</b> 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.** 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).

## Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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

► **Attach to Form 990.**

► Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

2013

**Open to Public Inspection**

Name of the organization

**CALDWELL UNIVERSITY, INC.**

<b>Part I</b>	<b>General Information on Grants and Assistance</b>
---------------	---

**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 II** 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

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

Schedule I (Form 990) (2013)

**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
TUITION ASSISTANCE-SEE SUPPLEMENTAL INFORMATION PART V	1653	16,632,566.	0.		

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

SPECIAL DISCOUNTS - 797,435

COLLEGE CONTRIBUTION - WORK STUDY 15,386

COLLEGE GRANTS 5,138,178

COLLEGE SCHOLARSHIPS 7,967,403

PRESIDENTIAL AWARDS 2,197,027

RESTRICTED SCHOLARSHIPS 162,204

**Part IV** Supplemental Information

CAMPUS EMPLOYMENT	227,164
-------------------	---------

GRADUATE ASSISTANTS	127,769
---------------------	---------

TOTAL TUITION ASSISTANCE	16,632,566
--------------------------	------------



**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" on Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

**CALDWELL UNIVERSITY, INC.**

Employer identification number

**22-1500483**

**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

☐ First-class or charter travel

☒ Housing allowance or residence for personal use

☐ Travel for companions

☐ Payments for business use of personal residence

☐ Tax indemnification and gross-up payments

☒ Health or social club dues or initiation fees

☐ Discretionary spending account

☐ 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 directors, trustees, and officers, including 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

☒ Compensation committee

☒ Written employment contract

☐ Independent compensation consultant

☐ Compensation survey or study

☐ Form 990 of other organizations

☒ 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
1b	X	
2	X	
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) 2013



Part III Supplemental Information

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

PART I, LINE 7:  
INCLUDED ON SCHEDULE J, PART I COLUMN B (II) ARE AMOUNTS  
REPRESENTING BONUSES. THESE AMOUNTS WERE APPROVED BY THE BOARD AND INCLUDED  
IN THE INDIVIDUALS 2013 W-2S.

**SCHEDULE K**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**

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

► Attach to Form 990. ► See separate instructions. ► Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

CALDWELL UNIVERSITY, INC.

Employer identification number  
22-1500483

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased (h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No
A NJEFA 2013 SERIES E		NONE	06/18/13	20000000.	REFUNDING & FINANCING		X		X
B									
C									
D									

**Part II Proceeds**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired		482,551.						
2 Amount of bonds legally defeased								
3 Total proceeds of issue		19,517,449.						
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds		231,457.						
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								
11 Other spent proceeds		19,338,756.						
12 Other unspent proceeds		429,787.						
13 Year of substantial completion		2007						
14 Were the bonds issued as part of a current refunding issue?	X							
15 Were the bonds issued as part of an advance refunding issue?		X						
16 Has the final allocation of proceeds been made?		X						
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	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						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						

**Part III Private Business Use (Continued)**

	A		B		C		D	
	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?								
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?		X						
c Are there any research agreements that may result in private business use of bond-financed property?								
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?		X						
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						
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						
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							

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?	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						
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

**Part IV Arbitrage (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?		X						

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

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

SCHEDULE K, PART I, LINE A:

THIS BOND IS PARTIALLY THE RESULT OF A REFUNDING OF AN OUTSTANDING BOND FROM 2006.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No 1545-0047

**2013**

Open to Public  
Inspection

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
▶ Attach to Form 990.  
▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**CALDWELL UNIVERSITY, INC.**

Employer identification number

**22-1500483**

**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				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	5	27,017.	FMV
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>EQUIPMENT</u> )	X	2	648,865.	
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) (2013)

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



**SCHEDULE 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.

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

OMB No 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

CALDWELL UNIVERSITY, INC.

Employer identification number  
22-1500483

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

CRITICALLY, PURSUE TRUTH, AND CONTRIBUTE TO A JUST SOCIETY.

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

IN THE LIVES OF OUR STUDENTS AND PREPARE THEM THROUGH THE LIBERAL ARTS  
AND PROFESSIONAL STUDIES TO THINK CRITICALLY, PURSUE TRUTH, AND  
CONTRIBUTE TO A JUST SOCIETY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

SIZEABLE GROUP OF STUDENTS FROM NEPAL. AN 11:1 STUDENT-FACULTY RATIO  
HIGHLIGHTS THE INDIVIDUALIZED MENTORSHIP AND INSTRUCTION THAT  
CHARACTERIZE A CALDWELL EDUCATION. TO ENABLE ACCESS TO THE UNIVERSITY  
FOR ALL DESERVING STUDENTS, CALDWELL CONTRIBUTED ALMOST \$13M (43  
PERCENT) OF THE TOTAL FINANCIAL AID BUDGET FOR SCHOLARSHIPS, GRANTS AND  
OTHER AID. THIS ASSISTANCE BENEFITS OVER 90 PERCENT OF STUDENTS- WHOSE  
AVERAGE DEBT OF \$24,086 UPON GRADUATION WAS 18 PERCENT LESS THAN THE  
NATION'S AVERAGE STUDENT DEBT OF \$28,400 IN 2014.

IN 2014, THE FIRST-YEAR RETENTION OF 73 PERCENT, BEAT THE NATIONAL  
AVERAGE FOR SIMILAR INSTITUTIONS, AFFIRMING STUDENT SATISFACTION. THEY  
CHOOSE CALDWELL BECAUSE OF NATIONALLY RECOGNIZED PROGRAMS; SMALL CLASS  
SIZES; LOWER TUITION THAN OTHER NEW JERSEY PRIVATE SCHOOLS; GENEROUS  
FINANCIAL AID; A SAFE, SECURE AND BEAUTIFUL CAMPUS; EMPHASIS ON  
DEVELOPING GLOBAL CITIZENS; PERSONALIZED ATTENTION AND ADVISING;  
INSPIRING MENTORS; CONVENIENT AND FLEXIBLE CLASS SCHEDULES; LOCATION IN  
ONE OF NEW JERSEY'S BEST TOWNS, AND CLOSE PROXIMITY TO NEW YORK CITY.

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

Schedule O (Form 990 or 990-EZ) (2013)

332211  
09-04-13

Name of the organization

CALDWELL UNIVERSITY, INC.

Employer identification number

22-1500483

RECENT RENOVATIONS TO HELP TRANSFORM LEARNING ENVIRONMENTS INCLUDE: A \$1.3M STATE-OF-THE-ART NURSING EDUCATION FACILITY INCLUDING HEALTH ASSESSMENT AND SIMULATION LABORATORY (2013) AND TECHNOLOGY UPGRADES INCLUDING OVER 40 NEW INTERACTIVE TOUCH-SCREEN DIGITAL BOARDS IN THE LIBRARY, CLASSROOMS AND SCIENCE LABORATORIES (2014). "FIVE-BAR" UBIQUITOUS WIRELESS SERVICE FROM A NEW CELL TOWER ATOP THE ADMINISTRATION BUILDING ENABLES STUDENTS, FACULTY AND STAFF TO MAXIMIZE USE OF THEIR PERSONAL DEVICES THROUGHOUT CAMPUS (2014). FUTURE PLANS WILL FOLLOW THE IT STRATEGIC PLAN 2012-2016 THAT GUIDES THE PRIORITIZATION OF PROJECTS TO BENEFIT STUDENT LIVING AND LEARNING.

CALDWELL OFFERS 25 UNDERGRADUATE MAJORS AND ADDITIONAL CONCENTRATIONS INCLUDING ACCOUNTING, ART HISTORY, ART THERAPY, BIOLOGY, BROADCAST JOURNALISM, BUSINESS ADMINISTRATION, COMMUNICATION ARTS, COMPUTER INFORMATION SYSTEMS AND TECHNOLOGY, CRIMINAL JUSTICE, EDUCATION (EARLY CHILDHOOD, ELEMENTARY, SECONDARY AND SPECIAL), ENGLISH, FINANCIAL ECONOMICS, GLOBAL BUSINESS, GRAPHIC DESIGN, HUMAN RESOURCE MANAGEMENT, MARKETING, HEALTH SCIENCE, HISTORY, MATHEMATICS, MEDICAL TECHNOLOGY, MUSIC, NATURAL AND PHYSICAL SCIENCES, NURSING, PHILOSOPHY, POLITICAL SCIENCE, PSYCHOLOGY, SMALL BUSINESS AND ENTREPRENEURSHIP, SOCIAL STUDIES, SOCIOLOGY, SPANISH, SPORTS MANAGEMENT, STUDIO ART AND THEOLOGY.

IN 2014, THE UNIVERSITY INTRODUCED A NEW DOCTORATE PROGRAM IN EDUCATIONAL LEADERSHIP IN ADDITION TO 30 OTHER GRADUATE, DOCTORAL AND CERTIFICATE PROGRAMS. THESE INCLUDE APPLIED BEHAVIOR ANALYSIS (M.A.; PH.D.; AND COMBINED B.A./M.A.); BUSINESS (M.B.A. IN ACCOUNTING, GLOBAL

Name of the organization

CALDWELL UNIVERSITY, INC.

Employer identification number

22-1500483

BUSINESS, HR, MARKETING AND NON-PROFIT MANAGEMENT; AND B.A./M.B.A.);

EDUCATION (M.A. IN CURRICULUM AND INSTRUCTION; AND B.A./M.A.);

EDUCATION ADMINISTRATION (M.A. CAMPUS-BASED AND ONLINE); LITERACY

INSTRUCTION (M.A.); SPECIAL EDUCATION DISABILITIES (M.A.); AND MENTAL

HEALTH AND SCHOOL COUNSELING (M.A. AND B.A./M.A.). AN UNDERGRADUATE

ONLINE B.A. IN PSYCHOLOGY AND A B.S.N. (R.N. TO B.S.N.) WAS RECENTLY

OFFERED, IN ADDITION TO SEVERAL DUAL DEGREES THAT CAN EXPEDITE

GRADUATION AND PROFESSIONAL ADVANCEMENT IN NURSING.

EXTERNAL ACCREDITATION ATTESTS TO PROGRAM QUALITY AND VIGOR, PROVIDING

GRADUATES WITH A DIFFERENTIATED CAREER CREDENTIAL AND ENABLING THEM TO

STAND OUT COMPETITIVELY DURING HIRING AND ACCEPTANCE INTO ADVANCED

DEGREES. ORGANIZATIONS LIKE THE ACCREDITATION COUNCIL FOR BUSINESS

SCHOOLS AND PROGRAMS (ACBSP); THE COUNCIL FOR ACCREDITATION OF

COUNSELING AND RELATED EDUCATION PROGRAMS (CACREP); THE TEACHER

EDUCATION ACCREDITATION COUNCIL (TEAC); AND THE COMMISSION ON

COLLEGIATE NURSING EDUCATION (CCNE) ARE AMONG SEVERAL THAT HAVE AWARDED

FULL ACCREDITATION TO CALDWELL'S PROGRAMS. CALDWELL OFFERS THE FIRST

AND ONLY ACCREDITED ART THERAPY PROGRAM IN THE NATION.

CALDWELL UNIVERSITY HAS RECEIVED RECOGNITION FROM PRESTIGIOUS

INDEPENDENT OUTLETS, INCLUDING A TIER ONE RANKING IN THE NORTHEAST FROM

U.S. NEWS & WORLD REPORT'S BEST COLLEGES GUIDEBOOK; EXCELLENCE IN

STUDENT ENGAGEMENT, TEACHING QUALITY, COMMUNITY VIBRANCY AND GRADUATE

SUCCESS FROM COLLEGESOFDISTINCTION.COM; BOTH A GREAT COLLEGE FOR

LIBERAL ARTS AND A GREAT CATHOLIC COLLEGE FOR LIBERAL ARTS FROM

WINTERGREEN ORCHARD HOUSE, THE NATION'S LARGEST COLLEGE/SCHOLARSHIP

DATABASE; AND BEING AMONG NEW JERSEY SCHOOLS WITH THE BEST RETURN ON

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INVESTMENT FROM AFFORDABLECOLLEGESONLINE.ORG. THE UNIVERSITY HAS ALSO BEEN RECOGNIZED FOR PROVIDING ONE OF THE NATION'S BEST CAREER SERVICES BY BESTCOLLEGES.COM, AND THE NUMBER-ONE SAFEST PRIVATE COLLEGE IN NEW JERSEY BY STATEUNIVERSITY.COM.

THE UNIVERSITY IS GUIDED THROUGH ITS 75-YEAR HISTORY BY THE CORE VALUES OF RESPECT, INTEGRITY, COMMUNITY AND EXCELLENCE THAT DERIVE FROM THE CATHOLIC INTELLECTUAL TRADITION, THE LIFE OF ST. DOMINIC, THE CHARISM OF THE SISTERS OF ST. DOMINIC OF CALDWELL, AND THE FOUR PILLARS OF DOMINICAN LIFE: REFLECTION, STUDY, COMMUNITY AND MISSION. RESPECTING THE SACRED DIGNITY OF ALL CREATION, WE CALL OURSELVES TO A RESPONSIBLE RELATIONSHIP WITH EACH OTHER AND WITH THE EARTH. WE BELIEVE THAT A DIVERSITY OF RACES, CREEDS, CULTURES AND ABILITIES ENRICHES THE COLLEGE COMMUNITY BY ENABLING A CLIMATE OF MUTUAL RESPECT. WE CHAMPION A CONCERN FOR THE GOOD OF INDIVIDUALS AND THE COMMUNITY, AND ARE COMMITTED TO HONESTY AND PROFESSIONAL EXCELLENCE IN ALL INTERACTIONS AND RELATIONSHIPS. VALUING CONNECTEDNESS, COLLABORATION AND INCLUSIVITY, WE EXTEND THIS SPIRIT THROUGH INTENTIONAL OUTREACH TO THE BROADER COMMUNITY. AWARE THAT EACH PERSON, INDIVIDUALLY AND TOGETHER WITH OTHERS, HAS A ROLE IN CREATING A JUST AND COMPASSIONATE GLOBAL COMMUNITY, WE PROMISE EACH OTHER A COMMITMENT TO DEVELOPING IN THE WHOLE PERSON A LOVE FOR LIFELONG LEARNING AND SKILLFUL COLLABORATION IN THE SEARCH FOR KNOWLEDGE, TRUTH, AND SOLUTIONS TO PROBLEMS. ANNUAL SERVICE DAYS AND WEEK-LONG MISSION TRIPS DEMONSTRATE THIS COMMITMENT IN LOCATIONS RANGING FROM NEW JERSEY TO APPALACHIA TO BELIZE IN CENTRAL AMERICA.

THE UNIVERSITY'S FINANCIAL STABILITY CONTINUES TO INCREASE AS

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DEMONSTRATED BY RECENT SURPLUSES IN 2014 (\$1.8M), 2013 (\$3.2M), 2012 (\$2.1M) AND 2011 (\$2.5M). THE 2014 \$3.8M AWARD, MADE POSSIBLE THROUGH SEVERAL NEW JERSEY EDUCATION BOND PROGRAMS EARNED THROUGH COMPETITIVE GRANT PROPOSALS, HAVE HELPED TO FUND MANY OF THE FACILITY PROJECTS CITED ABOVE.

THE UNIVERSITY'S NEW NURSING DEPARTMENT (2009) HAS REACHED A FULL CAPACITY OF 200 NEW TRADITIONAL COLLEGE-AGE STUDENTS, STEADILY INCREASING TUITION REVENUE. THE DEPARTMENT OF APPLIED BEHAVIOR ANALYSIS CONTINUES TO EXPAND GRADUATE STUDENT ENROLLMENT, FULFILLING THEIR DESIRE TO ALTER THE LIVES OF CHILDREN WITH AUTISM-SPECTRUM DISORDERS OR COGNITIVE DELAYS. UNDERGRADUATE AND GRADUATE STUDENTS ALIKE ARE DRAWN TO STUDY ART THERAPY IN A VARIETY OF HUMAN SERVICE SETTINGS.

EXTERNAL FUNDING FROM GOVERNMENT, CORPORATE AND FOUNDATION RESOURCES CONTINUE TO GROW. RECENT MAJOR GRANTS INCLUDE \$250,000 FROM THE ROBERT WOOD JOHNSON FOUNDATION; \$155,000 FROM GOURMET DINING SERVICE LLC; \$55,300 FROM THE HEALTHCARE FOUNDATION OF NEW JERSEY; \$52,150 FROM THE INDEPENDENT COLLEGE FUND OF NJ; AND \$26,000 FROM NEW JERSEY MANUFACTURERS. IN 2012, CALDWELL RECEIVED A \$150,000 GRANT FROM THE GEORGE I. ALDEN TRUST. A \$200,000 ENDOWMENT FROM THE HEARST FOUNDATION PRODUCES ANNUAL SCHOLARSHIP INCOME, AND A \$1,853,262 ENDOWMENT FROM THE CALMAN TRUST FUNDS A CHAIR FOR THE HISTORY AND POLITICAL SCIENCE DEPARTMENT. THREE CONSECUTIVE NEW JERSEY DEPARTMENT OF EDUCATION GRANTS TOTALING OVER \$500,000 HAVE FUNDED A HIGHLY SUCCESSFUL SUMMER BRIDGE PROGRAM FOR FIRST-GENERATION, HIGH-ACHIEVING, HIGH SCHOOL SENIORS (2011- 2013).

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FORM 990, PART VI, SECTION A, LINE 6:

THE MEMBER IS THE CONGREGATION OF THE SACRED HEART OF JESUS OF  
THE THIRD ORDER OF SAINT DOMINIC.

FORM 990, PART VI, SECTION A, LINE 7A:

THE MEMBER HAS THE POWER TO APPOINT OR REMOVE TRUSTEES.

FORM 990, PART VI, SECTION A, LINE 7B:

THE CONGREGATION OF THE SACRED HEART OF JESUS OF THE THIRD  
ORDER OF SAINT DOMINIC HAVE RESERVED POWERS EXCLUSIVELY WITH CALDWELL  
COLLEGE.

FORM 990, PART VI, SECTION B, LINE 11:

THE FORM 990 IS REVIEWED IN DETAIL BY THE BOARD FINANCE  
COMMITTEE AND BOARD AUDIT COMMITTEE PRIOR TO FILING. THE FORM 990 WAS  
PROVIDED TO AND MADE AVAILABLE TO THE ORGANIZATION'S BOARD OF TRUSTEES AND  
EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY PRIOR TO ITS FILING  
THE FEDERAL FORM 990. AS PART OF THE TAX RETURN PREPARATION PROCESS, THE  
ORGANIZATION HIRED A PROFESSIONAL CPA FIRM WITH EXPERIENCE AND EXPERTISE IN  
NOT-FOR-PROFIT TAX RETURN PREPARATION TO PREPARE THE FORM 990. THE CPA  
FIRM'S TAX PROFESSIONALS WORKED CLOSELY WITH THE ORGANIZATION'S FINANCE  
PERSONNEL AND VARIOUS OTHER INDIVIDUALS OF THE ORGANIZATION TO COMPLETE THE  
PREPARATION OF THE RETURN. THE CPA FIRM PRESENTED AND EXPLAINED THE TAX  
RETURN TO THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES AS PART OF THEIR  
MEETING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION REGULARLY MONITORS AND COMPLIES WITH ITS

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CONFLICT OF INTEREST POLICY. ANNUALLY, OFFICERS, KEY EMPLOYEES AND EACH MEMBER OF THE BOARD OF TRUSTEES RECEIVES THE ORGANIZATION'S CONFLICT OF INTEREST POLICY TO REVIEW.

FORM 990, PART VI, SECTION B, LINE 15:

ANNUALLY, THE COLLEGE ESTABLISHES AND MAINTAINS REASONABLE EXECUTIVE COMPENSATION AND BENEFITS PROGRAMS THAT ALLOW THE COLLEGE TO EFFECTIVELY ATTRACT, RETAIN AND MOTIVATE KEY EXECUTIVES WHILE MAINTAINING COMPLIANCE WITH ALL LEGAL REQUIREMENTS. THE PROCESS FOR DETERMINING COMPENSATION OF THE PRESIDENT AND OTHER KEY OFFICERS OF THE ORGANIZATION INCLUDES UTILIZING COMPARABLE INDUSTRY DATA. THE COMPENSATION OF THE PRESIDENT IS REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION C, LINE 19:

THE COLLEGE MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VII:

SISTER KATHLEEN TUIITE IS AN OFFICER OF THE COLLEGE, BUT SHE IS NOT ISSUED A W-2 FOR THE SALARY SHE DERIVES. FOR CALENDAR YEAR 2012, SISTER KATHLEEN WAS PAID \$82,250 HOWEVER, SHE RECEIVES NO BENEFITS FROM THE COLLEGE AND HER ENTIRE SALARY IS DEPOSITED DIRECTLY TO THE SISTERS OF SAINT DOMINCK BANK ACCOUNT. PER THE INSTRUCTIONS TO THE FORM 990, HER SALARY IS NOT REQUIRED TO BE REPORTED IN SCHEDULE J OR FORM 990 PART VII.

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

ROUDING DIFFERENCE

3.

FORM 990 PART XII, LINE 2C

THE ORGANIZATION HAS AN AUDIT COMMITTEE WHO OVERSEES THE

AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTS ITS INDEPENDENT

ACCOUNTANTS.







**Part V** Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**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 related organization		(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				



**Part VII** Supplemental Information

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

2013 DEPRECIATION AND AMORTIZATION REPORT

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Asset No	Description	Date Acquired	Method	Life	Conv	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														
3	BUILDING	VARIOUS		.000		HY16	48524301.				48524301.	19277784.		1,105,984.	20383768.
	* 990 PAGE 10 TOTAL BUILDINGS						48524301.				48524301.	19277784.		1,105,984.	20383768.
	FURNITURE & FIXTURES														
15	DOMINICAN DORM	VARIOUS		.000		HY16	797,466.				797,466.	365,792.		75,697.	441,489.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						797,466.				797,466.	365,792.		75,697.	441,489.
	MACHINERY & EQUIPMENT														
4	ADM. BUILDING EQUIPMENT	VARIOUS		.000		HY16	1,002,463.				1,002,463.	802,711.		27,418.	830,129.
5	LIBRARY/THEATER EQUIP	VARIOUS		.000		HY16	522,842.				522,842.	419,001.		10,613.	429,614.
6	SCIENCE EQUIPMENT	VARIOUS		.000		HY16	982,052.				982,052.	730,810.		18,854.	749,664.
7	STUDENT CENTER EQUIPMENT	VARIOUS		.000		HY16	1,949,756.				1,949,756.	841,531.		123,984.	965,515.
8	MJRH EQUIPMENT	VARIOUS		.000		HY16	1,670,976.				1,670,976.	518,564.		139,565.	658,129.
9	ABA CENTER EQUIPMENT	VARIOUS		.000		HY16	1,014,138.				1,014,138.	103,711.		43,153.	146,864.
10	WENER HALL EQUIPMENT	VARIOUS		.000		HY16	634,543.				634,543.	570,246.		9,896.	580,142.
11	HAWTHORNE HOUSE EQUIP	VARIOUS		.000		HY16	24,197.				24,197.	18,143.		1,502.	19,645.
12	NEWMAN EQUIPMENT	VARIOUS		.000		HY16	457,375.				457,375.	395,955.		9,633.	405,588.
13	COMPUTER EQUIPMENT	VARIOUS		.000		HY16	2,596,963.				2,596,963.	566,079.		146,598.	712,677.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						10855305.				10855305.	966,751.		531,216.	5,497,967.

328111  
05-01-13

(D) - Asset disposed

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

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328111  
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\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone