

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.

OMB No 1545-0047

2015Open to Public
Inspection**A** For the 2015 calendar year, or tax year beginning

07/01, 2015, and ending

06/30, 2016

B Check if applicable

☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated return
☒ Amended return
☐ Application pending

C Name of organization

SAINT PETER'S UNIVERSITY

Doing business as

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

2641 KENNEDY BOULEVARD

Room/suite

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

JERSEY CITY, NJ 07306-5943

F Name and address of principal officer

EUGENE J. CORNACCHIA, PH.D.

2641 KENNEDY BOULEVARD JERSEY CITY, NJ 07306-5943

D Employer identification number

22-1508627

E Telephone number

(201) 761-7425

G Gross receipts \$ 110,515,583.**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

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

H(c) Group exemption number ▶ 0928**I** Tax-exempt status ☒ 501(c)(3) ☐ 501(c)() ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**J** Website. ▶ WWW.SAINTPETERS.EDU**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation 1872 **M** State of legal domicile NJ**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities	SAINT PETER'S UNIVERSITY EDUCATES A DIVERSE COMMUNITY OF LEARNERS IN UNDERGRADUATE, GRADUATE AND PROFESSIONAL PROGRAMS TO EXCEL, LEAD, SERVE AND PROMOTE.	
	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)	3	31.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	29.
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	1,402.
	6	Total number of volunteers (estimate if necessary)	6	80.
	Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a
b		Net unrelated business taxable income from Form 990-T, line 34	7b	-25,560.
8		Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9		Program service revenue (Part VIII, line 2g)	7,275,359.	6,219,910.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	97,811,421.	102,243,891.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,560,987.	763,225.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	336,473.	316,774.
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	108,984,240.	109,543,800.
14		Benefits paid to or for members (Part IX, column (A), line 4)	37,283,188.	40,324,236.
Expenses		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	33,066,167.	35,468,454.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,943,543.	171,436.	361,996.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	32,936,635.	34,581,405.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	103,457,426.	110,736,091.
	19	Revenue less expenses Subtract line 18 from line 12	5,526,814.	-1,192,291.
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	134,146,988.	132,987,537.
	22	Net assets or fund balances Subtract line 21 from line 20	91,950,389.	97,171,474.
	Net Assets or Fund Balances			42,196,599.

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

9/13/17

Type or print name and title

ASSOCIATE V.P. for FINANCE & BUSINESS controller

Paid Preparer Use Only

Print/Type preparer's name

ANTHONY J PANICO

Preparer's signature

Date

9/12/17

Check ☐ if self-employed

PTIN

P00365556

Firm's name ▶ WITHUMSMITH+BROWN, PC

Firm's EIN ▶ 22-2027092

Firm's address ▶ 200 JEFFERSON PARK SUITE 400 WHIPPANY, NJ 07981-1070

Phone no 973-898-9494

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2015)

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AMENDED

PAGE 1

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

ATTACHMENT 1

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

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

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

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 \$ 66,094,058 including grants of \$ 40,324,237.) (Revenue \$ 90,432,120.)

INSTRUCTION AND ACADEMIC SUPPORT - THE UNIVERSITY PROVIDES ACCREDITED COURSES AND OTHER RELATED SERVICES TO APPROXIMATELY 3,300 STUDENTS, INCLUDING BOTH DAY AND EVENING SESSIONS, FOR FULL-TIME OR PART-TIME UNDERGRADUATE (45 PROGRAMS) AND SEVERAL GRADUATE STUDY PROGRAMS. FINANCIAL AID IS AWARDED TO STUDENTS FROM INSTITUTIONAL SOURCES BASED ON ACADEMIC ACHIEVEMENT, ATHLETIC ABILITY AND NEED.

4b (Code) (Expenses \$ 23,308,097 including grants of \$ 0.) (Revenue \$ 10,534,418.)

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

4c (Code) (Expenses \$ 3,627,422 including grants of \$ 0.) (Revenue \$ 1,251,793.)

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

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses ▶ 93,029,577.

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

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Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c 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
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.		X
26 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? If "Yes," complete Schedule L, Part II.		X
27 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? If "Yes," complete Schedule L, Part III.		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.		X
c 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? If "Yes," complete Schedule L, Part IV.		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.		X
37 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? If "Yes," complete Schedule R, Part VI.		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a 263		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a 1,402		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders.	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. 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		

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**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	31	
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		
1b Enter the number of voting members included in line 1a, above, who are independent	29	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?		X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **ATTACHMENT 2**

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, address, and telephone number of the person who possesses the organization's books and records ►
 DENTON L STARGEL 2641 KENNEDY BOULEVARD JERSEY CITY, NJ 07306-5943 201-761-7425

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII. ☒ X**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) THOMAS P. MAC MAHON CHAIR - TRUSTEE	1.00 0.	X		X				0.	0.	0.
(2) FRANCIS A. MCGRAIL VICE CHAIR - TRUSTEE	1.00 0.	X		X				0.	0.	0.
(3) CAROL B. BASTEK, ED.D. TRUSTEE	1.00 0.	X						0.	0.	0.
(4) NOREEN D. BEAMAN, CPA TRUSTEE	1.00 0.	X						0.	0.	0.
(5) KENNETH BOLLER, S.J. TRUSTEE	1.00 0.	X						0.	0.	0.
(6) CLAUDIO M. BURGALETA, S.J., PH.D. TRUSTEE	1.00 0.	X						0.	0.	0.
(7) ANNETTE D. CORBIN TRUSTEE	1.00 0.	X						0.	0.	0.
(8) EUGENE J. CORNACCHIA, PH.D. EX-OFFICIO TRUSTEE - PRESIDENT	55.00 0.	X		X				359,363.	0.	99,493.
(9) JOSEPH CONSTANTINO, S.J. TRUSTEE	1.00 0.	X						0.	0.	0.
(10) ROBERT A. CUTRO TRUSTEE	1.00 0.	X						0.	0.	0.
(11) KEVIN J. DOWNES TRUSTEE	1.00 0.	X						0.	0.	0.
(12) FRANCIS FEKETE, CPA TRUSTEE	1.00 0.	X						0.	0.	0.
(13) ROBERT J. GOLDSTEIN TRUSTEE	1.00 0.	X						0.	0.	0.
(14) JOSEPH GROMEK TRUSTEE	1.00 0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) KEVIN P. GUCKIAN ----- TRUSTEE	1.00 0.	X						0.	0.	0.
16) MARK G. KAHRER ----- TRUSTEE	1.00 0.	X						0.	0.	0.
17) RICHARD P. LIBRETTI ----- TRUSTEE	1.00 0.	X						0.	0.	0.
18) KATHLEEN M. MCKENNA, ESQ. ----- TRUSTEE	1.00 0.	X						0.	0.	0.
19) PAMELA T. MILLER ----- TRUSTEE	1.00 0.	X						0.	0.	0.
20) SUSAN P. MITCHELL-ABBATE ----- TRUSTEE	1.00 0.	X						0.	0.	0.
21) JOSEPH A. PANEPINTO, ESQ. ----- TRUSTEE	1.00 0.	X						0.	0.	0.
22) SHARON A. PASTORE ----- TRUSTEE	1.00 0.	X						0.	0.	0.
23) MICHELLE PEREZ ----- TRUSTEE	1.00 0.	X						0.	0.	0.
24) ANTHONY O. PERGOLA, ESQ. ----- TRUSTEE	1.00 0.	X						0.	0.	0.
25) FAUSTO ROTUNDO, CPA ----- TRUSTEE	1.00 0.	X						0.	0.	0.
1b Sub-total								359,363.	0.	99,493.
c Total from continuation sheets to Part VII, Section A								1,774,150.	0.	230,185.
d Total (add lines 1b and 1c)								2,133,513.	0.	329,678.

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 ► 42

- 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
ATTACHMENT 3		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 32

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
26) RALPH R. RUSSO TRUSTEE	1.00 0.	X						0.	0.	0.
27) ALLAN S. STEWART, M.D. TRUSTEE	1.00 0.	X						0.	0.	0.
28) ROBERT L. TORTORIELLO, ESQ. TRUSTEE	1.00 0.	X						0.	0.	0.
29) KATHLEEN A. TYRRELL, ESQ. TRUSTEE	1.00 0.	X						0.	0.	0.
30) ELNARDO J. WEBSTER, ED.D. TRUSTEE - GRANT PROJECT DIR.	55.00 0.	X						90,000.	0.	4,500.
31) RAYMOND A. YANNUZZI, D.A. TRUSTEE	1.00 0.	X						0.	0.	0.
32) DENTON L. STARGEL VP OF FINANCE & BUSINESS	55.00 0.			X				193,157.	0.	18,749.
33) JEFFREY HANDLER, M.A. VP FOR ENROLLMENT MGMT & MKTG	55.00 0.			X				181,289.	0.	17,875.
34) FATHER MICHAEL L. BRADEN, S.J. VP MISSION & MINISTRY (SCH O)	55.00 0.			X				0.	0.	0.
35) LEAH M. LETO ED. VP ADVANCEMENT & EXT. AFFAIRS	55.00 0.			X				165,639.	0.	26,207.
36) VIRGINIA BENDER, PH.D. SEC/SPEC ASST TO PRES INST PLN	55.00 0.			X				144,442.	0.	13,118.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **42**

- 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

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

Part VII	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>
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[illegible]

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	42
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	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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

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

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII. ☒ X

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	58,304.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	2,230,209.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,931,397.			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		6,219,910.			
Program Service Revenue	2a	TUITION AND FEES	Business Code	900099	90,432,120.	90,432,120.	
	b	AUXILIARY ENTERPRISES	900099	10,534,418.	10,534,418.		
	c	OTHER PROGRAM RELATED REVENUE	900099	1,277,353.	1,277,353.		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		102,243,891.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 4		835,588.			835,588.
	4	Income from investment of tax-exempt bond proceeds		0.			
	5	Royalties		0			
	6a	Gross rents	(i) Real	846,674.			
	b	Less rental expenses	(ii) Personal	528,816.			
	c	Rental income or (loss)		317,858.			
	d	Net rental income or (loss)		317,858.		-25,560.	343,418.
	7a	Gross amount from sales of assets other than inventory	(i) Securities	209,749.			
	b	Less cost or other basis and sales expenses	(ii) Other	282,112.			
	c	Gain or (loss)		209,749.		-282,112.	
	d	Net gain or (loss)		-72,363.			-72,363.
	8a	Gross income from fundraising events (not including \$ 58,304. of contributions reported on line 1c) See Part IV, line 18	ATCH 5	159,771.			
	b	Less direct expenses		160,855			
	c	Net income or (loss) from fundraising events. ATCH 6		-1,084.			-1,084.
	9a	Gross income from gaming activities See Part IV, line 19					
b	Less direct expenses						
c	Net income or (loss) from gaming activities		0.				
10a	Gross sales of inventory, less returns and allowances						
b	Less cost of goods sold						
c	Net income or (loss) from sales of inventory		0.				
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		0				
12	Total revenue. See instructions		109,543,800.	102,243,891.	-25,560.	1,105,559.	

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 domestic organizations and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	40,324,236.	40,324,236.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	1,679,301.	1,372,492.	220,818.	85,991.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	27,056,865.	21,851,602.	3,744,083.	1,461,180.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	702,763.	510,279.	137,708.	54,776.
9 Other employee benefits	3,792,601.	3,478,851.	229,369.	84,381.
10 Payroll taxes	2,236,924.	1,571,506.	556,994.	108,424.
11 Fees for services (non-employees)				
a Management	814,747.	221,084.	483,912.	109,751.
b Legal	417,517.		417,517.	
c Accounting	140,203.		140,203.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	361,996.			361,996.
f Investment management fees	118,471.		118,471.	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0.			
12 Advertising and promotion	1,085,531.	903,185.	47,171.	135,175.
13 Office expenses	1,284,594.	762,333.	321,321.	200,940.
14 Information technology	4,190,156.	515,685.	3,671,898.	2,573.
15 Royalties	0.			
16 Occupancy	7,662,272.	7,132,327.	514,018.	15,927.
17 Travel	955,281.	781,246.	151,778.	22,257.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	1,830,981.	1,309,439.	302,777.	218,765.
20 Interest	2,423,411.	1,837,511.	585,900.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	3,760,126.	4,031,517.	-271,391.	
23 Insurance	410,717.	193,806.	216,911.	
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 ATHLETICS	744,299.	744,299.		
b DATABASE	319,189.	319,189.		
c BAD DEBT	228,179.		228,179.	
d CREDIT CARD PROCESSING FEES	98,513.		98,513.	
e All other expenses	8,097,218.	5,168,990.	2,846,821.	81,407.
25 Total functional expenses. Add lines 1 through 24e	110,736,091.	93,029,577.	14,762,971.	2,943,543.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X. ☒ X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,930,751.	1	5,708,157.
	2 Savings and temporary cash investments	1,015,471.	2	939,089.
	3 Pledges and grants receivable, net	3,535,566.	3	2,736,976.
	4 Accounts receivable, net	4,269,201.	4	4,170,000.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	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 instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	460,833.	9	551,816.
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 126,061,678.		
	b Less accumulated depreciation	10b 69,282,373.	57,594,370.	10c 56,779,305.
	11 Investments - publicly traded securities	0.	11	0.
	12 Investments - other securities. See Part IV, line 11	0.	12	0.
	13 Investments - program-related. See Part IV, line 11	33,399,810.	13	31,085,559.
	14 Intangible assets	1,498,834.	14	1,279,675.
	15 Other assets. See Part IV, line 11	30,442,152.	15	29,736,960.
16 Total assets. Add lines 1 through 15 (must equal line 34)	134,146,988.	16	132,987,537.	
Liabilities	17 Accounts payable and accrued expenses	20,570,580.	17	25,886,651.
	18 Grants payable	143,473.	18	40,791.
	19 Deferred revenue	2,727,001.	19	2,776,642.
	20 Tax-exempt bond liabilities	47,710,052.	20	43,789,546.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	3,870.	21	3,870.
	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	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties. ATCH 7	15,098,135.	23	18,307,978.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	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	5,697,278.	25	6,365,996.
	26 Total liabilities. Add lines 17 through 25	91,950,389.	26	97,171,474.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> X and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	5,583,746.	27	-319,538.
	28 Temporarily restricted net assets	13,564,357.	28	12,160,675.
	29 Permanently restricted net assets	23,048,496.	29	23,974,926.
	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 Total net assets or fund balances	42,196,599.	33	35,816,063.
	34 Total liabilities and net assets/fund balances	134,146,988.	34	132,987,537.

Form 990 (2015)

Part XI Reconciliation of Net AssetsCheck 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	109,543,800.
2	Total expenses (must equal Part IX, column (A), line 25)	2	110,736,091.
3	Revenue less expenses Subtract line 2 from line 1	3	-1,192,291.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	42,196,599.
5	Net unrealized gains (losses) on investments	5	-1,054,224.
6	Donated services and use of facilities	6	124,406.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-4,258,427.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	35,816,063.

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

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

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

Form **990** (2015)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

SAINT PETER'S UNIVERSITY

Employer identification number

22-1508627

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

The organization is not a private foundation because it is: (For lines 1 through 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 (Form 990 or 990-EZ).)
- 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
- a ☐ **Type I** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations: _____
- g Provide the following information about the supported organization(s):

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2015

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 Total. 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 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 VI)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2014. 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 stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2015. 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2014. 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 VI)						
13 Total support. (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. 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 - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/>	The organization satisfied the Activities Test. Complete line 2 below.
b	<input type="checkbox"/>	The organization is the parent of each of its supported organizations. Complete line 3 below.
c	<input type="checkbox"/>	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
2 Activities Test. Answer (a) and (b) below.		
a		Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
b		Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a		Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .
b		Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Schedule A (Form 990 or 990-EZ) 2015

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

Section D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI) See instructions		
7	Total annual distributions. Add lines 1 through 6		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions		
9	Distributable amount for 2015 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015			
a				
b				
c				
d	From 2013			
e	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2015 from Section D, line 7 \$			
a	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
c	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2016 Add lines 3j and 4c			
8	Breakdown of line 7			
a				
b				
c	Excess from 2013			
d	Excess from 2014			
e	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Part VI **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)

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public
Inspection

Name of the organization

SAINT PETER'S UNIVERSITY

Employer identification number

22-1508627

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year) . .		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<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" on 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 a 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, handling of violations, and enforcing conservation easements during the year
► _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ 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" on 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) Revenue 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 Revenue included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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Schedule D (Form 990) 2015

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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

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

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

	Amount
c Beginning balance	1c 3,870.
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f 3,870.

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	30,999,878.	31,052,934.	28,759,493.	27,307,304.	29,017,075.
b Contributions	926,430.	565,963.	649,951.	324,591.	339,191.
c Net investment earnings, gains, and losses	-7,357.	695,295.	4,412,972.	2,638,251.	-468,329.
d Grants or scholarships				1,510,653.	1,324,052.
e Other expenditures for facilities and programs	1,460,248.	1,314,314.	2,769,482.		256,581.
f Administrative expenses					
g End of year balance	30,458,703.	30,999,878.	31,052,934.	28,759,493.	27,307,304.

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

a Board designated or quasi-endowment ☒ 4.9200 %

b Permanent endowment ☒ 78.7400 %

c Temporarily restricted endowment ☒ 16.3400 %

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

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

- (i) unrelated organizations ☒ 3a(i) X
 (ii) related organizations ☒ 3a(ii) X

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☒ 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		8,535,542.		8,535,542.
b Buildings		92,359,896.	49,205,299.	43,154,597.
c Leasehold improvements		1,710,622.	1,330,750.	379,872.
d Equipment		21,562,353.	18,557,442.	3,004,911.
e Other		1,893,265.	188,882.	1,704,383.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c).				56,779,305.

Schedule D (Form 990) 2015

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) CASH & CASH EQUIVALENTS	1,183,461.	FMV
(2) MONEY MARKET FUNDS	380,019.	FMV
(3) CORPORATE STOCKS	7,842,352.	FMV
(4) CORPORATE BONDS	1,338,161.	FMV
(5) MUTUAL FUNDS	17,902,656.	FMV
(6) CLOSED END FUNDS	593,269.	FMV
(7) US GOVERNMENT SECURITIES	700,435.	FMV
(8) LIMITED PARTNERSHIPS	1,145,206.	FMV
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.) ►		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) CASH SURRENDER VALUE OF	
(2) INSURANCE POLICIES	242,200.
(3) DUE FROM AFFILIATE	28,887,569.
(4) OTHER RECEIVABLES	607,191.
(5) LAND HELD FOR SALE	
(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" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITY PAYMENT OBLIGATIONS	1,261,792.
(3) CONDITIONAL ASSET RETIREMENT	
(4) OBLIGATIONS	486,977.
(5) INTEREST RATE SWAP AGREEMENTS	4,617,227.
(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 ☒

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

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

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	

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

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

1	Total expenses and losses per audited financial statements		1	
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		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	

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.

SEE PAGE 5

Part XIII Supplemental Information (continued)

SCHEDULE D, PART III; QUESTION 4

SAINT PETER'S UNIVERSITY COLLECTIONS INCLUDE ART WORKS, PAINTINGS, SCULPTURES, POSTERS, DOCUMENTA AND OTHER ARTIFACTS, AND ARE ALL EMPLOYED IN THE EDUCATION OF STUDENTS ON THE WORLD'S RICH, HISTORICAL AND CULTURAL TRADITIONS.

SCHEDULE D, PART IV

THIS AMOUNT REPRESENTS TENANT RENT SECURITY DEPOSITS HELD IN ESCROW.

SCHEDULE D, PART V

SAINT PETER'S UNIVERSITY ENDOWMENT CONSISTS OF APPROXIMATELY 153 INDIVIDUAL FUNDS ESTABLISHED MAINLY FOR SCHOLARSHIPS. ITS ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED FUNDS AND FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS. AS REQUIRED BY ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA, NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS, INCLUDING FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS, ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS.

THE UNIVERSITY'S ENDOWMENT FUNDS ARE USED TO FURTHER ITS EXEMPT PURPOSES BY PROVIDING SCHOLARSHIPS, CONSTRUCTING FACILITIES AND FUNDING THE GENERAL ACTIVITIES AND OPERATIONS OF THE UNIVERSITY.

Part XIII Supplemental Information (continued)

SCHEDULE D, PART X

AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF SAINT PETER'S UNIVERSITY AND AFFILIATES FOR THE YEARS ENDED JUNE 30, 2016 AND JUNE 30, 2015; RESPECTIVELY, AND ISSUED AUDITED CONSOLIDATED FINANCIAL STATEMENTS. THE FOLLOWING IS THE TEXT OF THE FOOTNOTE IN THE ORGANIZATION'S FISCAL YEAR ENDED JUNE 30, 2016 AUDITED CONSOLIDATED FINANCIAL STATEMENTS THAT REPORTS THE UNIVERSITY'S LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48 (ASC 740):

SAINT PETER'S UNIVERSITY AND SAINT PETER'S COLLEGE REALTY HOLDING CORP., INC. ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND A SIMILAR PROVISION OF THE NEW JERSEY STATE INCOME TAX LAWS. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN REFLECTED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.

SAINT PETER'S UNIVERSITY HAS NO UNRECOGNIZED TAX BENEFITS AT JUNE 30, 2016 AND 2015 AND INCURRED NO INTEREST AND PENALTIES FOR THE YEARS ENDED JUNE 30, 2016 AND 2015.

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

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

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

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

OMB No 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

SAINT PETER'S UNIVERSITY

Employer identification number

22-1508627

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	X	
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?	X	
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	X	
SEE SUPPLEMENTAL PAGE		
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions?	X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II		
5 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities?		X
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?	X	
b Has the organization's right to such aid ever been revoked or suspended?		X
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	X	

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

Schedule E (Form 990 or 990-EZ) 2015

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

SCHEDULE E, PART I, QUESTION 3

THE SAINT PETER'S UNIVERSITY ("UNIVERSITY") RACIALLY NONDISCRIMINATORY POLICY IS DESCRIBED IN ALL LITERATURE PUBLISHED FOR GENERAL DISTRIBUTION, WITHIN THE STUDENT HANDBOOK AND ON THE UNIVERSITY'S WEBSITE.

SCHEDULE E, PART I, QUESTION 6A

SAINT PETER'S UNIVERSITY ("UNIVERSITY") PARTICIPATES IN VARIOUS FEDERAL AND STATE FINANCIAL AID PROGRAMS FOR THE BENEFIT OF STUDENTS WHO ATTEND THE UNIVERSITY. THESE PROGRAMS HAVE STRICT REQUIREMENTS FOR PARTICIPATION AND THE UNIVERSITY IS SUBJECT TO GOVERNMENT PROGRAM REVIEWS COVERING COMPLIANCE WITH LAWS AND REGULATIONS. SPECIFIC AREAS OF REVIEW INCLUDE STUDENT PROGRAM ELIGIBILITY, COORDINATION OF FINANCIAL AID PROGRAMS AND OTHER MATTERS.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

SAINT PETER'S UNIVERSITY

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on 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.

OMB No 1545-0047

2015

**Open to Public
Inspection**

Employer identification number

22-1508627

Part I

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|--|---|
| a <input checked="" type="checkbox"/> Mail solicitations | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input checked="" type="checkbox"/> Solicitation of government grants |
| c <input checked="" type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> In-person solicitations | |

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No

b If "Yes," list the 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			
1 RUFFALO NOEL LEVITZ	TELEMKTING		X	80,378.	62,635.	17,744.
2 GRAHAM PELTON ASSOCIATES INC	STATEGIC ADVICE		X		39,602.	-39,602.
3 ROYAL & COMPANY	RECRUITMENT		X		259,759.	-259,759.
4						
5						
6						
7						
8						
9						
10						
Total				80,378.	361,996.	-281,617.

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.

AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, IL,
KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NV, NH, NJ, NM, NY, NC, ND, OH,
OK, OR, PA, RI, SC, SD, TN, UT, VA, WA, WV, WI,

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

		(a) Event #1 SYMPOSIUM (event type)	(b) Event #2 GOLF (event type)	(c) Other events 2. (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	74,655.	116,061.	27,359.	218,075.
	2 Less Contributions		51,985.	6,319.	58,304.
	3 Gross income (line 1 minus line 2).	74,655.	64,076.	21,040.	159,771.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes		808.		808.
	6 Rent/facility costs		7,250.	20,494.	27,744.
	7 Food and beverages	8,624.	28,554.		37,178.
	8 Entertainment	46,440.	9,500.	476.	56,416.
	9 Other direct expenses	20,675.	17,964.	70.	38,709.
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				160,855.
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-1,084.

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

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

9 Enter the state(s) in which the organization conducts gaming activities _____
a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

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

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

SCHEDULE I
(Form 990)

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

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

▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization

SAINT PETER'S UNIVERSITY

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

22-1508627

OMB No 1545-0047

2015

Open to Public
Inspection

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

Schedule I (Form 990) (2015)

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1	SCHOLARSHIPS	2,656.	40,324,236.			
2						
3						
4						
5						
6						
7						

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

SCHEDULE I, PART I; QUESTION 2

SAINT PETER'S UNIVERSITY ("UNIVERSITY") PROVIDES SCHOLARSHIPS TO STUDENTS MATRICULATING AT THE UNIVERSITY FOR VARIOUS REASONS INCLUDING, BUT NOT LIMITED TO, ACADEMIC PERFORMANCE, STUDENT INSTITUTIONAL AID AND ATHLETICS. THEREFORE, ALL FUNDS GRANTED ARE USED TO DEFRAY THE COST OF TUITION AND NO FURTHER MONITORING OF THE GRANTS IS REQUIRED.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

SAINT PETER'S UNIVERSITY

Compensation Information

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

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

► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

**Open to Public
Inspection**

Employer identification number

22-1508627

Part I Questions Regarding Compensation

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

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

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 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.

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

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

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

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

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

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

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

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

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

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

9 If "Yes" 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		

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

Schedule J (Form 990) 2015

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation				(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1 EUGENE J. CORNACCHIA, F EX-OFFICIO TRUSTEE - PRESIDENT	(i) 305,967. (ii) 0.	35,000.	18,396.		34,575. 0.	64,918. 0.	458,856. 0.	0.
2 DENTON L. STARGEL VP OF FINANCE & BUSINESS	(i) 188,157. (ii) 0.	0.	5,000.		9,234. 0.	9,515. 0.	211,906. 0.	0.
3 JEFFREY HANDLER, M.A. VP FOR ENROLLMENT MGMT & MKTG	(i) 175,893. (ii) 0.	0.	5,396.		9,010. 0.	8,865. 0.	199,164. 0.	0.
4 LEAH M. LETO ED. VP ADVANCEMENT & EXT. AFFAIRS	(i) 160,639. (ii) 0.	0.	5,000.		8,160. 0.	18,047. 0.	191,846. 0.	0.
5 VIRGINIA BENDER, PH.D. SEC/SPEC ASST TO PRES INST PLN	(i) 141,578. (ii) 0.	0.	2,864.		0. 0.	13,118. 0.	157,560. 0.	0.
6 MILOS TOPIC VP OF IT & OPERATIONS	(i) 112,301. (ii) 0.	0.	0.		3,602. 0.	35,027. 0.	150,930. 0.	0.
7 JOHN E. DUNNE MENS' BASKETBALL COACH	(i) 37,159. (ii) 0.	85,000.	92,200.		6,474. 0.	8,569. 0.	229,402. 0.	0.
8 GERARD PROTOMASTRO PROFESSOR OF MATHEMATICS	(i) 115,153. (ii) 0.	0.	40,004.		0. 0.	6,908. 0.	162,065. 0.	0.
9 JAMES P. JACOBSON ASSOC PROFESSOR OF EDUCATION	(i) 72,813. (ii) 0.	0.	82,219.		0. 0.	11,906. 0.	166,938. 0.	0.
10 LEONARD J. SCIORRA SCHUH PROFESSOR	(i) 131,786. (ii) 0.	0.	19,741.		6,619. 0.	1,239. 0.	159,385. 0.	0.
11 DAVID SURREY PROFESSOR OF SOCIOLOGY	(i) 87,690. (ii) 0.	0.	44,854.		5,439. 0.	23,828. 0.	161,811. 0.	0.
12	(i) (ii)							
13	(i) (ii)							
14	(i) (ii)							
15	(i) (ii)							
16	(i) (ii)							

Schedule J (Form 990) 2015

Part III Supplemental Information

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

PART VII AND SCHEDULE J

IN ACCORDANCE WITH FORM 990 INSTRUCTIONS FOR TAXPAYERS WITH A FISCAL YEAR
END, TAXABLE COMPENSATION REPORTED HEREIN IS DERIVED FROM 2015 FORMS W-2.

SCHEDULE J, PART I; QUESTION 1

THE PRESIDENT, EUGENE J. CORNACCHIA, PH.D., RESIDES IN A UNIVERSITY-OWNED
PROPERTY AS A CONDITION OF EMPLOYMENT AND FOR THE CONVENIENCE OF THE
UNIVERSITY. THE FAIR MARKET VALUE OF THE UNIVERSITY-OWNED PROPERTY
AMOUNTED TO APPROXIMATELY \$52,983 IN 2015 AND WAS NOT INCLUDED AS TAXABLE
WAGES ON THE PRESIDENT'S 2015 FORM W-2.

SCHEDULE J, PART I; QUESTION 4B

EUGENE J. CORNACCHIA, PH.D., PRESIDENT, PARTICIPATED IN AN INTERNAL
REVENUE CODE SECTION 457(B) NON-QUALIFIED DEFERRED COMPENSATION PLAN.

Part III Supplemental Information

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

SCHEDULE J, PART I; QUESTION 7

CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A BONUS DURING CALENDAR YEAR 2015 WHICH AMOUNTS WERE INCLUDED IN COLUMN B(II) HEREIN AND IN EACH INDIVIDUAL'S 2015 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES. PLEASE REFER TO THIS SECTION OF THE FORM 990, SCHEDULE J FOR THIS INFORMATION BY PERSON BY AMOUNT.

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

SAINT PETER'S UNIVERSITY

TAX-EXEMPT BOND LIABILITIES

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.

► Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

**Open to Public
Inspection**

Employer identification number

22-1508627

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A NJ EDUCATIONAL FACILITIES AUTHORITY	22-1829511		07/01/2008	5,000,000.	FUND CAPITAL PROJECTS		X		X		X
B NJ EDUCATIONAL FACILITIES AUTHORITY	22-1829511		12/28/2007	36,053,466	REFINANCE EXISTING DEBT & FUND CAP	X		X			X
C NJ EDUCATIONAL FACILITIES AUTHORITY	22-1829511		09/29/2011	24,925,000.	FUND CAPITAL PROJECTS		X		X		X
D											

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired		547,250.		1,946,720.		1,252,387.		
2 Amount of bonds legally defeased								
3 Total proceeds of issue		5,031,882.		36,053,466.		24,925,000.		
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds						1,246,307.		
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds		100,000.		721,069.		504,250.		
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds		184,175.						
10 Capital expenditures from proceeds		4,021,929.				23,174,443.		
11 Other spent proceeds		693,896.		13,199,047.				
12 Other unspent proceeds								
13 Year of substantial completion	2012		2007		2013			

	2012		2007		2013	
	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X	X			
15 Were the bonds issued as part of an advance refunding issue?		X	X		X	
16 Has the final allocation of proceeds been made?	X		X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X	

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		

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

JSA SE1295 1.99 32MJ U600

AMENDED

Schedule K (Form 990) 2015

PAGE 60

Part III Private Business Use (Continued)

TAX-EXEMPT BOND LIABILITIES

	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?		X		X		X		
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		X		X		X		
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X			

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?	X		X		X			
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?								
b Exception to rebate?								
c No rebate due?								
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed.								
3 Is the bond issue a variable rate issue?	X		X			X		
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X					
b Name of provider								
c Term of hedge.		10,000		CAPITAL ONE BANK		20,000		
d Was the hedge superintegrated?	X		X					
e Was the hedge terminated?		X		X				

Part IV Arbitrage (Continued)

5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	Yes	No	Yes	No	Yes	No
b	Name of provider		X		X		X
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		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X	

Part V Procedures To Undertake Corrective Action

	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?	Yes	No	Yes	No	Yes	No
		X		X		X	

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

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

SAINT PETER'S UNIVERSITY

Employer identification number

22-1508627

AMENDED RETURN

THIS FORM 990 IS BEING AMENDED TO REFLECT PROFESSIONAL FUNDRAISING
EXPENSES INCURRED (AS REFLECTED IN SCHEDULE G, PART I OF THE ORIGINALLY
FORM 990 FILING) IN CORE FORM, PART IX, LINE 11E.

CORE FORM, PART VI, SECTION A; QUESTION 8

THE ORGANIZATION'S BOARD OF TRUSTEES HAS SEVERAL COMMITTEES THAT MEET ON
A REGULAR BASIS. ALTHOUGH THERE IS NO FORMAL CONTEMPORANEOUS
DOCUMENTATION FOR THESE MEETINGS AT THE COMMITTEE LEVEL, EACH COMMITTEE
REPORTS DIRECTLY TO THE ORGANIZATION'S BOARD OF TRUSTEES WHEREIN ALL
DISCUSSIONS AT THE COMMITTEE LEVELS ARE DOCUMENTED IN WRITTEN MEETING
MINUTES OF THE FULL BOARD OF TRUSTEES.

CORE FORM, PART VI, SECTION B; QUESTION 11B

THE SAINT PETER'S UNIVERSITY ("UNIVERSITY") FEDERAL FORM 990 WAS PROVIDED
TO EACH VOTING MEMBER OF ITS GOVERNING BODY, ITS BOARD OF TRUSTEES, PRIOR
TO FILING WITH THE INTERNAL REVENUE SERVICE ("IRS"). IN ADDITION, THE
UNIVERSITY'S AUDIT COMMITTEE PERFORMED A DETAILED REVIEW OF THE FEDERAL
FORM 990. THE UNIVERSITY'S BOARD OF TRUSTEES HAS DELEGATED TO THE AUDIT
COMMITTEE THE RESPONSIBILITY TO OVERSEE AND COORDINATE THE FEDERAL FORM
990 PREPARATION, REVIEW AND FILING PROCESS FOR THE UNIVERSITY AND ITS

Name of the organization SAINT PETER'S UNIVERSITY	Employer identification number 22-1508627
--	--

AFFILIATE.

AS PART OF THE TAX RETURN PREPARATION PROCESS, THE UNIVERSITY HIRED A PROFESSIONAL CPA FIRM WITH EXPERIENCE AND EXPERTISE IN BOTH EDUCATION AND NOT-FOR-PROFIT TAX RETURN PREPARATION TO PREPARE THE FEDERAL FORM 990. THE CPA FIRM'S TAX PROFESSIONALS WORKED CLOSELY WITH THE UNIVERSITY'S FINANCE PERSONNEL INCLUDING, BUT NOT LIMITED TO, THE VICE PRESIDENT OF FINANCE AND BUSINESS AND CONTROLLER ("INTERNAL WORKING GROUP") TO OBTAIN THE INFORMATION NEEDED IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN.

THE CPA FIRM PREPARED A DRAFT FEDERAL FORM 990 AND FURNISHED IT TO THE UNIVERSITY'S INTERNAL WORKING GROUP FOR REVIEW. THE INTERNAL WORKING GROUP REVIEWED THE DRAFT FEDERAL FORM 990 AND DISCUSSED QUESTIONS AND COMMENTS WITH THE CPA FIRM. REVISIONS WERE MADE TO THE DRAFT FEDERAL FORM 990 WHERE NECESSARY AND A FINAL DRAFT WAS FURNISHED BY THE CPA FIRM TO THE UNIVERSITY'S INTERNAL WORKING GROUP FOR FINAL REVIEW AND APPROVAL.

FOLLOWING THE FINALIZATION OF THE REVIEW AND APPROVAL OF THE FORM 990, THE UNIVERSITY'S AUDIT COMMITTEE PERFORMED A DETAILED REVIEW WHICH WAS PRESENTED AND DISCUSSED AT ITS MEETING HELD ON MARCH 22, 2017. IN CONJUNCTION WITH THE AUDIT COMMITTEE MEETING WHEREIN THE FORM 990 WAS PRESENTED AND DISCUSSED, THE FORM 990 WAS PROVIDED TO EACH VOTING MEMBER OF ITS GOVERNING BODY.

CORE FORM, PART VI, SECTION B; QUESTION 12

Name of the organization

SAINT PETER'S UNIVERSITY

Employer identification number

22-1508627

SAINT PETER'S UNIVERSITY ("UNIVERSITY") REGULARLY MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY. ANNUALLY ALL MEMBERS OF THE BOARD OF TRUSTEES, DIRECTORS, OFFICERS AND MEMBERS OF SENIOR MANAGEMENT ARE REQUIRED TO REVIEW THE EXISTING CONFLICT OF INTEREST POLICY AND COMPLETE A QUESTIONNAIRE. THE COMPLETED QUESTIONNAIRES ARE RETURNED TO THE ORGANIZATION'S SECRETARY OF THE BOARD FOR REVIEW. THEREAFTER, THE ORGANIZATION'S SECRETARY OF THE BOARD PREPARES A SUMMARY OF THE COMPLETED QUESTIONNAIRES WHICH CONTAINS INFORMATION DISCLOSED ON AN INDIVIDUAL BY INDIVIDUAL BASIS. IF APPLICABLE, THE SECRETARY TO THE BOARD PRESENTS THIS SUMMARY TO THE UNIVERSITY'S EXECUTIVE COMMITTEE FOR ITS REVIEW, DISCUSSION, INVESTIGATION AND IMPLEMENTATION OF ANY NECESSARY MITIGATING BEHAVIOR.

CORE FORM, PART VI, SECTION B; QUESTION 15

THE SAINT PETER'S UNIVERSITY ("UNIVERSITY") BOARD OF TRUSTEES HAS AN EXECUTIVE COMPENSATION COMMITTEE ("COMMITTEE"). THE COMMITTEE REVIEWS THE "TOTAL COMPENSATION" OF THE UNIVERSITY'S PRESIDENT WHICH IS INTENDED TO INCLUDE BOTH CURRENT AND DEFERRED COMPENSATION AND ALL EMPLOYEE BENEFITS, BOTH QUALIFIED AND NON-QUALIFIED. THE COMMITTEE'S REVIEW IS DONE ON A CONTRACT RENEWAL BASIS WITH PERFORMANCE BONUSES REVIEWED AND APPROVED ANNUALLY. THE COMMITTEE ENSURES THAT THE "TOTAL COMPENSATION" OF THE PRESIDENT OF THE UNIVERSITY IS REASONABLE.

THE COMMITTEE OBTAINS AND RELIES UPON "APPROPRIATE DATA AS TO COMPARABILITY" PRIOR TO MAKING ITS DETERMINATION.

Name of the organization

SAINT PETER'S UNIVERSITY

Employer identification number

22-1508627

THE COMMITTEE IS COMPRISED OF MEMBERS OF THE BOARD OF TRUSTEES, EACH OF WHOM ARE INDEPENDENT AND ARE FREE FROM ANY CONFLICTS OF INTEREST.

ALTHOUGH THERE IS NO FORMAL CONTEMPORANEOUS DOCUMENTATION FOR THE EXECUTIVE COMPENSATION COMMITTEE MEETINGS AT THE COMMITTEE LEVEL, THIS COMMITTEE REPORTS DIRECTLY TO THE ORGANIZATION'S BOARD OF TRUSTEES WHEREIN ALL DISCUSSIONS AT THE COMMITTEE LEVEL ARE DOCUMENTED IN WRITTEN MEETING MINUTES OF THE FULL BOARD OF TRUSTEES.

THE COMPENSATION AND BENEFITS OF OTHER EXECUTIVES REPORTED IN CORE FORM, PART VII AND SCHEDULE J OF THIS FORM 990 ARE REVIEWED ANNUALLY BY THE PRESIDENT WITH ASSISTANCE FROM THE UNIVERSITY'S HUMAN RESOURCES DEPARTMENT IN CONJUNCTION WITH THE INDIVIDUAL'S JOB PERFORMANCE DURING THE YEAR AND IS BASED UPON OTHER OBJECTIVE FACTORS DESIGNED TO ENSURE THAT REASONABLE AND FAIR MARKET VALUE COMPENSATION IS PAID BY THE UNIVERSITY. OTHER OBJECTIVE FACTORS INCLUDE MARKET SURVEY DATA FOR COMPARABLE POSITIONS, INDIVIDUAL GOALS AND OBJECTIVES, PERSONNEL REVIEWS, EVALUATIONS, SELF-EVALUATIONS AND PERFORMANCE FEEDBACK MEETINGS.

CORE FORM, PART VI, SECTION C; QUESTION 19

THE SAINT PETER'S UNIVERSITY ("UNIVERSITY") FILED CERTIFICATE OF INCORPORATION AND ANY AMENDMENTS CAN BE OBTAINED AND REVIEWED THROUGH THE STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY. THE UNIVERSITY'S FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY

Name of the organization

SAINT PETER'S UNIVERSITY

Employer identification number

22-1508627

ARE AVAILABLE TO THE PUBLIC UPON REQUEST AND AT MANAGEMENT'S DISCRETION.

CORE FORM, PART VII AND SCHEDULE J

FATHER MICHAEL L. BRADEN, S.J. IS A JESUIT PRIEST WHO IS AN OFFICER OF SAINT PETER'S UNIVERSITY ("UNIVERSITY") BUT IS NOT ISSUED A FORM W-2 FOR THE SALARY HE DERIVES. FOR CALENDAR YEAR 2015, FATHER BRADEN WAS PAID \$65,595. HOWEVER, HE RECEIVES NO BENEFITS FROM THE UNIVERSITY AND HIS ENTIRE SALARY IS DEPOSITED DIRECTLY INTO THE JESUIT PROVINCE BANK ACCOUNT. PER THE INSTRUCTIONS TO THE FORM 990, HIS SALARY IS NOT REQUIRED TO BE REPORTED ON CORE FORM, PART VII OR SCHEDULE J.

CORE FORM, PART VII AND SCHEDULE J

PART VII AND SCHEDULE J REFLECT CERTAIN BOARD MEMBERS RECEIVING COMPENSATION AND BENEFITS FROM THIS ORGANIZATION. PLEASE NOTE THIS REMUNERATION WAS FOR SERVICES RENDERED AS FULL-TIME EMPLOYEES OF THIS ORGANIZATION AND NOT FOR SERVICES RENDERED AS A VOTING MEMBER OF THIS ORGANIZATION'S BOARD OF TRUSTEES.

CORE FORM, PART VII, SECTION A, COLUMN B

CERTAIN BOARD OF TRUSTEE MEMBERS OR OFFICERS LISTED ON CORE FORM, PART VII AND SCHEDULE J OF THIS FORM 990 MAY HOLD SIMILAR POSITIONS WITH BOTH SAINT PETER'S UNIVERSITY ("UNIVERSITY") AND ITS AFFILIATE. THE HOURS SHOWN ON THIS FORM 990, FOR BOARD MEMBERS WHO RECEIVE NO COMPENSATION FOR

Name of the organization

SAINT PETER'S UNIVERSITY

Employer identification number

22-1508627

SERVICES RENDERED IN A NON-BOARD CAPACITY, REPRESENT THE ESTIMATED HOURS DEVOTED PER WEEK TO THE UNIVERSITY. TO THE EXTENT THESE INDIVIDUALS SERVE AS A MEMBER OF THE BOARD OF TRUSTEES OF THE UNIVERSITY'S AFFILIATE, THEIR RESPECTIVE HOURS PER WEEK ARE APPROXIMATELY THE SAME AS REFLECTED IN PART VII OF THIS FORM 990. THE HOURS REFLECTED ON PART VII OF THIS FORM 990, FOR BOARD MEMBERS WHO RECEIVE COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY AND PAID OFFICERS, REFLECT TOTAL HOURS WORKED PER WEEK ON BEHALF OF THE BOTH THE UNIVERSITY AND ITS AFFILIATE; NOT SOLELY THE UNIVERSITY.

CORE FORM, PART XI; LINE 9

OTHER CHANGES IN NET ASSETS OR FUND BALANCES INCLUDE:

- DECREASE IN PENSION OTHER THAN NET PERIODIC PENSION COST -
(\$3,518,869);
- DECREASE IN FAIR VALUE OF SPLIT-INTEREST AGREEMENTS - (\$59,875); AND
- INCREASE IN FAIR VALUE OF INTEREST RATE SWAP AGREEMENTS - (\$679,683).

CORE FORM, PART XII; QUESTION 2

AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF SAINT PETER'S UNIVERSITY ("UNIVERSITY") AND AFFILIATES FOR THE YEARS ENDED JUNE 30, 2016 AND JUNE 30, 2015; RESPECTIVELY, AND ISSUED AUDITED CONSOLIDATED FINANCIAL STATEMENTS. AN UNQUALIFIED OPINION WAS ISSUED BY THE INDEPENDENT CPA FIRM EACH YEAR. THE UNIVERSITY'S AUDIT COMMITTEE

Name of the organization

SAINT PETER'S UNIVERSITY

Employer identification number

22-1508627

ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF THE UNIVERSITY'S
CONSOLIDATED FINANCIAL STATEMENTS AND THE SELECTION OF ITS INDEPENDENT
AUDITOR.

ATTACHMENT 1FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

SAINT PETER'S UNIVERSITY, INSPIRED BY ITS JESUIT, CATHOLIC IDENTITY,
COMMITMENT TO INDIVIDUAL ATTENTION AND GROUNDING IN THE LIBERAL ARTS,
EDUCATES A DIVERSE COMMUNITY OF LEARNERS IN UNDERGRADUATE, GRADUATE
AND PROFESSIONAL PROGRAMS TO EXCEL INTELLECTUALLY, LEAD ETHICALLY,
SERVE COMPASSIONATELY AND PROMOTE JUSTICE IN OUR EVER-CHANGING URBAN
AND GLOBAL ENVIRONMENT.

ATTACHMENT 2FORM 990, PART VI, LINE 17 - STATES

AK, AR, CA, CO, CT, DE,
KY, LA, MD, MA, MI,
MN, MT, NH, NJ, OH,
SC, WA,

ATTACHMENT 3990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
SODEXO, INC. 9801 WASHINGTONIAN BLVD. GAITHERSBURG, MD 20878	FOOD MANAGEMENT	3,778,140.
ARAMARK 1101 MARKET STREET PHILADELPHIA, PA 19107	FACILITIES MGMT	1,966,369.

Name of the organization SAINT PETER'S UNIVERSITY	Employer identification number 22-1508627
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ATTACHMENT 3 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
ELLUCIAN, INC. 4375 FAIR LAKES COURT FAIRFAX, VA 22033	IT	1,901,748.
GATEWAY SECURITY, INC. 604-608 MARKET STREET NEWARK, NJ 07105	CAMPUS SECURITY	1,566,620.
COLLINS BUILDING SERVICES, INC. 24-01 44TH ROAD, 15TH FLOOR LONG ISLAND CITY, NY 11101	CUSTODIAL	1,289,447.

ATTACHMENT 4

FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	(A) <u>TOTAL REVENUE</u>	(B) <u>RELATED OR EXEMPT REVENUE</u>	(C) <u>UNRELATED BUSINESS REV.</u>	(D) <u>EXCLUDED REVENUE</u>
INTEREST & DIVIDEND INCOME	835,588.			835,588.
TOTALS	<u>835,588.</u>			<u>835,588.</u>

ATTACHMENT 5

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
GOLF	51,985.
OTHER EVENTS	6,319.
TOTAL	<u>58,304.</u>

Name of the organization SAINT PETER'S UNIVERSITY	Employer identification number 22-1508627
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ATTACHMENT 6

FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
BUSINESS SYMPOSIUM	74,655.	75,739.	-1,084.
GOLF	64,076.	64,076.	
OTHER EVENTS	21,040.	21,040.	
TOTALS	<u>159,771.</u>	<u>160,855.</u>	<u>-1,084.</u>

ATTACHMENT 7

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: PROVIDENT BANK
 ORIGINAL AMOUNT: 3,000,000.
 INTEREST RATE: 4.6250 %
 DATE OF NOTE: 09/30/2014
 MATURITY DATE: 09/30/2019
 REPAYMENT TERMS: MONTHLY PAYMENTS OF \$23,246 W/ FINAL BALLOON PYMT
 SECURITY PROVIDED: FIRST LIEN SECURITY INTEREST ON GROSS RECIEPTS
 PURPOSE OF LOAN: CONSTRUCTION LOAN

BEGINNING BALANCE DUE 2,906,427.
 ENDING BALANCE DUE 2,761,041.

LENDER: PROVIDENT BANK
 ORIGINAL AMOUNT: 1,000,000.
 INTEREST RATE: 4.3750 %
 DATE OF NOTE: 09/30/2014
 MATURITY DATE: 12/31/2019
 REPAYMENT TERMS: MONTHLY PAYMENTS OF \$7,618 W/ FINAL BALLOON PYMT
 SECURITY PROVIDED: FIRST LIEN SECURITY INTEREST ON GROSS RECIEPTS
 PURPOSE OF LOAN: SCHOOL OF BUSINESS CONSTRUCTION LOAN

BEGINNING BALANCE DUE 972,254.
 ENDING BALANCE DUE 923,090.

LENDER: CISCO SYSTEMS CAPITAL CORPORATION

Name of the organization SAINT PETER'S UNIVERSITY	Employer identification number 22-1508627
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ATTACHMENT 7 (CONT'D)

INTEREST RATE: 4.6250 %
 DATE OF NOTE: 01/01/2011
 MATURITY DATE: 02/01/2016
 REPAYMENT TERMS: MONTHLY PAYMENTS OF \$6,683
 SECURITY PROVIDED: COLLATERALIZED BY EQUIP. ASSOCIATED WITH THE LEASE
 PURPOSE OF LOAN: CAPITAL LEASE AGREEMENT - COMPUTER EQUIPMENT

BEGINNING BALANCE DUE 45,380.
 ENDING BALANCE DUE

LENDER: FIRST NATIONAL CAPITAL, LLC
 INTEREST RATE: 4.5320 %
 DATE OF NOTE: 02/01/2013
 MATURITY DATE: 02/01/2016
 REPAYMENT TERMS: MONTHLY PAYMENTS OF \$13,604
 SECURITY PROVIDED: COLLATERALIZED BY EQUIP. ASSOCIATED WITH THE LEASE
 PURPOSE OF LOAN: CAPITAL LEASE AGREEMENT - COMPUTER EQUIPMENT

BEGINNING BALANCE DUE 93,805.
 ENDING BALANCE DUE

LENDER: CAPITAL ONE BANK
 ORIGINAL AMOUNT: 8,000,000.
 DATE OF NOTE: 04/01/2015
 MATURITY DATE: 04/15/2020
 SECURITY PROVIDED: SECURED BY UNIVERSITY INVESTMENTS

BEGINNING BALANCE DUE 4,100,981.
 ENDING BALANCE DUE 7,900,981.

Name of the organization

SAINT PETER'S UNIVERSITY

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ATTACHMENT 7 (CONT'D)

LENDER: CAPITAL ONE BANK

ORIGINAL AMOUNT: 7,000,000.

DATE OF NOTE: 04/01/2015

MATURITY DATE: 04/15/2020

REPAYMENT TERMS: MONTHLY PAYMENTS OF \$39,218 W/ FINAL BALLOON PYMT

SECURITY PROVIDED: COLLATERALIZED BY CERTAIN UNIVERSITY REAL ESTATE

BEGINNING BALANCE DUE 6,979,288.

ENDING BALANCE DUE 6,722,866.TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE 15,098,135.TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE 18,307,978.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

SAINT PETER'S UNIVERSITY

Employer identification number

22-1508627

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

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

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

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
							Yes No
(1)	ST. PETER'S COLLEGE REALTY HOLDING, INC. 20-1412644 30 MONTGOMERY STREET, 15TH FL JERSEY CITY, NJ 07302	REAL ESTATE	NJ	501(C)(3)	N/A		X
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2015

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) SPJC MANAGEMENT 2641 KENNEDY BOULEVARD JERSEY CITY, NJ 07306 20-1447046	INACTIVE	NJ	SPU	C CORP.	0	0	100.0000	X	
(2) ST. PETER'S UNIVERSITY EVENTS COMPANY 2641 KENNEDY BOULEVARD JERSEY CITY, NJ 07306 47-2969571	SUPPORT SPU	NJ	SPU	C CORP.	161,596.	256,461.	100.0000	X	
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		<input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to related organization(s)		<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from related organization(s)		<input checked="" type="checkbox"/>
d Loans or loan guarantees to or for related organization(s)		<input checked="" type="checkbox"/>
e Loans or loan guarantees by related organization(s)		<input checked="" type="checkbox"/>
f Dividends from related organization(s)		<input checked="" type="checkbox"/>
g Sale of assets to related organization(s)		<input checked="" type="checkbox"/>
h Purchase of assets from related organization(s)		<input checked="" type="checkbox"/>
i Exchange of assets with related organization(s)		<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets to related organization(s)		<input checked="" type="checkbox"/>
k Lease of facilities, equipment, or other assets from related organization(s)		<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations for related organization(s)		<input checked="" type="checkbox"/>
m Performance of services or membership or fundraising solicitations by related organization(s)		<input checked="" type="checkbox"/>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		<input checked="" type="checkbox"/>
o Sharing of paid employees with related organization(s)		<input checked="" type="checkbox"/>
p Reimbursement paid to related organization(s) for expenses		<input checked="" type="checkbox"/>
q Reimbursement paid by related organization(s) for expenses		<input checked="" type="checkbox"/>
r Other transfer of cash or property to related organization(s)		<input checked="" type="checkbox"/>
s Other transfer of cash or property from related organization(s)		<input checked="" type="checkbox"/>

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) ST. PETER'S COLLEGE REALTY HOLDING, INC.	K, O, R	485,071.	COST
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

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

Part VII **Supplemental Information**

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