

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.

A For the 2016 calendar year, or tax year beginning		07/01, 2016, and ending	06/30, 2017		
B Check if applicable		C Name of organization			
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input checked="" type="checkbox"/> Application pending	SETON HALL - HACKENSACK MERIDIAN SCHOOL OF MEDICINE		D Employer identification number		
	Doing business as		81-3872529		
	Number and street (or P O box if mail is not delivered to street address)		E Telephone number		
	400 SOUTH ORANGE AVENUE		(973) 275-4852		
	City or town, state or province, country, and ZIP or foreign postal code		F Gross receipts \$		
	SOUTH ORANGE, NJ 07079		200,710.		
I Tax-exempt status		501(c)(3)	501(c) ()	(Insert no.)	4947(a)(1) or 527
J Website		► HTTP://WWW.SHU.EDU/MEDICINE/			
K Form of organization		X Corporation	Trust	Association	Other ►
L Year of formation		2016		M State of legal domicile	NJ

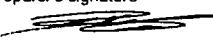
Part I Summary

Activities & Governance Revenue Expenses Net Assets or Fund Balances	1 Briefly describe the organization's mission or most significant activities	SEE SCHEDULE O	
	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 14.	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 14.	
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5 9.	
	6 Total number of volunteers (estimate if necessary)	6 0.	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.	
	b Net unrelated business taxable income from Form 990-T, line 34	7b 0.	
	8 Contributions and grants (Part VIII, line 1h)	8 200,710.	
	9 Program service revenue (Part VIII, line 2g)	9 0.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10 0.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11 0.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12 200,710.		
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13 29,521.		
14 Benefits paid to or for members (Part IX, column (A), line 4)	14 0.		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15 2,678,635.		
16a Professional fundraising fees (Part IX, column (A), line 11e)	16a 0.		
b Total fundraising expenses (Part IX, column (D), line 25) ► 0.	b 0.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17 555,398.		
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	18 3,263,554.		
19 Revenue less expenses Subtract line 18 from line 12	19 -3,062,844.		
	Prior Year	Current Year	
20 Total assets (Part X, line 16)	20 228,210.		
21 Total liabilities (Part X, line 26)	21 187,358.		
22 Net assets or fund balances Subtract line 21 from line 20	22 40,852.		

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	► 	Date <u>May 2 2018</u>	
	► BONITA F. STANTON	DEAN, MEDICAL SCHOOL	
	► Type or print name and title		

Paid Preparer Use Only	Prepnt/Type preparer's name DANIEL ROMANO	Preparer's signature 	Date 05/02/2018	Check <input type="checkbox"/> if self-employed	PTIN P00504182
	Firm's name ► GRANT THORNTON, LLP			Firm's EIN ► 36-605558	
	Firm's address ► 757 THIRD AVENUE NEW YORK, NY 10017			Phone no 212-542-9609	

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 (2016)

Form 990 (2016)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III X

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code _____) (Expenses \$ 3,225,511 including grants of \$ 29,521) (Revenue \$ _____)
SEE SCHEDULE O

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

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

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses ► 3,225,511.

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.

2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?

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

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

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.

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

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

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

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.

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

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

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.

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.

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.

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

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.

14a Did the organization maintain an office, employees, or agents outside of the United States?

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

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

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

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).

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

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

	Yes	No
1	X	
2	X	
3		X
4		X
5		X
6		X
7		X
8		X
9		X
10		X
11a		X
11b		X
11c		X
11d	X	
11e		X
11f		X
12a		X
12b		X
13	X	
14a		X
14b		X
15		X
16		X
17		X
18		X
19		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
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.	21	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.	22	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	23	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.	24a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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	25a	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	25b	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	26	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.	27	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	28a	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28b	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.	28c	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	31	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	32	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	33	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.	34	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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	35b	
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	36	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	37	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	38	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	0
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
1c	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	9
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	
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).	7a	X
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?	7b	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
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?	9a	
9	Sponsoring organizations maintaining donor advised funds.	9b	
a	Did the sponsoring organization make any taxable distributions under section 4966?	10a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	10b	
10	Section 501(c)(7) organizations. Enter	11a	
a	Initiation fees and capital contributions included on Part VIII, line 12	11b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	12a	
11	Section 501(c)(12) organizations. Enter	12b	
a	Gross income from members or shareholders	13a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	13b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	13c	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	14a	X
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	14b	
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		
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		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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	1a	14
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	14
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?	2	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?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Did the organization have members or stockholders?	6	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?	7a	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	8a	X
a	The governing body?	8b	X
b	Each committee with authority to act on behalf of the governing body?	9	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		

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?	10a	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?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	12a	X
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12c	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	13	X
13	Did the organization have a written whistleblower policy?	14	X
14	Did the organization have a written document retention and destruction policy?	15a	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?	15b	X
a	The organization's CEO, Executive Director, or top management official	16a	X
b	Other officers or key employees of the organization	16b	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ►
- 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 ►
STEPHEN GRAHAM 400 SOUTH ORANGE AVENUE SOUTH ORANGE, NJ 07079 973-761-9003

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

 Check if Schedule O contains a response or note to any line in this Part VII.
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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			
(1) JOSEPH SIMUNOVICH, MBA	2.00								
BOARD MEMBER	0.	X					0.	0.	0.
(2) EDWARD E. BARR, MS	2.00								
BOARD MEMBER	0.	X					0.	0.	0.
(3) LINDA BOWDEN, MSW, MA, MBA	2.00								
BOARD MEMBER	0.	X					0.	0.	0.
(4) EUN-SOOK (LUCY) CHO-LEE, MD	2.00								
BOARD MEMBER	0.	X					0.	0.	0.
(5) MARY ANN CHRISTOPHER, RN, MSN	2.00								
BOARD MEMBER	0.	X					0.	0.	0.
(6) JAMES E. COLLINS, MA	2.00								
BOARD MEMBER	0.	X					0.	0.	0.
(7) JOHN J. DEGNAN, JD	2.00								
BOARD MEMBER	0.	X					0.	0.	0.
(8) FRANCIS J. HAGER	2.00								
BOARD MEMBER	0.	X					0.	0.	0.
(9) GORDON N. LITWIN, ESQ.	2.00								
BOARD MEMBER	0.	X					0.	0.	0.
(10) ROBERT O'HARA	2.00								
BOARD MEMBER	0.	X					0.	0.	0.
(11) MONSIGNOR JOSEPH R. REILLY	2.00								
BOARD MEMBER	0.	X					0.	0.	0.
(12) DANIEL E. STRAUSS, JD	2.00								
BOARD MEMBER	0.	X					0.	0.	0.
(13) JOHN F. SWIFT	2.00								
BOARD MEMBER	0.	X					0.	0.	0.
(14) DR. JOHN F. WILLIAMS	2.00								
BOARD MEMBER	0.	X					0.	0.	0.

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

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 ► 4

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

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 ► 0.		

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	200,710			
	g Noncash contributions included in lines 1a-1f \$					
h Total. Add lines 1a-1f ►		200,710				
Program Service Revenue	Business Code					
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
g Total Add lines 2a-2f ►		0				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ►		0			
	4 Income from investment of tax-exempt bond proceeds . ►		0			
	5 Royalties ►		0			
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)					
d Net rental income or (loss) ►		0				
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
b Less cost or other basis and sales expenses						
c Gain or (loss)						
d Net gain or (loss) ►		0				
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	0				
b Less direct expenses	b	0				
c Net income or (loss) from fundraising events ►		0				
9a Gross income from gaming activities See Part IV, line 19	a	0				
b Less direct expenses	b	0				
c Net income or (loss) from gaming activities ►		0				
10a Gross sales of inventory, less returns and allowances	a	0				
b Less cost of goods sold	b	0				
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 ►		200,710				

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 X

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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	29,521.	29,521.		
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	542,968.	542,968.		
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	1,712,946.	1,687,523.	25,423.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	116,605.	114,893.	1,712.	
9 Other employee benefits	197,866.	193,250.	4,616.	
10 Payroll taxes	108,250.	106,721.	1,529.	
11 Fees for services (non-employees)				
a Management	0.			
b Legal	13,345.	13,345.		
c Accounting	4,763.		4,763.	
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17.	0.			
f Investment management fees	0.			
g Other (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	505,354.	505,354.		
12 Advertising and promotion	0.			
13 Office expenses	10,147.	10,147.		
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	-27,502.	-27,502.		
17 Travel	22,323.	22,323.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	14,524.	14,524.		
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	0.			
23 Insurance	0.			
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 REPAIRS AND MAINTENANCE	7,681.	7,681.		
b BOOKS AND SUBSCRIPTIONS	1,413.	1,413.		
c MEMBERSHIPS	2,900.	2,900.		
d ALL OTHER	450.	450.		
e All other expenses				
25 Total functional expenses Add lines 1 through 24e	3,263,554.	3,225,511.	38,043.	
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.

		(A) Beginning of year	(B) End of year	
Assets	1 Cash - non-interest-bearing	0.	1	
	2 Savings and temporary cash investments	0.	2	
	3 Pledges and grants receivable, net	0.	3	
	4 Accounts receivable, net	0.	4	
	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	
	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	
	7 Notes and loans receivable, net	0.	7	
	8 Inventories for sale or use	0.	8	
	9 Prepaid expenses and deferred charges	0.	9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a		
	b Less accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities	0.	11	
	12 Investments - other securities See Part IV, line 11	0.	12	
	13 Investments - program-related See Part IV, line 11	0.	13	
	14 Intangible assets	0.	14	
	15 Other assets See Part IV, line 11	0.	15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	0.	16		
Liabilities	17 Accounts payable and accrued expenses	0.	17	
	18 Grants payable	0.	18	
	19 Deferred revenue	0.	19	
	20 Tax-exempt bond liabilities	0.	20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0.	21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0.	22	
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	0.	25	
	26 Total liabilities. Add lines 17 through 25	0.	26	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	0.	27	
	28 Temporarily restricted net assets	0.	28	
	29 Permanently restricted net assets	0.	29	
	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	0.	33	
	34 Total liabilities and net assets/fund balances	0.	34	

Form 990 (2016)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI.

1	200,710.
2	3,263,554.
3	-3,062,844.
4	0.
5	0.
6	0.
7	0.
8	0.
9	3,103,696.
10	40,852.

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

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
2b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	3a	X
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2016

**Open to Public
Inspection**

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.

**SETON HALL - HACKENSACK MERIDIAN
SCHOOL OF MEDICINE**

Employer identification number

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2016

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 2016 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2016. 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 - 2015. 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 - 2016. 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 - 2015. 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests - 2016. 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 ► <input type="checkbox"/>		
b 33 1/3% support tests - 2015. 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 ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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	1	
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).	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	3a	
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	3b	
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	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a	
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	4b	
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	4c	
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)	5a	
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?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
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.	6	
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)	7	
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)	8	
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.	9a	
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.	9b	
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.	9c	
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	10a	
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)	10b	

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?	11a	
b A family member of a person described in (a) above?	11b	
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.	11c	

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	1	
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	2	

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)	1	

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?	1	
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)	2	
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	3	

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	1	
b <input type="checkbox"/> The organization is the parent of each of its supported organizations Complete line 3 below	2	
c <input type="checkbox"/> The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)	3	
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	2a	
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	2b	
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.	3a	
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	3b	

Schedule A (Form 990 or 990-EZ) 2016

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

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

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) 2016

Schedule A (Form 990 or 990-EZ) 2016

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

Section D - Distributions

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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
Underdistributions, if any, for years prior to 2016			
2 (reasonable cause required-explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2017 Add lines 3 and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

SCHEDULE D
(Form 990)**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.

OMB No 1545-0047

2016**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

Name of the organization

SETON HALL - HACKENSACK MERIDIAN

Employer identification number

SCHOOL OF MEDICINE

81-3872529

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	
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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> 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	► \$

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

Schedule D (Form 990) 2016

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Schedule D (Form 990) 2016

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 d Loan or exchange programs
 b Scholarly research e Other _____
 c Preservation for future generations

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
1c	
1d	
1e	
1f	

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
 b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

a Board designated or quasi-endowment ► %

b Permanent endowment ► %

c Temporarily restricted endowment ► %

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

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

(i) unrelated organizations

(ii) related organizations

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

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

Schedule D (Form 990) 2016

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)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(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) DUE FROM SETON HALL	126,297.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ►	126,297.

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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ►	

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

Schedule D (Form 990) 2016

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.

Completion of Expenses per Audited Financial Statements with Expenses

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

Part XIII Supplemental Information (continued)

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

OMB No 1545-0047

2016

Open to Public
Inspection

Name of the organization SETON HALL - HACKENSACK MERIDIAN
SCHOOL OF MEDICINE

Employer identification number
81-3872529

Part I

1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?

2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?

3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space, use Part II

SEE SUPPLEMENTAL PAGE

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

4 Does the organization maintain the following?

a Records indicating the racial composition of the student body, faculty, and administrative staff?

b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?

c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?

d Copies of all material used by the organization or on its behalf to solicit contributions?

If you answered "No" to any of the above, please explain If you need more space, use Part II

5 Does the organization discriminate by race in any way with respect to

a Students' rights or privileges?

b Admissions policies?

c Employment of faculty or administrative staff?

d Scholarships or other financial assistance?

e Educational policies?

f Use of facilities?

g Athletic programs?

h Other extracurricular activities?

If you answered "Yes" to any of the above, please explain If you need more space, use Part II

6a Does the organization receive any financial aid or assistance from a governmental agency?

b Has the organization's right to such aid ever been revoked or suspended?

If you answered "Yes" on 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 401 through 405 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

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

Schedule E (Form 990 or 990-EZ) 2016

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

THE SOM RECEIVED PRELIMINARY ACCREDITATION FROM THE LIAISON COMMITTEE ON MEDICAL EDUCATION, A BODY OF THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES, IN FEBRUARY 2018 WHICH ALLOWED IT TO START ACCEPTING APPLICATIONS. NOW THAT PRELIMINARY ACCREDITATION HAS BEEN RECEIVED, INFORMATION ABOUT THE SCHOOL WILL BE WELL PUBLICIZED INCLUDING ITS DIVERSITY AND EQUITY POLICY STATEMENT.

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 ServiceName of the organization
SCHOOL OF MEDICINE**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(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.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 INSTITUTIONAL SUPPORT	1	29,521			
2					
3					
4					
5					
6					
7					

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

PART I, LINE 2

THE SCHOOL WILL MAINTAIN ALL RECORDS SURROUNDING THE GRANT APPLICATION AND APPROVAL PROCESS, INCLUDING INFORMATION GATHERED TO EVALUATE STUDENT APPLICATIONS AND THE AMOUNT OF GRANTS AWARDED. ALL GRANT APPLICATIONS WILL BE REQUIRED TO COMPLETE AND SUBMIT A STANDARD APPLICATION FORM AND FINANCIAL INFORMATION, INCLUDING RELATED DOCUMENTATION. ADDITIONAL ELIGIBILITY CRITERIA MAY INCLUDE THE STUDENT'S FINANCIAL CIRCUMSTANCES, UNDERGRADUATE AND STUDENT APPLICATION STATEMENTS. THE SCHOOL'S BOARD OF GOVERNORS OR A DULY AUTHORIZED SELECTION COMMITTEE APPOINTED BY THE BOARD WILL REVIEW APPLICATIONS AND SELECT THE

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

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

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

APPLICATIONS IT DETERMINES TO BE MOST DESERVING BASED ON ELIGIBILITY

CRITERIA.

PART III, LINE 1

THE AMOUNT OF \$29,521 IS FOR TUITION REMISSION AWARDED TO ONE GRADUATE ASSISTANT IN FISCAL YEAR 2017. THIS AMOUNT WAS ADMINISTERED IN ACCORDANCE WITH SETON HALL'S GRADUATE ASSISTANCE PROGRAM AND PROCEDURES FOR SELECTION.

SCHEDULE J
(Form 990)

Compensation Information

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization SCHOOL OF MEDICINE	SETON HALL - HACKENSACK MERIDIAN	Employer identification number 81-3872529
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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 (such as, maid, chauffeur, chef)

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

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

3 Indicate which, if any, of the following the 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 type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

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

a Receive a severance payment or change-of-control payment?
 b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

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

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

a The organization?
 b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III

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

a The organization?
 b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III

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

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

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

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

Schedule J (Form 990) 2016

Schedule J (Form 990) 2016

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(D) Nonlaxable 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			
BONITA F. STANTON, MD 1 DEAN	(i) 251,562.	0.	21,000.	11,200.	6,430.	290,192.
	(ii) 0.	0.	0.	0.	0.	0.
MIRIAM HOFFMAN, MD 2 ASSOCIATE DEAN OF MEC	(i) 162,517.	0.	25,000.	4,763.	10,580.	202,860.
	(ii) 0.	0.	0.	0.	0.	0.
STANLEY R. TERLECKY, PHD 3 ASSOCIATE DEAN OF RESEARCH	(i) 150,000.	0.	0.	10,000.	152.	160,152.
	(ii) 0.	0.	0.	0.	0.	0.
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Schedule J (Form 990) 2016

Part III Supplemental Information

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

PART I, LINE 1A

AS A CONDITION OF HER EMPLOYMENT AT THE SOM, BONITA F. STANTON, DEAN, WAS PROVIDED WITH A MONTHLY STIPEND OF \$2,500 TO BE USED AS A HOUSING ALLOWANCE. IT IS INCLUDED IN HER TAXABLE INCOME. THE VALUE OF THIS ALLOWANCE IS INCLUDED IN PART VII, COLUMN D AND IN SCHEDULE J, PART II, COLUMN B(III).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization SETON HALL - HACKENSACK MERIDIAN
SCHOOL OF MEDICINE

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2016

Open to Public
Inspection

Employer identification number
81-3872529

FORM 990, PART I, LINE 1

SETON HALL - HACKENSACK MERIDIAN SCHOOL OF MEDICINE IS A MEDICAL SCHOOL
DEDICATED TO EXCELLENCE IN THE TRIPARTITE ACADEMIC MEDICAL MISSIONS OF
EDUCATION, SCIENTIFIC RESEARCH, AND CLINICAL CARE.

FORM 990, PART III, LINE 1

THE SETON HALL - HACKENSACK MERIDIAN SCHOOL OF MEDICINE (THE "SOM") IS A
NEW JERSEY NONPROFIT CORPORATION ORGANIZED EXCLUSIVELY TO OPERATE FOR
RELIGIOUS, CHARITABLE, SCIENTIFIC, AND EDUCATIONAL PURPOSES WITHIN THE
MEANING OF SECTION 501 (C) (3) OF THE INTERNAL REVENUE CODE. THE SOM HAS
FILED FOR EXEMPTION FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE
INTERNAL REVENUE CODE AS AN ORGANIZATION DESCRIBED IN SECTION 501(C) (3).

THE SOM WILL BE DEDICATED TO EXCELLENCE IN THE TRIPARTITE ACADEMIC
MEDICAL MISSIONS OF EDUCATION, SCIENTIFIC RESEARCH AND RELATED CLINICAL
CARE. SPECIFICALLY, AND WITHOUT LIMITATION, THE SOM SHALL BE DEDICATED TO
ACHIEVING THE FOLLOWING:

(A) EDUCATIONAL EXCELLENCE. DEVELOPING AND OPERATING A RECOGNIZED,
INNOVATIVE ACADEMIC MEDICAL EDUCATION PROGRAM, INCLUDING BUT NOT LIMITED
TO AN OUTSTANDING SCHOOL OF MEDICINE, UNDER THE EDUCATIONAL DIRECTION OF
SETON HALL UNIVERSITY ("SHU").

(B) ADVANCING RESEARCH. DEVELOPING NATIONALLY PROMINENT BASIC SCIENCE,
TRANSLATIONAL AND CLINICAL RESEARCH PROGRAMS; SUPPORTING DATA ANALYTICS

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RESEARCH TO IMPROVE HEALTH CARE DELIVERY AND CLINICAL OUTCOMES; INVESTING IN RESEARCH FIELDS THAT ENABLE THE SOM, ALONE OR IN COORDINATION WITH ITS MEMBERS, SHU AND HACKENSACK MERIDIAN HEALTH, INC. ("HMH"), TO CONDUCT RESEARCH FUNDED BY GRANTS FROM, AMOUNG OTHERS, THE NATIONAL INSTITUTE FOR HEALTH, THE NATIONAL SCIENCE FOUNDATION AND OTHER NONPROFIT FOUNDATIONS, INCLUDING BY MEANS OF CLINICAL STUDIES AND TRIALS, DEVELOPING SCIENTIFIC MEDICAL RESEARCH FACILITIES, AND OTHER MODELS TO ENCOURAGE INNOVATION AND RESEARCH ADVANCES.

(C) HIGH QUALITY CLINICAL CARE. IN FURTHERANCE OF THE EDUCATION OF MEDICAL STUDENTS, DELIVERING NATIONALLY RECOGNIZED, HIGH QUALITY CLINICAL SERVICES IN CONJUNCTION WITH HMH WITH AN EMPHASIS ON INNOVATION AND BEST-IN-CLASS OUTCOMES, PROVIDING EFFECTIVE INTER-PROFESSIONAL CARE ACROSS THE ENTIRE CARE CONTINUUM, AND OTHERWISE ACHIEVING POSITIVE CLINICAL OPERATION RESULTS IN SUPPORT OF THE SOM'S RELIGIOUS, CHARITABLE, EDUCATIONAL AND SCIENTIFIC RESEARCH MISSIONS.

(D) ADVANCE NEW JERSEY MEDICAL AND HEALTH SCIENCES EDUCATION IMPERATIVES.

THE SOM WILL SERVE IMPORTANT PUBLIC POLICY GOALS OF THE STATE OF NEW JERSEY, INCLUDING:

(I) CREATING AND ENHANCING ESSENTIAL HIGHER EDUCATION OPPORTUNITIES FOR THE RESIDENTS OF THE STATE AND IN PARTICULAR, STEMMING THE OUTMIGRATION OF RESIDENTS SEEKING MEDICAL AND HEALTH SCIENCES EDUCATION.

(II) CREATING A VIBRANT EDUCATIONAL INSTITUTION AND COMMUNITY THAT WILL ALLOW THE STATE TO RETAIN ITS RESIDENTS IN TERMS OF COLLEGE PLACEMENT AND WORKFORCE.

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(III) IMPROVING HEALTHCARE THROUGHOUT THE REGION AND STATE
AND SERVING TO ADDRESS PHYSICIAN SHORTAGES.

(IV) INCREASING LEVELS OF FEDERAL AND OTHER RESEARCH FUNDING IN
THE STATE.

(V) ADVANCING THE MEDICAL, SCIENTIFIC RESEARCH AND LIFE
SCIENCES INFRASTRUCTURE IN NEW JERSEY.

(VI) SUPPORTING THE EDUCATION OF THE MEDICAL AND HEALTH
SCIENCES FIELDS IN NEW JERSEY.

(VII) DECREASING REGIONAL, STATE AND NATIONAL INEQUITIES IN
HEALTH OUTCOMES.

FORM 990, PART III, LINE 4A

THE DEAN OF THE SOM AND HER STAFF HAS BEEN PREPARING FOR THE ATTAINMENT
OF PRELIMINARY ACCREDITATION WITH THE LIAISON COMMITTEE ON MEDICAL
EDUCATION ("LCME"), WHICH WAS RECEIVED IN FEBRUARY 2018. GIVEN THIS
ACHIEVEMENT, THE SOM BEGAN ACCEPTING APPLICATIONS TO ENROLL ITS FIRST
CLASS OF STUDENTS IN JULY 2018. IN ADDITION, THEY HAVE BEEN DEVELOPING A
PROGRAM AND CURRICULUM BASED ON THE FOLLOWING:

(A) AN EDUCATIONAL VISION. THE SOM IS BUILDING A FORWARD THINKING MEDICAL
EDUCATION PROGRAM THAT WILL CREATE PHYSICIANS WHO ARE HUMANISTIC,
SOCIALLY RESPONSIBLE, COLLABORATIVE MEMBERS OF THE HEALTHCARE SYSTEM, AND
WHO PROVIDE THE HIGHEST QUALITY PATIENT-CENTERED CARE TO ALL PEOPLE. OUR
GRADUATES WILL BE HIGHLY SKILLED IN BIOMEDICAL, BEHAVIORAL, SOCIAL AND
POPULATION SCIENCES.

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(B) THE PEDAGOGIC APPROACH. WE ARE BUILDING OUR CURRICULUM TO EFFECTIVELY AND EFFICIENTLY MEET THESE GOALS. THERE WILL NOT BE A DISTINCTION BETWEEN THE BASIC SCIENCE AND CLINICAL CURRICULUM. RATHER, BASIC SCIENCE CONTENT WILL BE PRESENTED IN ITS CLINICAL CONTEXT WITH CLEAR MEDICAL RELEVANCE. STUDENTS WILL LEARN WITHIN AN INTEGRATED CURRICULUM IN A TEAM-ORIENTED, COLLABORATIVE ENVIRONMENT. WE WILL UTILIZE THE BEST COMPONENTS OF DIFFERENT EVIDENCE-BASED TEACHING METHODS, AND STRUCTURE OUR FOUNDATIONAL CURRICULUM EXPLICITLY TO GIVE STUDENTS WHAT THEY NEED TO THRIVE IN THE MODERN, TECHNICALLY DEMANDING, CLINICAL SETTING.

(C) THE HUMAN DIMENSION. CENTRAL TO THE CURRICULUM WILL BE A COURSE CALLED THE HUMAN DIMENSION. THROUGH IMMERSIVE AND LONGITUDINAL EXPERIENCES, STUDENTS WILL COME TO UNDERSTAND THE ROLE OF COMMUNITY AND CONTEXT IN HEALTH AND WELLBEING, AS WELL AS THE ROLE OF THE PHYSICIAN IN ALL ELEMENTS THAT CONTRIBUTE TO PROMOTING HEALTH AND PREVENTING DISEASE.

(D) COMPETENCY BASED EDUCATION. WE WILL EMPLOY A COMPETENCY-BASED CURRICULUM THAT ENSURES OUR GRADUATES THRIVE AS INTERNS ON DAY ONE. LEARNING OUTCOMES WILL BE ASSESSED FREQUENTLY TO ENSURE ALL STUDENTS ARE ACQUIRING THE SCIENTIFIC KNOWLEDGE, CLINICAL SKILLS, AND HUMANISTIC ATTITUDES THEY NEED. IN ADDITION TO ROBUST CLINICAL SKILLS TRAINING EARLY, OUR CLERKSHIP CURRICULUM WILL EMPHASIZE AMBULATORY-BASED CARE, WHERE MOST MEDICAL CARE IS PROVIDED NATIONALLY.

(E) A UNIQUE 3 + 1 CURRICULUM. ALL STUDENTS WILL PARTICIPATE IN THE THREE-YEAR CORE CURRICULUM, MEETING RIGOROUS, STANDARDIZED LEARNING OUTCOMES. THIS WILL BE COMPLEMENTED IN THE FOURTH YEAR BY A HIGHLY INDIVIDUALIZED MEDICAL SCHOOL EXPERIENCE - AN OPTION UNLIKE ANY OTHER IN

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THE COUNTRY. STUDENTS WILL WORK WITH FACULTY ADVISORS TO DEVELOP A UNIQUELY CUSTOMIZED CURRICULUM, DESIGNED TO MAXIMIZE EACH STUDENT'S PROFESSIONAL DEVELOPMENT. STUDENTS WILL CHOOSE FROM A VARIETY OF OPTIONS INCLUDING DUAL DEGREES, RESEARCH-INTENSIVE CONCENTRATIONS, CLINICAL IMMERSION, GLOBAL HEALTH ELECTIVES, COMMUNITY-BASED PROJECTS, INNOVATION PROGRAMS AND ENTRY INTO RESIDENCY, AMONG OTHER POSSIBILITIES. THE FOURTH YEAR PROVIDES OUR STUDENTS WITH A SELF-DIRECTED, PERSONALIZED MEDICAL SCHOOL EXPERIENCE. OUR UNIQUE CURRICULUM UTILIZES EVIDENCE BASED TEACHING METHODS TO PROMOTE EFFECTIVE AND EFFICIENT STUDENT LEARNING, ALWAYS PLACING MEDICINE AND RELATED SCIENTIFIC KNOWLEDGE IN THE CONTEXT OF THE PATIENT AND COMMUNITY.

FORM 990, PART V, LINES 1 & 2

DURING FISCAL YEAR 2017 THE SOM'S MEMBERS (SHU & HMH) MADE ALL PAYMENTS ON BEHALF OF THE SOM. THIS INCLUDED ALL PAYROLL OBLIGATIONS AND PAYMENTS TO VENDORS.

FORM 990, PART VI, SECTION A, LINE 6

THE SOM SHALL BE A NEW JERSEY NONPROFIT CORPORATION WITH TWO MEMBERS AS FOLLOWS:

- (A) SHU, A NEW JERSEY NONPROFIT CORPORATION AND A SCHOOL DESCRIBED IN SECTION 501(C) (3) OF THE INTERNAL REVENUE* CODE.
- (B) HMH, A NEW JERSEY NONPROFIT CORPORATION AND CHARITABLE HEALTH CARE SYSTEM DESCRIBED IN SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE.

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

THE MEMBERS ("SHU" & "HMH"), BY THEIR UNANIMOUS VOTE OR UNANIMOUS WRITTEN

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CONSENT, SHALL HAVE THE EXCLUSIVE AUTHORITY IN CREATING ANY NEW CLASS OR CLASSES OF MEMBERS, OR ADMITTING ANY NEW MEMBERS, WHETHER BY APPROVING THE TRANSFER, ASSIGNMENT OR SALE OF A MEMBER'S INTEREST IN THE SCHOOL OF MEDICINE OR OTHERWISE, FOLLOWING APPROVAL BY SHU'S BOARD OF REGENTS AND THE BOARD OF TRUSTEES OF HMH.

ADDITIONALLY, THE SOM SHALL HAVE AN INITIAL BOARD OF GOVERNORS COMPRISED OF FOURTEEN (14) APPOINTED MEMBERS ("GOVERNORS"), HALF OF WHOM SHALL BE APPOINTED BY SHU AND HALF OF WHOM SHALL BE APPOINTED BY HMH.

IN THE EVENT OF A VACANCY OF A SHU GOVERNOR, THE SHU PRESIDENT (WITH THE APPROVAL OF THE SHU BOARD OF REGENTS) SHALL APPOINT A NEW SHU GOVERNOR WITHIN THIRTY (30) CALENDAR DAYS OF SUCH VACANCY. IN THE EVENT OF A VACANCY OF AN HMH GOVERNOR, THE HMH CEO (WITH THE APPROVAL OF THE HMH BOARD OF TRUSTEES) SHALL APPOINT A NEW HMH GOVERNOR WITHIN THIRTY (30) CALENDAR DAYS OF SUCH VACANCY. A GOVERNOR APPOINTED TO FILL A VACANCY SHALL SERVE UNTIL THE EXPIRATION OF THE TERM FOR WHICH HE OR SHE HAS BEEN APPOINTED AND UNTIL HIS OR HER SUCCESSOR IS APPOINTED AND QUALIFIED, OR UNTIL HIS OR HER EARLIER DEATH, RESIGNATION OR REMOVAL.

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

THE SHU BOARD OF REGENTS SHALL HAVE THE ULTIMATE AUTHORITY, BASED ON RECOMMENDATIONS AND DECISIONS MADE BY THE BOARD OF GOVERNORS AND THE DEAN OF THE SOM (THE "DEAN") (AND, AS APPROPRIATE, ADDITIONAL CONSULTATION WITH THE HMH CHIEF EXECUTIVE OFFICER ("CEO") (OR HIS OR HER DESIGNEE)), TO MAKE FINAL DECISIONS WITH RESPECT TO AND TO APPROVE ALL

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ACADEMIC MATTERS, INCLUDING:

- (A) ACADEMIC MISSION, GOALS AND PRIORITIES OF THE SOM;
- (B) ACADEMIC STANDARDS AND ADMISSIONS;
- (C) ADHERENCE TO THE ETHICAL AND RELIGIOUS DIRECTIVES ("ERDS") BY THE SOM;
- (D) CURRICULUM OF THE UNDERGRADUATE ACADEMIC MEDICAL EDUCATION PROGRAM;
- (E) CLASS SIZE AND GROWTH OF THE SOM, SUBJECT TO STRATEGIC AND FINANCIAL PLANNING;
- (F) POLICIES ON ADMINISTRATION OF STUDENT TUITION, FINANCIAL AID, SCHOLARSHIP PROGRAMS, ETC.;
- (G) CURRICULUM DEVELOPMENT FOR THE GRADUATE MEDICAL EDUCATION PROGRAMS OF THE SOM;
- (H) SOM FACULTY QUALIFICATIONS;
- (I) FINAL APPROVAL OVER THE APPOINTMENT OF THE DEAN (FOLLOWING CONSULTATION BY SHU'S PRESIDENT WITH THE HMH CEO AND THE RECOMMENDATIONS OF EACH, AND INPUT FROM THE BOARD OF GOVERNORS);
- (J) ACTION NECESSARY TO ACCREDITATION BY THE LCME OF THE UNDERGRADUATE PROGRAM AND (BY THE ACCREDITATION COUNCIL FOR WHICH SHU SHALL SERVE AS THE INSTITUTIONAL SPONSOR) OF THE GRADUATE MEDICAL EDUCATION PROGRAMS; AND
- (K) ANY OTHER MATTER FOR WHICH SHU MUST EXERCISE ULTIMATE AUTHORITY OVER THE SOM PURSUANT TO SHU'S ACCREDITATION REQUIREMENTS.

ALL SOM FACULTY SHALL BE APPOINTED BY THE DEAN, IN ACCORDANCE WITH THE

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SOM FACULTY GUIDE OR SUCH OTHER APPLICABLE FACULTY GOVERNANCE DOCUMENTS
AND WITH THE APPROVAL OF THE PROVOST (OR HIS/HER DESIGNEE).

SHU'S BOARD OF REGENTS MAY, IN ITS SOLE DISCRETION, DELEGATE ANY OF ITS RESERVED POWERS OVER ACADEMIC MATTERS TO THE BOARD OF GOVERNORS. SHU'S BOARD OF REGENTS RESERVES THE RIGHT TO REVOKE ANY DELEGATED RESERVED POWERS AT ANY TIME.

THE HMH BOARD OF TRUSTEES SHALL HAVE THE ULTIMATE AUTHORITY, BASED ON RECOMMENDATIONS AND DECISIONS MADE BY THE SOM BOARD OF GOVERNORS AND THE DEAN, AND IN CONSULTATION WITH THE PRESIDENT OF SHU (OR HIS OR HER DESIGNEE), TO MAKE FINAL DECISIONS WITH RESPECT TO THE FOLLOWING:

- (A) THE ORGANIZATION AND OPERATION OF ALL CLINICAL FACILITIES AND SITES AT WHICH STUDENTS AND RESIDENTS ARE TRAINED (PROVIDED THAT ALL SUCH FACILITIES AND SITES COMPLY WITH THE STANDARDS HEREIN);
- (B) COORDINATING THE ROTATIONAL ASSIGNMENTS OF STUDENTS AND RESIDENTS AMONG SITES (IN COLLABORATION WITH THE PROVOST, THE DEAN AND THE DIRECTORS OF UNDERGRADUATE MEDICAL EDUCATION AND GRADUATE MEDICAL EDUCATION PROGRAMS);
- (C) DETERMINING THE REQUIRED RULES OF HMH FACILITIES WITH WHICH STUDENTS AND RESIDENTS MUST COMPLY;
- (D) GRANTING MEDICAL STAFF MEMBERSHIP AND SPECIFICALLY DELINEATED CLINICAL PRIVILEGES TO PHYSICIANS;
- (E) ANY OTHER MATTER FOR WHICH HMH OR AN HMH AFFILIATED HOSPITAL MUST

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EXERCISE ULTIMATE AUTHORITY PURSUANT TO FEDERAL, STATE OR CLINICAL LICENSURE, CERTIFICATION OR ACCREDITATION BODY REQUIREMENTS.

HMH'S BOARD OF TRUSTEES MAY, IN ITS SOLE DISCRETION, DELEGATE ANY OF ITS RESERVED POWERS OVER CLINICAL MATTERS TO THE BOARD OF GOVERNORS. HMH'S BOARD OF TRUSTEES RESERVES THE RIGHT TO REVOKE ANY DELEGATED RESERVED POWERS AT ANY TIME.

FORM 990, PART VI, SECTION A, LINE 8B

THE SOM'S BOARD OF GOVERNORS CREATED AN EXECUTIVE COMMITTEE AND AN AUDIT COMMITTEE. THE AUDIT COMMITTEE WILL HAVE THE AUTHORITY TO SELECT THE SOM'S INDEPENDENT ACCOUNTANT FOR ANNUAL AUDITS AND WILL HAVE THE RESPONSIBILITY FOR OVERSIGHT OF THE AUDITED FINANCIAL STATEMENTS.

THESE COMMITTEES DID NOT HOLD ANY MEETINGS DURING THE YEAR.

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

A NATIONALLY RECOGNIZED ACCOUNTING FIRM IN CONJUNCTION WITH MANAGEMENT PREPARES THE FORM 990. ALL INFORMATION REPORTED ON THE 990 WAS PROVIDED BY MANAGEMENT, REVIEWED BY THE ACCOUNTING FIRM, AND PROVIDED TO THE BOARD PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

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

ON JANUARY 31, 2017 THE BOARD OF GOVERNORS ADOPTED SHU'S CONFLICT OF INTEREST AND COMMITMENT POLICY FOR BOARD MEMBERS, OFFICERS, AND EMPLOYEES, AS WELL AS SHU'S POLICY AGAINST HARASSMENT AND RETALIATION.

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THIS INFORMATION IS POSTED ON THE SCHOOL'S WEB SITE. ALL NEW EMPLOYEES ARE MADE AWARE OF THE POLICY AT THE TIME OF HIRE. FOR SENIOR MANAGEMENT, THE SOM REQUIRES AN ANNUAL DISCLOSURE OF SIGNIFICANT FINANCIAL INTERESTS IN, OR EMPLOYMENT OR CONSULTING RELATIONSHIPS WITH, ENTITIES DOING BUSINESS WITH THE SOM. THESE ANNUAL DISCLOSURES COVER BOTH SENIOR MANAGEMENT AND THEIR IMMEDIATE FAMILY MEMBERS. WHEN SUCH RELATIONSHIPS EXIST, MEASURES ARE TAKEN TO ADDRESS THE ACTUAL OR PERCEIVED CONFLICT TO PROTECT THE BEST INTERESTS OF THE SOM. THE POLICY REQUIRES, AMONG OTHER THINGS, THAT NO MEMBER OF THE BOARD OF GOVERNORS CAN PARTICIPATE IN ANY DECISION IN WHICH HE OR SHE (OR AN IMMEDIATE FAMILY MEMBER) HAS A MATERIAL FINANCIAL INTEREST. EACH BOARD MEMBER IS REQUIRED TO CERTIFY COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS AND INDICATE WHETHER THE SOM DOES BUSINESS WITH AN ENTITY IN WHICH A BOARD MEMBER HAS A MATERIAL FINANCIAL INTEREST. WHEN SUCH RELATIONSHIPS EXIST, MEASURES ARE TAKEN TO MITIGATE ANY ACTUAL OR PERCEIVED CONFLICT, INCLUDING REQUIRING THAT SUCH TRANSACTION BE CONDUCTED AT ARM'S LENGTH, FOR GOOD AND SUFFICIENT CONSIDERATION, BASED ON TERMS THAT ARE FAIR AND REASONABLE TO AND FOR THE BENEFIT OF THE SOM, AND IN ACCORDANCE WITH RELEVANT CONFLICT OF INTEREST LAWS. THE SOM IS UNAWARE OF ANY SUCH ASSOCIATIONS CONSIDERED TO BE SIGNIFICANT.

FORM 990, PART VI, SECTION B, LINES 13 AND 14
THE SOM IS IN THE PROCESS OF COMPLETING ITS WHISTLEBLOWER AND DOCUMENT RETENTION/DESTRUCTION POLICIES. THIS BOX WILL BE CHECKED "YES" ON THE 2017 FORM 990.

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FORM 990, PART VI, SECTION B, LINE 15

IN APPROVING COMPENSATION ARRANGEMENTS BOTH AT PRESENT AND IN THE FUTURE,

IN THE NORMAL COURSE SOM HAS AND WILL UTILIZE INFORMATION ABOUT

COMPENSATION FROM (1) COMPENSATION INFORMATION PAID BY SIMILARLY

SITUATED TAXABLE OR TAX-EXEMPT ORGANIZATIONS FOR SIMILAR SERVICES, (2)

FROM CURRENT COMPENSATION SURVEYS COMPILED BY INDEPENDENT FIRMS, OR (3)

ACTUAL WRITTEN OFFERS FROM SIMILARLY-SITUATED ORGANIZATIONS. IT IS

CONCEIVABLE, THAT IN PARTICULAR CIRCUMSTANCES, (A) SOM MAY NOT BE ABLE TO

READILY DEVELOP SUCH INFORMATION, (B) IT WILL BE SELF-EVIDENT THAT

PROPOSED COMPENSATION DOES NOT EXCEED A REASONABLE AMOUNT IN THE

CIRCUMSTANCES, OR (C) THAT THE AMOUNT PROPOSED TO BE PAID AS COMPENSATION

IS SO INSUBSTANTIAL THAT THE ADVANCE INVESTMENT OF RESOURCES TO VERIFY

COMPENSATION STANDARDS WOULD ACTUALLY EXCEED THE AGGREGATE COMPENSATION

(AND COMMENSURATE BENEFIT TO SOM) BEING PROPOSED. NONETHELESS, EVEN IN

SUCH CASES, SOM WILL REQUIRE THAT ANY SUCH COMPENSATION ARRANGEMENTS BE

REASONABLE IN AMOUNT (IN VIEW OF THE RETURN SERVICES TO BE PROVIDED) AND

APPROVED BY DISINTERESTED MEMBERS OF SOM BOARD (OR A COMMITTEE THEREOF)

OR BY DISINTERESTED MANAGERS OF SOM WHO HAVE BEEN DELEGATED SUCH

AUTHORITY BY THE BOARD OR COMMITTEE THEREOF, BEFORE ANY SUCH COMPENSATION

COULD BE PROVIDED.

FORM 990, PART VI, SECTION C, LINE 19

THE CONFLICT OF INTEREST POLICY IS POSTED ON THE SOM WEBSITE. THE

GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC

UPON REQUEST, AT MANAGEMENT'S DISCRETION.

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FORM 990, PART VII, SECTION A

THE COMPENSATION LISTED IS FOR SALARIES EARNED IN CALENDAR YEAR 2016 FROM JULY 1-DECEMBER 31, 2016 (THE FIRST SIX MONTHS OF OPERATIONS FOR THE SOM).

FORM 990, PART XI, LINE 9

THE AMOUNT OF \$3,103,696 LISTED IN PART XI, LINE 9 ARE CAPITAL CONTRIBUTIONS TO THE SOM FROM ITS MEMBERS SHU AND HMH.

FORM 990, PART XII, LINE 2B

THE SOM FINANCIAL STATEMENTS FOR THIS FISCAL YEAR ENDED JUNE 30, 2017 ARE IN THE PROCESS OF BEING AUDITED BY AN INDEPENDENT ACCOUNTANT. ONCE PREPARED THE AUDIT COMMITTEE WILL REVIEW THE AUDITED FINANCIAL STATEMENTS BEFORE THEY ARE ISSUED AND THEY ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

ATTACHMENT 1FORM 990, PART IX - OTHER FEES

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
CONSULTING FEES	228,057.	228,057.		
PROFESSIONAL FEES	214,823.	214,823.		
OTHER FEES	62,474.	62,474.		
TOTALS	505,354.	505,354.		