	Exempt Organization Business Income Tax Return	OMB No 1545-0047				
Form <b>990-T</b>	(and proxy tax under section 6033(e)) $200(a)$					
	For calendar year 2019 or other tax year beginning July 1 , 2019, and ending June 30 , 20 20 .	2019				
December and of the Transcent						
Department of the Treasury Internal Revenue Service	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).	Open to Public Inspection for 501(c)(3) Organizations Only				
A Check box if address changed		ployer identification number				
B Exempt under section	Seton Hall University (Em)	ployees' trust, see instructions)				
✓ 501( C ) (O3 )	Print Number, street, and room or suite no. If a P.O. box, see instructions	22-1500645				
☐ 408(e) ☐ 220(e)		elated business activity code				
408A 530(a)		e instructions )				
529(a)	South Orange, New Jersey 07079	54				
C Book value of all assets at end of year	F Group exemption number (See instructions.) ▶	0928				
814,560,00	0 G Check organization type ► 🖸 501(c) corporation 🔲 501(c) trust 🔲 401(a	a) trust				
		only (or first) unrelated				
	s here ▶ Basketball Sponsorships . If only one, complete Parts I–V. If more					
	space at the end of the previous sentence, complete Parts I and II, complete a Schedul	le M for each additional				
	s, then complete Parts III-V.					
	r, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	. ▶ ☐ Yes 🗹 No				
	e name and identifying number of the parent corporation.	072 741 0002				
	care of ► Stephen Graham Telephone number ► ed Trade or Business Income (A) Income (B) Expens	973-761-9003 ses (C) Net				
		, (C) Net				
•	and allowances c Balance ▶ 1c	_   ./				
	s sold (Schedule A, line 7)					
-	Subtract line 2 from line 1c	<del>'</del>				
·	net income (attach Schedule D)					
	s) (Form 4797, Part II, line 17) (attach Form 4797) 4b					
	deduction for trusts 4c					
5 Income (loss	) from a partnership or an S corporation (attach					
statement)						
6 Rent income	(Schedule C)					
7 Unrelated de	bt-financed income (Schedule E)					
8 Interest, annuitie	s, royalties, and rents from a controlled organization (Schedule F)					
9 Investment inco	me of a section 501(c)(7), (9), or (17) organization (Schedule G)					
10 Exploited exe		10,265 305,610				
_	icome (Schedule J)					
	e (See instructions, attach schedule)					
		10,265 305,610				
	ons Not Taken Elsewhere (See instructions for limitations on deductions.) (Deduction	s must be directly				
	d with the unrelated business/income)	T 44				
•	on of officers, directors, and trustees (Schedule K)	14				
16 Repairs and r		16				
17 Bad debts		17				
	ch schedule) (see instructions)	18				
19 Taxes and lic		19				
	(attach Form 4562)					
	ation glaimed on Schedule A and elsewhere on return 21a	21b				
22 Depletion .	/ ProfileDill	22				
•	to deferred compensation plans	23				
	nefit programs	24				
	nefit programs	25 305,610				
26 Excess reade	ership costs (Schedule J)	26				
	ions (attach schedule) OGDEN, UT	27				
,	tions. Add lines 14 through 27	28 305,610				
	siness taxable income before net operating loss deduction. Subtract line 28 from line 13	29 0				
	r net operating loss arising in tax years beginning on or after January 1, 2018 (see					
/		30 0				
	siness taxable income. Subtract line 30 from line 29	31 0				
For Paperwork Reduc	tion Act Notice, see instructions. Cat No 11291J	Form <b>990-T</b> (2019)				



1 01111 33		·					Page ∡
		otal Unrelated Business Taxable Income					
32 /	Total	of unrelated business taxable income computed from all unrelated trad-	es or businesses	(see		-	
/	instruc	ctions)		. [ ]	32		22,064
33		nts paid for disallowed fringes		7	33		
34		able contributions (see instructions for limitation rules)			34		
35		unrelated business taxable income before pre-2018 NOLs and specific de			<del>-  -</del>		`
•	34 from	n the sum of lines 32 and 33	COCHON. Subtrac	·	<u>/</u>		22.04.4
36	Doduc	tion for net operating loss arising in tax years beginning before J			35		22,064
30				'			
		tions)			36		22,064
37		of unrelated business taxable income before specific deduction. Subtract t			37		0
38	Specifi	ic deduction (Generally \$1,000, but see line 38 instructions for exceptions)		[3	38		0
39	Unrela	ited business taxable income. Subtract line 38 from line 37. If line 38 is	s greater than line	e 37, 🗌	$\Box$		
	enter t	he smaller of zero or line 37		;	39		0
Part I	V T	ax Computation				h	
40	Organ	izations Taxable as Corporations. Multiply line 39 by 21% (0.21)		. ▶ 4	40		0
41	Trusta	Taxable at Trust Rates. See instructions for tax computation	on. Income tax	' on	<del>'</del>		<u> </u>
	the am	ount on line 39 from: Tax rate schedule or Schedule D (Form 1	nas)	<b>→</b>   4	41		0
42		tax. See instructions			_		
					12		0
43		tive minimum tax (trusts only)			13		0
44	Tax or	Noncompliant Facility Income. See Instructions		· ·   4	14		0
45	Total.	Add lines 42, 43, and 44 to line 40 or 41, whichever applies	<u> </u>	4	15		0
		ax and Payments					
		n tax credit (corporations attach Form 1118, trusts attach Form 1116) .	46a	0			
		credits (see instructions)	46b	O			
C	Genera	business credit. Attach Form 3800 (see instructions)	46c	O			
		for prior year minimum tax (attach Form 8801 or 8827)	46d	0			
		credits. Add lines 46a through 46d		4	6e		0
		ct line 46e from line 45			17		<del>_</del>
48	Other to	xes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 (			18		ō
		ax. Add lines 47 and 48 (see instructions)			19	_	<u>_</u> 0
		· · · · · · · · · · · · · · · · · · ·		_	_		
		et 965 tax liability pald from Form 965-A or Form 965-B, Part II, column (k		_	io		0
		nts: A 2018 overpayment credited to 2019		15,000			
			51b	0	i		
		posited with Form 8868	51c	0	ì		
		n organizations: Tax paid or withheld at source (see instructions)	51d	0			
		o withholding (see instructions)	51e	0	1		
		for small employer health insurance premiums (attach Form 8941)	51f	0			
9	Other of	credits, adjustments, and payments.   Form 2439		ľ			
	🗌 Гоп	m 4136 Other Total ▶	51g	0	مرار		
52	Total p	payments. Add lines 51a through 51g		5	2	1	15,000
		ted tax penalty (see instructions). Check if Form 2220 is attached			3		0
		e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owe			4		
		syment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount				i	5,000
	Enter th	e amount of line 55 you want: Credited to 2020 estimated tax	15,000 Refunde		6		0
Part \		tatements Regarding Certain Activities and Other Information	see instructions)	<u> </u>	<u>-                                    </u>		<u> </u>
		time during the 2019 calendar year, did the organization have an interest	·			ıtı Yes	No
J,	Over a	financial account (bank, securities, or other) in a foreign country? If "Yes,"	n or a signature o	or other a	lutnor	iry   163	<del>- 110</del>
	EmCEN	Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," ente	the organization	may na	/e to i	ile	l
		Tronn 114, Report of Foreign Bank and Financial Accounts. If Tes, Entitle Luxembourg	er the harne of the	e roreign	count	ıy	1
		***************************************	*** **********				
58	During t	he tax year, did the organization receive a distribution from, or was it the grantor of	f, or transferor to, a	fore gn t	ust?	·	
	_	" see instructions for other forms the organization may have to file.					į
59	Enter th	ne amount of tax-exempt interest received or accrued during the tax year	▶ \$				
C:	Under	penalties of perpury. I declare that I have examined this return, including accompanying schedules are	d statements, and to the	e best of m	y knowle	edge and beli	ef, atıs
Sign		orrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which	preparer has any knowle	May	the IRS	discuss this	return
Here	<u> </u>	Tephen Graham 5 3 2021 VP Finance/CFG	)	with	the prep	parer shown i	be'ew
	Signatu	re of officer Date Title	-	(588)	II STUCTIO	ns)? <b>⊡Yes</b> [	⊿мо
Paid		Print/Type preparer's name Preparer's signature	Date	Check [	٦,,	PTIN	
		Daniel Romano	05 03 2021	self-empi		P005041	582
Prepa		Firm's name Grant Thornton, LLP	1 22 20 2021			36-605555	
Use C	Inly	Firm's address > 757 Third Avenue, 4th Floor, New York, NY 10017-2013	<del></del>	Firm's Ell	•	12-599-010	

Schedule A - Cost of Goods Sold.	nter method of I	nventory va	luation 🕨	<u>-</u>	-		_
1 Inventory at beginning of year	_1	6	Inventory a	at end of year .	6		
<b>2</b> Purchases	2	7	Cost of g	oods sold. Subtract line			
3 Cost of labor	3		6 from line	5. Enter here and in Part			
4a Additional section 263A costs			I, line 2 .		7		
(attach schedule)	4a	8	Do the rul	es of section 263A (with	respect to	Yes N	lo_
b Other costs (attach schedule)	4b			roduced or acquired for i	esale) apply		
5 Total. Add lines 1 through 4b	5		to the orga			<u>                                     </u>	
Schedule C—Rent Income (From R (see instructions)	eal Property and	d Personal	Property I	_eased With Real Prop	perty)		
Description of property		<del>-</del> .					_
(1)					·		
(2)							_
(3)							_
(4)			-				_
i i	erved or accrued						_
(a) From personal property (if the percentage of ren for personal property is more than 10% but not more than 50%)	t (b) From real a percentage of rent 50% or if the rent		perty exceeds	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)			
(1)							
(2) -							
(3)							
(4)							
Total	Total			(b) Total deductions.			
(c) Total income. Add totals of columns 2(a) a here and on page 1, Part I, line 6, column (A)	and 2(b) Enter ►			Enter here and on page Part I, line 6, column (B)			
Schedule E-Unrelated Debt-Finan	ced Income (see	nstructions	)				
Description of debt-financed prints	operty		come from or debt-financed	3. Deductions directly condebt-finance	ed property		_
· · · · · · · · · · · · · · · · · · ·		proj	perty	(a) Straight line depreciation (attach schedule)	(b) Other de (attach sch		_
(1)		+					—
(2)		-					—
(3)		<del> </del>		·			—
4. Amount of average 5. Average	age adjusted basis	<del> </del>					—
acquisition debt on or of allocable to debt-financed debt-f	or allocable to financed property tach schedule)	4 dr	olumn vided lumn 5	7. Gross income reportable (column 2 × column 6)	8 Allocable d (column 6 × tota 3(a) and	l of column	1S
(1)			%				
(2)			%				
(3)			%				
(4)			%				
				Enter here and on page 1, Part I, line 7, column (A)	Enter here and Part I, line 7, o		
Totals			<b>&gt;</b>				_
Total dividends-received deductions include	ea in column 8			<u> </u>		90-T (20	

Schedule F-Interest, Ann	uities, Royaities,				janizations (se	e instruc	ctions)	
		Exem	pt Controlled	Organizations				
Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)		4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5	
(1)	_							
(2)								
(3)							⊥	
(4)				L				
Nonexempt Controlled Organia	zations		- ,				<del>-</del>	
7. Taxable Income	8. Net unrelated in (loss) (see instruct			otal of specified yments made	10. Part of column included in the coorganization's gro	controlling	conne	eductions directly cted with income in column 10
(1)								
(2)								
(3)								
(4)								
				_	Add columns 5 Enter here and c Part I, line 8, co	n page 1,	Enter h	columns 6 and 11 nere and on page 1, line 8, column (B)
Totals Schedule G—Investment I	noomo of a Saat	ion 50	1(0)(7) (0)	or (17) Organi	Tation (see inst	ruotione	<u></u>	
1. Description of income	2. Amount o		3.	Deductions ctly connected	4. Set-aside	s	<b>5.</b> To	otal deductions et-asides (col. 3
				ach schedule)	(attach schedu	uie)		plus col 4)
(1)								
(2)								
(3)				<del></del>				
(4) Totals	Enter here and Part I, line 9, o	column (	A)			1	Part I, III	re and on page 1, ne 9, column (B)
Schedule I—Exploited Exe	empt Activity Inc	ome, C	Other Than	Advertising In	come (see inst	ructions	i)	
1. Description of exploited activi	2. Gross unrelated business inco from trade of business	me c	3. Expenses directly connected with production of unrelated isiness income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	attnbu	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1) Men's Basketball								
(2) Sponsorship Revenue	415	,875	110,265	305,610	3,061,414	4	1,961,917	305,610
(3)								
(4)	Enter here and page 1, Part line 10, col (	1. p A) lii	ter here and on page 1, Part I, ne 10, col (B)		<u> </u>		<del>-</del>	Enter here and on page 1, Part II, line 25
Totals . Schedule J—Advertising I		,875	110,265	<u> </u>				305,610
	eriodicals Repor		a Consoli	dated Basis	_	-		
Fait. Income From P	eriouicais nepor	ted or	l a Conson	4. Advertising		Γ	_	7. Excess readership
1. Name of periodical	2. Gross advertising income	ad	3. Direct vertising costs	gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income		dership sts	costs (column 6 minus column 5, but not more than column 4)
(1)								
(2)								
(3)								
(4)			<del></del> _					
Totals (carry to Part II, line (5))	<u> </u>							000 T

Total. Enter here and on page 1, Part II, line 14

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns Part II 2 through 7 on a line-by-line basis.) 4. Advertising gain or (loss) (col 2 minus col 3) If 7 Excess readership 2. Gross costs (column 6 6. Readership 3. Direct 5. Circulation 1. Name of periodical advertising minus column 5, but advertising costs ıncome costs a gain, compute cols 5 through 7 ıncome not more than column 4) <u>(1)</u> (2) (3) (4) Totals from Part I ▶ Enter here and on Enter here and on Enter here and page 1, Part I, page 1, Part I, on page 1, Part II, line 26 line 11, col (A) line 11, col (B) Totals, Part II (lines 1-5) Schedule K-Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of time devoted to business 4. Compensation attributable to unrelated business 1. Name 2. Title <u>(1)</u> % (2) % (3) % (4) %

Form 990-T (2019)

 $\triangleright$ 

## SCHEDULE B

## Seton Hall University Federal I D # 22-1500645 Form 990-T

#### Fiscal Year Ended 6/30/20 Basketball Sponsorships - 54

Schedule I -- Exploited Exempt Activity Income, Other Than Advertising Income

Column 5 Gross Income from activity that is not unrelated business income	
Mon's hockethall game revenues	
Men's basketball game revenues Ticket revenue	\$2,690,004
	350.375
Program, novelty and other gameday sales	•
Miscellaneous income	21,035
Total revenues	\$3,061,414
Column 6 Expenses attributable to column 5	
Men's basketball game expenses	
Allocation of coach and assistant coaches' compensation costs to games	\$1,352,104
Opposing team payments	335,000
Team travel costs	1,210,934
Basketball arena costs & related expenses	1,158,494
Equipment, uniforms and supplies	118,725
Fundraising, marketing and game promotions	449,817
Other operating expenses	336,844
Total expenses	\$4,961,917

#### **SCHEDULE M** (Form 990-T)

## **Unrelated Business Taxable Income from an Unrelated Trade or Business**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning July 1 , 2019, and ending June 30 , 20 20

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

Open to Public Inspection for

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). 501(c)(3) Organizations Only Employer identification number Name of the organization 22-1500645 Seton Hall University Unrelated Business Activity Code (see instructions) ▶ Describe the unrelated trade or business ▶ Arts, Entertainment, and Recreation (A) Income (B) Expenses (C) Net **Unrelated Trade or Business Income** 1a Gross receipts or sales c Balance ▶ **b** Less returns and allowances 1c 2 2 3 3 Gross profit. Subtract line 2 from line 1c. . . 4a Capital gain net income (attach Schedule D) . . . . . 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b 4c С Income (loss) from a partnership or an S corporation (attach 5 . . . . . . . . . . . . . . . . . . . statement) 5 6 6 7 Unrelated debt-financed income (Schedule E) . . . . 7 Interest, annuities, royalties, and rents from a controlled 8 8 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) . . . . . . . . . . . . . 9 10 10 Exploited exempt activity income (Schedule I) . . . . . 11 11 12 Other income (See instructions; attach schedule) . . . . . 12 16,075 16,075 16,075 16,075 Total. Combine lines 3 through 12 \_ . . . . . . . . 13 13 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) . . . 14 15 6.415 15 16 Repairs and maintenance 16 17 17 Bad debts . . . . . . . . . . . . 18 18 Interest (attach schedule) (see instructions) . . . . 19 19 20 20 Less depreciation claimed on Schedule A and elsewhere on return. 21a 21b 21 22 22 23 Contributions to deferred compensation plans . . . . . . 23 24 24 25 25 26 26 27 27 14,206 20,621 28 28 **Total deductions.** Add lines 14 through 27 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 (4,546)Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see 30

31

Unrelated business taxable income. Subtract line 30 from line 29

(4,546)

30

31

## SCHEDULE A

# Seton Hall University Arts, Entertainment, and Recreation - 71 Federal I D. # 22-1500645 Form 990-T - Schedule M Fiscal Year Ended 6/30/20

Part I - Line 12, Other Income.	_	
University chapel wedding organist income University recreation center memberships	\$	6,175 9,900
oniversity real edition from the montpersitipe	\$	16,075
Part II - Line 28, Other Deductions:	_	
Tax preparation fees allocation University recreation center costs		49 14,157
•	\$	14,206

## SCHEDULE C

## Seton Hall University Federal I D # 22-1500645 Arts, Entertainment, and Recreation - 71 Form 990-T Fiscal Year Ended 6/30/2020

Part II - Line 31Net Operating Loss Deduction for tax years beginning after January 1, 2018

Fiscal Year	Carryfo	perating Loss rward Addition f begin of year	Current Year Form 990T Usage		Net Operating Loss Carryforward as of end of year
2019 2020	\$	10,319 4,546	\$	-	10,319 4,546
2020	\$	14,865	\$	- 9	14,865

#### **SCHEDULE M** (Form 990-T)

## **Unrelated Business Taxable Income from an Unrelated Trade or Business**

OMB No 1545-0047

Department of the Treasury

For calendar year 2019 or other tax year beginning July 1 , 2019, and ending June 30, , 20 20 ► Go to www.irs.gov/Form990T for instructions and the latest information.

Internal Revenue Service

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Name of the organization Employer identit					ntification number			
Seton Hall University					22-150	00645		
Ur	Unrelated Business Activity Code (see instructions) ▶ 53							
De	escribe the unrelated trade or business  Royalty from Intangib	le Ass	ets					
Part	Unrelated Trade or Business Income		(A) Income	(B) Expense	s	(C) Net		
1a	Gross receipts or sales							
b	Less returns and allowances c Balance ▶	1c						
2	Cost of goods sold (Schedule A, line 7)	2						
3	Gross profit, Subtract line 2 from line 1c .	3						
4a	Capital gain net income (attach Schedule D) .	4a						
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b						
С	Capital loss deduction for trusts .	4c						
5	Income (loss) from a partnership or an S corporation (attach							
	statement)	5						
6	Rent income (Schedule C)	6						
7	Unrelated debt-financed income (Schedule E)	7						
8	Interest, annuities, royalties, and rents from a controlled							
	organization (Schedule F)	8						
9	Investment income of a section 501(c)(7), (9), or (17)							
	organization (Schedule G)	9			li			
10	Exploited exempt activity income (Schedule I) .	10						
11	Advertising income (Schedule J)	11						
12	Other income (See instructions; attach schedule)	12	24,699			24,699		
13	Total. Combine lines 3 through 12	13	24,699			24,699		
Part	· ·	r limita	ations on deductio	ns.) (Deductio	ns mu	ust be directly		
	connected with the unrelated business income.)							
14	Compensation of officers, directors, and trustees (Schedule K)				14			
15	Salaries and wages		•		15	240		
16	Repairs and maintenance				16			
17	Bad debts				17			
18	Interest (attach schedule) (see instructions) .				18			
19	Taxes and licenses				19			
20			20	1				
21	Less depreciation claimed on Schedule A and elsewhere on re	turn .	. 21a		21b			
22	Depletion				22	<u> </u>		
23	Contributions to deferred compensation plans				23			
24	Employee benefit programs				24	-		
25	Excess exempt expenses (Schedule I)				25			
26	Excess readership costs (Schedule J)				26			
27	Other deductions (attach schedule)		27	2,395				
28	Total deductions. Add lines 14 through 27		28	2,635				
29	Unrelated business taxable income before net operating loss d	educti	ion. Subtract line 28	3 from line 13	29	22,064		
30	Deduction for net operating loss arising in tax years beginn					····		
	instructions)	•		.,	30	o		
31	Unrelated humana taxable income. Subtract line 20 from line		•		21	22.064		

## SCHEDULE A

## Seton Hall University Royalty from Intangible Assets - 53 Federal I.D. # 22-1500645 Form 990-T Fiscal Year Ended 6/30/20

Part I - Line 12, Other Income	
Other promotional income	24,699 \$ 24,699
Part II - Line 28, Other Deductions.	
Tax preparation fees allocation	49
Promotion expenses	2,346_
	\$ 2,395

#### SCHEDULE M (Form 990-T)

## Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning July 1 , 2019, and ending June 30 , 20 20

► Go to www.irs.gov/Form990T for instructions and the latest information.

► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Name of the organization Employer iden					fentification number		
Seton Hall University					22-15	00645	
Ur	nrelated Business Activity Code (see instructions) ▶ 52						
De	escribe the unrelated trade or business  Other Investments		<u>-</u>				
Par	Unrelated Trade or Business Income		(A) Income	(B) Expense	es	(C) Net	
1a	Gross receipts or sales					T	
b	Less returns and allowances c Balance ▶	1c	1			}	
2	Cost of goods sold (Schedule A, line 7)	2					
3	Gross profit. Subtract line 2 from line 1c	3					
4a	Capital gain net income (attach Schedule D)	4a					
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b	5,554	_		5,554	
С	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach statement)	5	(291,924)			(291,924)	
6	Rent income (Schedule C)	6					
7	Unrelated debt-financed income (Schedule E)	7					
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8					
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9					
10	Exploited exempt activity income (Schedule I) .	10				-	
11	Advertising income (Schedule J)	11	·			-	
12	Other income (See instructions, attach schedule)	12	···				
13	Total. Combine lines 3 through 12	13	(286,370)			(286,370)	
Part	connected with the unrelated business income.)	limita	itions on deductio	ns.) (Deductio	ns mi	ust be directly	
14	Compensation of officers, directors, and trustees (Schedule K)				14		
15	Salaries and wages				15	23,317	
16	Repairs and maintenance				16		
17	Bad debts .	-			17		
18	Interest (attach schedule) (see instructions)				18	68,072	
19	Taxes and licenses	•	1 1	,	19		
20	Depreciation (attach Form 4562)	•	20			!	
21	Less depreciation claimed on Schedule A and elsewhere on ret	urn	21a		21b		
22	Depletion				22		
23	Contributions to deferred compensation plans .		•		23		
24	Employee benefit programs .			}	24		
25 06	Excess exempt expenses (Schedule I)		•		25 26		
26 Excess readership costs (Schedule J)						240.040	
Other deductions (attach schedule)						348,616	
<ul> <li>Total deductions. Add lines 14 through 27</li> <li>Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13</li> </ul>						440,005	
29	· · · · · · · · · · · · · · · · · · ·				29	(726,375)	
30	Deduction for net operating loss arising in tax years beginning instructions)	-	or aπer January 1	, 2018 (see	20		
31	Unrelated business taxable income Subtract line 30 from line 2	•	• •	}	30	(726,375)	
<u> </u>	Chicates business taxable income Subtract line 30 from line 2	٠. ت			31	(120,313)	

## SCHEDULE A

## Seton Hall University Other Investments - 52 Federal I D. # 22-1500645 Form 990-T Fiscal Year Ended 6/30/20

Part II - Line 18, Interest:	
Cost Depletion derived from partnership K-1s	\$ 68,072
Part II - Line 28, Other Deductions	
Tax preparation fees Portfolio expenses derived from partnership K-1s	\$ 4,705 343,911
Part II - Line 28, Other Deductions	\$ 348,616

#### SCHEDULE C

Seton Hall University
Federal I D # 22-1500645
Other Investments - 52
Form 990-T
Fiscal Year Ended 6/30/20

Part II - Line 31Net Operating Loss Deduction for tax years beginning after January 1, 2018

Fiscal <u>Y</u> ear	Net Operating Loss Carryforward Addition & as of begin of year	Current Year Form 990T Usage	Net Operating Loss Carryforward as of end of year
2019	274,834	-	274,834
2020	726,375	-	726,375
	\$ 1,001,209	\$ - \$	1,001,209

Seton Hall University Other Investments - 52 Federal I D # 22-1500645 Form 990-T Fiscal Year Ended 6/30/20

	Part I - Line 4a	Part I	- Line 4b	Part I - Line 5	Total
	Capital gain (loss)	Form 479	7 gain (loss)	Ordinary income (loss)	ıncome (loss)
Investment in Limited Partnerships	\$ -	\$	5,554	\$ (291,924)	\$ (286,370)

#### **SCHEDULE D** (Form 1120)

**Capital Gains and Losses** ► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-RIC, 1120-RIC, 1120-SF, or certain Forms 990-T.

OMB No 1545-0123

Department of the Treasury Internal Revenue Service ▶ Go to www irs gov/Form1120 for instructions and the latest information. 2019

Name Seton Hall Univer	sitv				Employer id	entification number 22-1500645
	ion dispose of any investment(s) in a qual	ified opportunity f	und during the ta	ax vear?		
	form 8949 and see its instructions for add				or loss.	
Part I Shor	t-Term Capital Gains and Losses (	See instructions.	.)			.,
the lines belo	ons for how to figure the amounts to enter on w. be easier to complete if you round off cents to	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustr or loss fro 8949, Part column (g)	I, line 2,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all 1099-B for w which you ha if you choose	short-term transactions reported on Form hich basis was reported to the IRS and for we no adjustments (see instructions). However, to report all these transactions on Form 8949, blank and go to line 1b.				-	
1b Totals for al with Box A	I transactions reported on Form(s) 8949 checked					
2 Totals for al with Box B	transactions reported on Form(s) 8949 checked .	_				
3 Totals for al with Box C	transactions reported on Form(s) 8949 checked					2,680
4 Short-term	capital gain from installment sales from Forr	n 6252, line 26 or 3	37		4	
5 Short-term	capital gain or (loss) from like-kind exchange	es from Form 8824	٠		5	
6 Unused cap	oital loss carryover (attach computation)				6	( 0)
	rm capital gain or (loss) Combine lines 1a t				. 7	2,680
	g-Term Capital Gains and Losses (S	See instructions.		<u></u>		<del>.,</del>
the lines belo	y be easier to complete if you round off cents to	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustr or loss from 8949, Part column (g)	II, line 2,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all 1099-B for w which you ha if you choose	long-term transactions reported on Form hich basis was reported to the IRS and for ve no adjustments (see instructions). However, to report all these transactions on Form 8949, the blank and go to line 8b					
8b Totals for al with Box D	I transactions reported on Form(s) 8949 checked					
9 Totals for al with Box E	I transactions reported on Form(s) 8949 checked					
10 Totals for al with Box F	I transactions reported on Form(s) 8949 checked .					(77,190)
11 Enter gain fi	rom Form 4797, line 7 or 9				. 11	
12 Long-term o	capital gain from installment sales from Form	n 6252, line 26 or 3	7		12	
13 Long-term of	capital gain or (loss) from like-kind exchange	es from Form 8824			13	
14 Capital gain	distributions (see instructions)				14	
	m capital gain or (loss) Combine lines 8a th	rough 14 in columi	n h		15	(77,190)
16 Enter exces	s of net short-term capital gain (line 7) over				16	
	gain Enter excess of net long-term capital g 5 and 17 Enter here and on Form 1120, pag				e 7) 17 18	<del>-</del>
	s and 17. Enter here and on Form 1120, pag ses exceed gains, see <i>Capital Lo</i> sses in t		roper line on othe	returns	_ 18	(74,510)

## 8949

## **Sales and Other Dispositions of Capital Assets**

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.

Attachment

OMB No 1545-0074

Sequence No 12A

Internal Revenue Service Name(s) shown on return Seton Hall University ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Social security number or taxpayer identification number

22-1500645

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

<ul><li>☐ (B) Short-term transactions</li><li>☑ (C) Short-term transactions</li></ul>			-	sis <b>wasn't</b> report	ed to the If	RS	
1  (a)  Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr )	(c) Date sold or disposed of (Mo , day, yr )	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	If you enter an enter a c	f any, to gain or loss amount in column (g), ode in column (f) arate instructions  (g)  Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
ST Capital Gains Reported on Various K-1 Forms	Various	Various	Various	Various	N/A	N/A	2,68 <sup>-</sup>
Form 6781, Part 1			•				·
							(1
							-
					·		
			_				
						_	
			-		-		
		,					
	_						
2 Totals. Add the amounts in column	s (d), (e), (g), and	d (h) (subtract					
negative amounts) Enter each tot Schedule D, line 1b (if Box A above	al here and incl e is checked), lin	lude on your le 2 (if Box B					2 690

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Name(s) shown on return. Name and SSN or taxpayer identification no not required if shown on other side

Social security number or taxpayer identification number

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Part II

**Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

more of the boxes, complete as m	nany forms w	ith the same	box checked as	you need.			
(D) Long-term transactions							)
(E) Long-term transactions				is <b>wasn't</b> reporte	ed to the IF	IS	
✓ (F) Long-term transactions	not reported	to you on Fo	orm 1099-B	Γ			
(a) Description of property	Date of	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the <b>Note</b> below	If you enter an enter a c	f any, to gain or loss amount in column (g), ode in column (f) parate instructions	(h) Gain or (loss) Subtract column (e)
(Example 100 sh XYZ Co)	Date acquired (Mo , day, yr )	disposed of (Mo , day, yr )	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
LT Capital Gains Reported on			-				
Various K-1 Forms	Various	Various	Various	Various	N/A	N/A	(77,189
Form 6781, Part 1		-					(1
		ĺ					
						_	
2 Totals. Add the amounts in columns negative amounts) Enter each total							

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Schedule D, line 8b (if Box D above is checked), line 9 (if Box E

above is checked), or line 10 (if Box F above is checked) ▶

(77, 190)

## SCHEDULE C

#### Seton Hall University Federal I D # 22-1500645 Form 990-T Fiscal Year Ended 6/30/20

Part II - Line 35 Net Operating Loss Deduction for tax years beginning before January 1, 2018

Fıscal Year	Net Operating Loss Carryforward as of begin of year	Current Year Form 990T Usage	Charitable Contribution Conversion		et Operating Loss Carryforward as of end of year
2014	26,520	(22,064)		-	4,456
2015	18,536	-		-	18,536
2016	8,657	-		-	8,657
2017	6,637	-		-	6,637
2018	4,788	-		-	4,788
	\$ 65,137	\$ (22,064)	\$	- \$	43,073

## SCHEDULE E

#### Seton Hall University Federal I D #22-1500645 Form 990-T Fiscal Year Ended 6/30/20

Part II - Line 20 Charitable Contributions

rant III - Elli	C 20 C	Shantable Co	שווויי	ations							
		Charitable									Charitable
	Co	ontributions	C	urrent year	Cu	irrent year	Co	nverted			Contributions
Fiscal	Carı	ryforward as	F	orm 990T	F	orm 990T	to	NOL	Carryforward	•	Carryforward as
Year	of b	egin of year	,	Additions		Usage	ırı	FY19	Expiration		of end of year
								-			
2015		1,541,000				-		-	\$1,541,000		-
2016		118,000				-		-	-		118,000
2017		68,000				-		-	-		68,000
2018		598,000				-		-	-		598,000
2019		650,000				-		-	-		650,000
2020		•		593,000		-		-	-		593,000
Total	\$	2,975,000	\$	593,000	\$	-	\$	-	\$1,541,000	\$	2,027,000

## SCHEDULE F

## Seton Hall University Federal I D # 22-1500645 Form 990-T Fiscal Year Ended 6/30/20

## Schedule D, Part I, line 6

Fiscal Year	Carryfor	oital loss ward Addition begin of year	Form	nt year n 990T age	Capital Loss Carryforward as of end of year		
2020		74,510			\$	74,510	
Total	\$	74,510	\$		\$	74,510	