Form 990-T	E	Exempt Organization Business Income Tax Retur	n	OMB No. 1545-0047
	For cal	endar year 2020 or other tax year beginning JUL 1, 2020 , and ending JUN 30, 2021		2020
Department of the Treasury Internal Revenue Service	•	► 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)	3). O	pen to Public Inspection for 01(c)(3) Organizations Only
A Check box if address changed.		Name of organization (Check box if name changed and see instructions.)	DEmploy	ver identification number
B Exempt under section	Print	SETON HALL UNIVERSITY	2	2-1500645
X 501(c)(3) 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 400 SOUTH ORANGE AVENUE		exemption number structions)
408A 530(a) 529(a) 529S		City or town, state or province, country, and ZIP or foreign postal code SOUTH ORANGE, NJ 07079	F	Check box if
	СВо	ok value of all assets at end of year 890,349,000.		an amended return.
G Check organization			Applicabl	e reinsurance entity
H Check if filing only to		Claim credit from Form 8941 Claim a refund shown on Form 2439		
l Check if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation		
J Enter the number of	attache	ed Schedules A (Form 990-T)	4	:
		e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? d identifying number of the parent corporation.	>	Yes X No
		DONNA MCMONAGLE Telephone number	(973) 7	61-9318
Part I Total Unr	elate	d Business Taxable Income		
1 Total of unrelated	busines	ss taxable income computed from all unrelated trades or businesses (see		
instructions)			1	18,181.
2 Reserved			2	
3 Add lines 1 and 2			3	18,181.
	,	see instructions for limitation rules)		0.
5 Total unrelated but	siness :	taxable income before net operating losses. Subtract line 4 from line 3	. 5	18,181.
6 Deduction for net	operatii	ng loss. See instructions	6	18,181.
7 Total of unrelated	busines	ss taxable income before specific deduction and section 199A deduction.		
Subtract line 6 from	m line 5	5	7	
8 Specific deduction	n (gener	rally \$1,000, but see instructions for exceptions)	. 8	
9 Trusts. Section 19	99A dec	duction. See instructions	9	
10 Total deductions.	. Add lii	nes 8 and 9	10	
11 Unrelated busine	ss taxa	Ible income. Subtract line 10 from line 7. If line 10 is greater than line 7,		
enter zero	······································		11	0.
Part II Tax Com	•			
		s corporations. Multiply Part I, line 11 by 21% (0.21)	<u> </u>	<u> </u>
		ates. See instructions for tax computation. Income tax on the amount on		
Part I, line 11 from		Tax rate schedule or Schedule D (Form 1041)	2	
3 Proxy tax. See ins			3	
4 Other tax amounts				
5 Alternative minimu				
-		cility income. See instructions		
		h 6 to line 1 or 2, whichever applies	7	⁰ . Form 990-T (2020)
LHA For Paperwork F	reauct	ion Act Notice, see instructions.		Form 330-1 (2020)

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

Autom	atic 6-Month Extension of Time. Only subm	nit origina	al (no copies needed).				
All corpo	orations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnershi	ps, REMICs	s, and trusts		
must use	e Form 7004 to request an extension of time to file incom	e tax retur	ns.				
	<u></u>			1			
Type or	Name of exempt organization or other filer, see instru	ctions.		Taxpaye	Taxpayer identification number (TIN		
print	SETON HALL UNIVERSITY				22-1500645		
File by the	by the					5	
due date for filing your							
return. See							
instructions	City, town or post office, state, and ZIP code. For a for south orange, NJ 07079	oreign addi	ress, see instructions.				
Enter the	e Return Code for the return that this application is for (file	e a senarat	te application for each return)			0 7	
Applicat	· · · · · · · · · · · · · · · · · · ·	 	Application			Return	
Is For	lioti	Code	Is For			Code	
	0 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 99		02	Form 1041-A			08	
	บ-อน 20 (individual)	02	Form 4720 (other than individual)			09	
Form 99	•	03	Form 5227			10	
	0-F (sec. 401(a) or 408(a) trust)	05	Form 6069	11			
	0-T (trust other than above)	06	Form 8870			12	
1 01111 00	DONNA MCMONAGLE	1 00	1 01111 007 0			12	
• The h	ooks are in the care of > 400 SOUTH ORANGE AVEN	UE - SOU	TH ORANGE NJ 07079				
	hone No. (973) 761-9318		Fax No. ▶				
	organization does not have an office or place of business	s in the Uni					
	is for a Group Return, enter the organization's four digit					check this	
box >		_	ch a list with the names and TINs of				
1 re	equest an automatic 6-month extension of time until	MAY 1	6, 2022 , to f	ile the exen	npt organization r	eturn for	
	e organization named above. The extension is for the organization	anization's			. 0		
>	calendar year or						
>	X tax year beginning JUL 1, 2020	, an	d ending JUN 30, 2021				
			-				
2 If t	he tax year entered in line 1 is for less than 12 months, c	heck reaso	on: Initial return	Final retur	n		
	Change in accounting period						
3a If t	his application is for Forms 990-BL, 990-PF, 990-T, 4720,	, or 6069, e	enter the tentative tax, less				
<u>an</u>	y nonrefundable credits. See instructions.			3a	\$	0.	
b If t	his application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and				
es ⁻	timated tax payments made. Include any prior year overp	ayment all	owed as a credit.	3b	\$	15,000.	
с Ва	lance due. Subtract line 3b from line 3a. Include your pa	yment with	n this form, if required, by				
	ing EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.	
Caution	: If you are going to make an electronic funds withdrawal	(direct deb	oit) with this Form 8868, see Form	3453-EO an	d Form 8879-EO	for payment	

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

instructions.

orm 9		,								F	age 2
Part	III ·	Tax and Payments									
1a	Forei	gn tax credit (corporations attach Form 11	18; trusts attach Forn	า 1116)	1a						
b	Other	credits (see instructions)			. 1b						
С	Gene	ral business credit. Attach Form 3800 (see	e instructions)		1c						
d		t for prior year minimum tax (attach Form									
е								-	1e		
2	Subtr								2		0.
3	Other	taxes. Check if from: Form 42									
		Other (at	ttach statement)						3		
4	Total	tax. Add lines 2 and 3 (see instructions).									
			·····	· ·	•				4		0.
5	2020	net 965 tax liability paid from Form 965-A			4				5		0.
6a		ents: A 2019 overpayment credited to 20			1						
b		estimated tax payments. Check if section			6b						
С					6c						
d		gn organizations: Tax paid or withheld at s									
е		up withholding (see instructions)									
f		t for small employer health insurance prer									
g		credits, adjustments, and payments:									
•			Other								
7	Total	payments. Add lines 6a through 6g							7		
8		ated tax penalty (see instructions). Check						\neg ı	8		
9	Tax c	lue. If line 7 is smaller than the total of line	es 4, 5, and 8, enter ar					- ┌	9		
10		payment. If line 7 is larger than the total o						. ┌-	10		
11		the amount of line 10 you want: Credited			•		Refunded >		11		
Part		Statements Regarding Certain /			tion (se	ee instru	uctions)				
1	At an	y time during the 2020 calendar year, did	the organization have	an interest in c	r a signa	ture or o	other authorit	.y		Yes	No
	over a	a financial account (bank, securities, or otl	ner) in a foreign counti	y? If "Yes," the	e organiza	ation ma	ay have to file)			
		N Form 114, Report of Foreign Bank and									
	here	LUXEMBOURG								Х	
2	Durin	g the tax year, did the organization receive	e a distribution from, o	or was it the gra	antor of, o	or transf	eror to, a				
		n trust?		-							х
		s," see instructions for other forms the org									
3		the amount of tax-exempt interest receive	•				▶ \$				
4a		ne organization change its method of acco									х
b		s "Yes," has the organization described the									
	expla	in in Part V									
Part	V	Supplemental Information									
Provide	the ex	xplanation required by Part IV, line 4b. Als	o, provide any other a	dditional inforn	nation. Se	e instru	uctions.				
		nder penalties of perjury, I declare that I have examined to prect, and complete. Declaration of preparer (other than						vledge	and belief, it is tru	Je,	
Sign	"	rrect, and complete. Declaration of preparer (other than	laxpayer) is based on all illion	nation of which prep	diei nas an	Kilowieu	ye.	May t	he IRS discuss th	ic return v	vith
Here		•		VP FINAN	ICE/CFO				eparer shown bel		VILII
		Signature of officer	Date	Title				instru	ctions)? X Y	es 🗀	No
		Print/Type preparer's name	Preparer's signature		Date		Check	if	PTIN		
Paid			-		E/10/0	0000	self- employe	ed			
Prepa	arer	DANIEL ROMANO			5/12/2	2022	. ,		P0050418	2	
Use C	arer						Firm's EIN	<u> </u>	36-6055	5558	
	- · · · y	757 THIRD AVENUE, 3RD FLOOR									
		Firm's address NEW YORK, NY 10	017-2013				Phone no.	(21	2) 599-010	00	

Form **990-T** (2020)

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

ENTITY

501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

► 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).

B Employer identification number Name of the organization SETON HALL UNIVERSITY 22-1500645 D Sequence: Unrelated business activity code (see instructions) of

L	escribe the unrelated trade or business BASKETBALL SPONSOR	SUILS			
Par	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales				
b	Less returns and allowances c Balance ▶	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Sch D (Form 1041 or Form				
	1120)) (see instructions)	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
0	Exploited exempt activity income (Part VIII)	10	365,211.	144,452.	220,759.
1	Advertising income (Part IX)	11			
2	Other income (see instructions; attach statement)	12			
3	Total. Combine lines 3 through 12	13	365,211.	144,452.	220,759.
					·

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)		1	
2	Salaries and wages			
3	Repairs and maintenance			
4	Bad debts		4	
5				
6	Taxes and licenses			
7	Depreciation (attach Form 4562) (see instructions)			
8	Less depreciation claimed in Part III and elsewhere on return	8a	8b	
9	Depletion		9	
10	Contributions to deferred compensation plans			
11	Employee benefit programs		11	
12	Excess exempt expenses (Part VIII)			220,759.
13	Excess readership costs (Part IX)		13	
14	Other deductions (attach statement)		14	
15	Total deductions. Add lines 1 through 14			220,759.
16	Unrelated business income before net operating loss deduction. Subtract lin	ne 15 from Part I, line 13,		
	column (C)		16	0.
17	Deduction for net operating loss (see instructions)			0.
18	Unrelated business taxable income. Subtract line 17 from line 16		18	

LHA For Paperwork Reduction Act Notice, see instructions.

Part	III Cost of Goods Sold Enter met	hod of inventory valuati	on >		Page Z
1		Tod or inventory variation		1	
2	Purchases			_	
3	Cost of labor				
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year			_	
8	Cost of goods sold. Subtract line 7 from line 6. Enter I	nere and in Part I, line 2	!	8	
9	Do the rules of section 263A (with respect to property)				Yes No
Part	IV Rent Income (From Real Property and	l Personal Proper	ty Leased with R	leal Property)	
1	Description of property (property street address, city, s	tate, ZIP code). Check	if a dual-use (see instr	ructions)	
	A				
	В				
	c				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D	Ll			
3	Total rents received or accrued. Add line 2c columns A	through D. Enter here	and an Part Llina 6	column (A)	0.
3	Deductions directly connected with the income	Tillough D. Enter here	and on raiti, line o, c	Joidinin (A)	
4	: "				
7	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. Er	iter here and on Part I.	line 6. column (B)	•	0.
Part '		ee instructions)	, (-, -,		
1	Description of debt-financed property (street address, of	city, state, ZIP code). C	heck if a dual-use (see	e instructions)	
	A		·	·	
	В 🗌				
	c 🗆				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D)	. Enter here and on Par	t I, line 7, column (A)	>	0.
_	Alleganists designations and the Control of the Con	Г		Γ Γ	
9	Allocable deductions. Multiply line 3c by line 6	Land D. Fatter to an	Law David Library 7 1 1	(D)	0.
10 11	Total allocable deductions. Add line 9, columns A thr Total dividends-received deductions included in line				0.
	. Sta. dividende i escived deductions included in line				٠.

Schedi Part	ule A (Form 990-T) 2020 VI Interest, Annu	ities. Ro	ovalties, and Re	ents fror	n Control	led Or	ganizations	S (see	e instruct	ions)	Page 3
ı uı t							Exempt Contro	`			
	Name of controlled organization	identification		incon	3. Net unrelated 4. Tota income (loss) paym		al of specified nents made	5. Par that is i	t of colur included Iling orga	nn 4 in the	6. Deductions directly connected with
			number	(see ins	structions)				gross inc		income in column 5
<u>(1)</u>											
(2)											
(3)											
<u>(4)</u>			lNo	nexempt (Controlled O	<u>l</u> manizati	ons	l			
7	. Taxable Income	8. 1	Net unrelated		otal of specif		10. Part	of colum	n 9	11.	Deductions directly
			come (loss) e instructions)	pa	yments mad	е	that is included in the controlling organization's gross income		ation's	in	connected with come in column 10
(1)											
(2)											
(3)											
(4)											
							Add colum Enter here line 8, 0		Part I,	Ent	d columns 6 and 11. er here and on Part I, line 8, column (B)
Totals									0.		0.
Part	VII Investment I	ncome	of a Section 50	1(c)(7). (9). or (17)	Organ	nization (s	ee instru			<u> </u>
		ription of		-(-)(-))	2. Amou incon	nt of	3. Deduction directly connumber (attach states	ons ected (4. Set- (attach st		
(1)											
(2)											
(3)											
(4)											
					Add amou						Add amounts in
					here and o						column 5. Enter here and on Part I,
					line 9, colu						line 9, column (B)
Totals Part	VIII = =			<u></u>	F. A.	0.					0.
			Activity Income,		nan Adve	ertising	gincome	(see inst	ructions)		
1	Description of exploite	-				- D41	line 40 maleum	(4)			365,211.
2 3	Gross unrelated busine						•	. ,		2	303,211.
3	Expenses directly conf									3	144,452.
4	line 10, column (B) Net income (loss) from										
•						•				4	220,759.
5	Gross income from act									5	262,870.
6	Expenses attributable									6	3,164,833.
7	Excess exempt expens										
	4. Enter here and on P	art II, line	12							7	220,759.

Cabad	Iula A /Farm 000 T\ 2020				ENTITY
Part	IX Advertising Income				Page
1	Name(s) of periodical(s). Check box if reporting	two or more periodicals on a c	consolidated basis.		
	A 🔲				
	В 🔲				
	c				
	D				
Enter a	amounts for each periodical listed above in the c	orresponding column.		T	
		Α	В	С	D
2	Gross advertising income			<u> </u>	
	Add columns A through D. Enter here and on F	Part I, line 11, column (A)		▶	0
a	Divert educations costs by accident				
3 a	Direct advertising costs by periodical				. 0
а	Add coldmins A through b. Enter here and offi	arti, iiile 11, columii (b)			
4	Advertising gain (loss). Subtract line 3 from line	e			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete				
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is less				
•	than line 6, enter zero				
8	Excess readership costs allowed as a deduction. For each column showing a gain or	,			
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the gre	-	al or zero here and or	<u> </u>	I
-	Part II, line 13			_	0
Part	X Compensation of Officers, Dire	ectors, and Trustees (Se	ee instructions)		
			;	3. Percentage	4. Compensation
	1. Name	2. Title	0	f time devoted	attributable to
				to business	unrelated business
<u>(1)</u>				%	
(2)				%	
(3)				%	
(4)				%	
Total	Enter here and on Part II, line 1				0
Part		instructions)			-
	za cappionicital momation (366	s instructions)			

FORM 990-T (A) PART VIII - EXPENSES DI PRODUCTION OF UNRELAT			STATEMENT 1
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
MEN'S BASKETBALL ADVERTISING AND			
PROMOTIONAL COSTS		3,496.	
ATHLETIC ADMINISTRATIVE COSTS		140,956.	
- SUBTOTAL	_ 1		144,452
TOTAL OF FORM 990-T, SCHEDULE A, PART V	III, COLUMN	3	144,452
NODY OLO M /3 \ DADM VIII BYDENGEG N			
FORM 990-T (A) PART VIII - EXPENSES N WITH PRODUCTION OF UNR			STATEMENT 2
· ·			STATEMENT 2
WITH PRODUCTION OF UNR	ELATED BUSIN		TOTAL
WITH PRODUCTION OF UNR DESCRIPTION	ELATED BUSINACTIVITY	NESS INCOME	
WITH PRODUCTION OF UNR DESCRIPTION LLOCATION OF COACH AND ASSISTANT	ELATED BUSINACTIVITY	NESS INCOME	
WITH PRODUCTION OF UNR DESCRIPTION ALLOCATION OF COACH AND ASSISTANT COACHES' COMPENSATION COSTS TO GAMES	ELATED BUSINACTIVITY	AMOUNT	
WITH PRODUCTION OF UNR DESCRIPTION ALLOCATION OF COACH AND ASSISTANT COACHES' COMPENSATION COSTS TO GAMES DPPOSING TEAM PAYMENTS TEAM TRAVEL COSTS	ELATED BUSINACTIVITY	AMOUNT	
WITH PRODUCTION OF UNR DESCRIPTION ALLOCATION OF COACH AND ASSISTANT COACHES' COMPENSATION COSTS TO GAMES DPPOSING TEAM PAYMENTS TEAM TRAVEL COSTS BASKETBALL ARENA COSTS AND RELATED	ELATED BUSINACTIVITY	AMOUNT 1,304,236. 39,000. 952,542.	
WITH PRODUCTION OF UNR DESCRIPTION ALLOCATION OF COACH AND ASSISTANT COACHES' COMPENSATION COSTS TO GAMES DPPOSING TEAM PAYMENTS DEAM TRAVEL COSTS BASKETBALL ARENA COSTS AND RELATED EXPENSES	ELATED BUSINACTIVITY	AMOUNT 1,304,236. 39,000. 952,542. 529,140.	
WITH PRODUCTION OF UNR DESCRIPTION ALLOCATION OF COACH AND ASSISTANT COACHES' COMPENSATION COSTS TO GAMES DPPOSING TEAM PAYMENTS TEAM TRAVEL COSTS BASKETBALL ARENA COSTS AND RELATED EXPENSES EQUIPMENT, UNIFORMS, AND SUPPLIES	ELATED BUSINACTIVITY	AMOUNT 1,304,236. 39,000. 952,542.	
WITH PRODUCTION OF UNR DESCRIPTION ALLOCATION OF COACH AND ASSISTANT COACHES' COMPENSATION COSTS TO GAMES DPPOSING TEAM PAYMENTS FEAM TRAVEL COSTS BASKETBALL ARENA COSTS AND RELATED EXPENSES EQUIPMENT, UNIFORMS, AND SUPPLIES FUNDRAISING, MARKETING, AND GAME	ELATED BUSINACTIVITY	AMOUNT 1,304,236. 39,000. 952,542. 529,140. 87,384.	
WITH PRODUCTION OF UNR DESCRIPTION ALLOCATION OF COACH AND ASSISTANT COACHES' COMPENSATION COSTS TO GAMES DPPOSING TEAM PAYMENTS TEAM TRAVEL COSTS BASKETBALL ARENA COSTS AND RELATED EXPENSES EQUIPMENT, UNIFORMS, AND SUPPLIES FUNDRAISING, MARKETING, AND GAME PROMOTIONS	ELATED BUSINACTIVITY	AMOUNT 1,304,236. 39,000. 952,542. 529,140. 87,384.	
WITH PRODUCTION OF UNR DESCRIPTION ALLOCATION OF COACH AND ASSISTANT COACHES' COMPENSATION COSTS TO GAMES DPPOSING TEAM PAYMENTS FEAM TRAVEL COSTS BASKETBALL ARENA COSTS AND RELATED EXPENSES EQUIPMENT, UNIFORMS, AND SUPPLIES FUNDRAISING, MARKETING, AND GAME	ELATED BUSING ACTIVITY NUMBER	AMOUNT 1,304,236. 39,000. 952,542. 529,140. 87,384.	

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

ENTITY

2020

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

Department of the Treasury Internal Revenue Service ► 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).

				`	,,, ,		
Α	Name of the organization	B Employer identification number					
	SETON HALL UNIVERSITY		22-1500645				
С	Unrelated business activity code (see instructions) > 710000	D	Sequence:	2	of	4	

E [Describe the unrelated trade or business ARTS, ENTERTAINMEN	IT, Al	ND RECREATION		
Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance >	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Sch D (Form 1041 or Form				
	1120)) (see instructions)	4a			
b		4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement) STMT 3	12	8,775.		8,775.
13	Total. Combine lines 3 through 12	13	8,775.		8,775.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)					
2	Salaries and wages		8,775.			
3	Repairs and maintenance					
4	Bad debts	4				
5	Interest (attach statement) (see instructions)				5	
6	Taxes and licenses				6	
7	Depreciation (attach Form 4562) (see instructions)		7			
8	Less depreciation claimed in Part III and elsewhere on return				8b	
9	Depletion				9	
10	Contributions to deferred compensation plans				امدا	
11	Employee benefit programs				11	
12	Excess exempt expenses (Part VIII)					
13	Excess readership costs (Part IX)				13	
14	Other deductions (attach statement)	SEE	STA	TEMENT 4	14	59.
15	Total deductions. Add lines 1 through 14					8,834.
16	Unrelated business income before net operating loss deduction. Subtra					
	column (C)				16	-59.
17					0.	
18	Unrelated business taxable income. Subtract line 17 from line 16					-59.

LHA For Paperwork Reduction Act Notice, see instructions.

204					
icu	ıle A (Form 990-T) 2020				Pag
<u>irt</u>	III Cost of Goods Sold Enter met	hod of inventory valuatio	n 🕨		
1	Inventory at beginning of year			1	
2	Purchases			2	
3	Cost of labor			3	
Ļ	Additional section 263A costs (attach statement)				
,	Other costs (attach statement)			5	
6	Total. Add lines 1 through 5				
,	Inventory at end of year			1 _ 1	
}	Cost of goods sold. Subtract line 7 from line 6. Enter	here and in Part I, line 2		8	
)	Do the rules of section 263A (with respect to property	produced or acquired for	resale) apply to the o	rganization?	Yes
rt	V Rent Income (From Real Property and	d Personal Property	/ Leased with Re	eal Property)	
	Description of property (property street address, city, s	tate, ZIP code). Check if	a dual-use (see instru	ctions)	
	A				
	В				
	c 🗌				
	D				
		Α	В	С	D
	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
_	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
•	Add lines 2a and 2b, columns A through D				
	Total rents received or accrued. Add line 2c columns A Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)		nd on Part I, line 6, co	ilumn (A)	
	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En	nter here and on Part I, lir			
3 4 5 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address,	nter here and on Part I, lin	ne 6, column (B)	>	
rt	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (street address, A	nter here and on Part I, lin	ne 6, column (B)	>	
rt	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Env. Unrelated Debt-Financed Income (street address, A	nter here and on Part I, lin	ne 6, column (B)	>	
ı irt	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Env. Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A B C C C C C C C C C C C C C C C C C C	nter here and on Part I, lin	ne 6, column (B)	>	
rt	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Env. Unrelated Debt-Financed Income (street address, A	nter here and on Part I, line ee instructions) city, state, ZIP code). Chr	ne 6, column (B) eck if a dual-use (see i	nstructions)	
rt	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A B C C C C C C C C C C C C C C C C C C	nter here and on Part I, lin	ne 6, column (B)	>	D
rt	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Env. Unrelated Debt-Financed Income (s.) Description of debt-financed property (street address, A. B. C. D. Gross income from or allocable to debt-financed	nter here and on Part I, line ee instructions) city, state, ZIP code). Chr	ne 6, column (B) eck if a dual-use (see i	nstructions)	D
<u>rt</u>	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Env. Unrelated Debt-Financed Income (street address, A B C C C C C C C C C C C C C C C C C C	nter here and on Part I, line ee instructions) city, state, ZIP code). Chr	ne 6, column (B) eck if a dual-use (see i	nstructions)	D
rt	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Env. Unrelated Debt-Financed Income (s Description of debt-financed property (street address, and and address). Gross income from or allocable to debt-financed property Deductions directly connected with or allocable	nter here and on Part I, line ee instructions) city, state, ZIP code). Chr	ne 6, column (B) eck if a dual-use (see i	nstructions)	D
rt	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Env. Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A B C C C C C C C C C C C C C C C C C C	nter here and on Part I, line ee instructions) city, state, ZIP code). Chr	ne 6, column (B) eck if a dual-use (see i	nstructions)	D
rt	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Ender the statement of the statement	nter here and on Part I, line ee instructions) city, state, ZIP code). Chr	ne 6, column (B) eck if a dual-use (see i	nstructions)	D
rt	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A B C C C C C C C C C C C C C C C C C C	nter here and on Part I, line ee instructions) city, state, ZIP code). Chr	ne 6, column (B) eck if a dual-use (see i	nstructions)	D
rt a b	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Environment of Debt-Financed Income (statement) Description of debt-financed property (street address, A B C C C C C C C C C C C C C C C C C C	nter here and on Part I, lir ee instructions) city, state, ZIP code). Chr	ne 6, column (B) eck if a dual-use (see i	nstructions)	D
rt a	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Env. Unrelated Debt-Financed Income (some constitution of debt-financed property (street address, additional address) Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D)	nter here and on Part I, lir ee instructions) city, state, ZIP code). Chr	ne 6, column (B) eck if a dual-use (see i	nstructions)	D
rt ab c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Ender the Debt-Financed Income (state Debt-Financed Income	nter here and on Part I, lir ee instructions) city, state, ZIP code). Chr	ne 6, column (B) eck if a dual-use (see i	nstructions)	D
rt ab c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Env. Unrelated Debt-Financed Income (some constitution of debt-financed property (street address, additional address) Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D)	nter here and on Part I, lir ee instructions) city, state, ZIP code). Chr	ne 6, column (B) eck if a dual-use (see i	nstructions)	D
rt a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Ender the Debt-Financed Income (state Debt-Financed Income	nter here and on Part I, lir ee instructions) city, state, ZIP code). Chr	ne 6, column (B) eck if a dual-use (see i	nstructions)	D
rt a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Ender Income (state Income) Description of debt-financed property (street address, Income) B	nter here and on Part I, liree instructions) city, state, ZIP code). Chr	ne 6, column (B) eck if a dual-use (see i	nstructions)	D
rt	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Ender of the Line of th	nter here and on Part I, liree instructions) city, state, ZIP code). Chr	ne 6, column (B) eck if a dual-use (see i	nstructions)	D
rt abc	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Ender Income (state Income) Description of debt-financed property (street address, Income) B	nter here and on Part I, liree instructions) city, state, ZIP code). Chr	ne 6, column (B) eck if a dual-use (see i	nstructions)	D
rt	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Environment of Line 2 columns A Line 3 columns A Lin	A A %	B B %	nstructions) C	D

Total dividends-received deductions included in line 10

Page	3
------	---

Part	VI Interest, Annu	uities, R	oyalties, and Re	ents fror	n Control	led Or	ganization	S (see	instruct	ions)	Page 3	
		-					Exempt Contro					
	Name of controlled organization		' '		3. Net unrelated 4. Tota		al of specified ments made	5. Part that is in	5. Part of column 4 that is included in the controlling organization's gross income		he connected with a-	
(1)												
(2)												
(3)												
(4)												
	. +			1	Controlled O	-	1		_		S 1 12 12 11	
7	. Taxable Income	ir	Net unrelated ncome (loss) e instructions)		otal of specif syments mad		that is inc controlling gross	cluded in	the ation's	С	Deductions directly connected with one in column 10	
(1)												
(2)												
(3)												
(4)												
							Add colum Enter here line 8, c		Part I,	Enter	columns 6 and 11. here and on Part I, ne 8, column (B)	
Totals						•			0.		0.	
Part	VII Investment	Income	of a Section 50	1(c)(7), (9), or (17)	Orga	nization (s	ee instru	uctions)			
	1. Desc	cription of	income		2. Amou incor		3. Deduction directly connumber (attach state)	ected (4. Setatach st		5. Total deductions and set-asides (add cols 3 and 4)	
(1)												
(2)												
(3)												
(4)					Add amou	ınte in					Add amounts in	
					column 2 here and o line 9, colu	. Enter n Part I, umn (A)					column 5. Enter here and on Part I, line 9, column (B)	
Totals Part		xemnt 4	Activity Income	Other 1	∐ Than Δdve	0. ertisina	g Income	(see inst	ructions)		0.	
1	Description of exploite			,			5 111001110	<u> </u>	1 40110115)			
2	Gross unrelated busin	,		ness. Ente	r here and o	n Part I.	line 10. colum	n (A)		2		
3	Expenses directly con					,	,	. ,		_		
	line 10, column (B)		•					,		3		
4	Net income (loss) from											
	lines 5 through 7									4		
5	Gross income from ac	tivity that	is not unrelated bus	iness incor	me					5		
6	Expenses attributable									6		
7	Excess exempt expen											
	4. Enter here and on F	Part II. line	12							7		

Sched Part				ENTITY 2
	lule A (Form 990-T) 2020			Page 4
1	IX Advertising Income			
•	Name(s) of periodical(s). Check box if reporting	ng two or more periodicals on a consoli	dated basis.	
	A			
	В 🔲			
	c 🔲			
	D			
Enter a	amounts for each periodical listed above in the	corresponding column		
	announte for each periodical notes above in the	A I	ВС	D
2	Gross advertising income			
_	Add columns A through D. Enter here and on			. 0.
_	Add Columns A through D. Enter here and on	Part I, line 11, column (A)	>	·
а	5			
3	Direct advertising costs by periodical			
а	Add columns A through D. Enter here and on	Part I, line 11, column (B)	P	0.
4	Advertising gain (loss). Subtract line 3 from lin	ne		
	2. For any column in line 4 showing a gain,			
	complete lines 5 through 8. For any column in			
	line 4 showing a loss or zero, do not complete	I I		
	lines 5 through 7, and enter zero on line 8 \dots			
5	Readership costs			
6	Circulation income			
7	Excess readership costs. If line 6 is less than			
	line 5, subtract line 6 from line 5. If line 5 is les	ss		
	than line 6, enter zero			
8	Excess readership costs allowed as a			
	deduction. For each column showing a gain of	on		
	line 4, enter the lesser of line 4 or line 7			
а	Add line 8, columns A through D. Enter the gr	· · · · · · · · · · · · · · · · · · ·	ero here and on	•
	Part II, line 13	,	•	0.
Part	,	rectors, and Trustees (see inst	ructions)	
	· I	, (65665	3. Percentage	4. Compensation
	1. Name	2. Title	of time devoted	attributable to
	n rame	2. 1160	to business	unrelated business
(1)			%	unicialed business
			%	
(2) (2)				
(3)			%	
(4)			%	
				•
				0.
Total	Lenter here and on Part II, line 1			
		ee instructions)		
Total		ee instructions)		
Total		ee instructions)		
Total		ee instructions)		
Total		ee instructions)		
Total		ee instructions)		
Total		ee instructions)		
Total		ee instructions)		
Total		ee instructions)		
Total		ee instructions)		
Total		ee instructions)		
Total		ee instructions)		
Total		ee instructions)		
Total		ee instructions)		
Total		ee instructions)		
Total		ee instructions)		

FORM 990-T (A)	OTHER	INCOME	STATEMENT 3
DESCRIPTION			AMOUNT
UNIVERSITY CHAPEL WEDD	ING ORGANIST INC	COME	8,775.
TOTAL TO SCHEDULE A, P	PART I, LINE 12		8,775.
FORM 990-T (A)	OTHER	DEDUCTIONS	STATEMENT 4
	OTHER	DEDUCTIONS	STATEMENT 4 AMOUNT
FORM 990-T (A) DESCRIPTION TAX PREPARATION FEES	OTHER	DEDUCTIONS	

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

ENTITY

2020

ZUZU

Department of the Treasury Internal Revenue Service ► 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).

Name of the organization SETON HALL UNIVERSITY

Be in a set that the organization of the organization set that the organization set the organization set the organization set that the organization set t

C Unrelated business activity code (see instructions) ► **D** Sequence: of Describe the unrelated trade or business ▶ROYALTY INCOME Part I Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses 1a Gross receipts or sales **b** Less returns and allowances Cost of goods sold (Part III, line 8) 2 2 Gross profit. Subtract line 2 from line 1c 3 4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions) 4a Net gain (loss) (Form 4797) (attach Form 4797) (see instructions) 4b Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) Rent income (Part IV) 6 Unrelated debt-financed income (Part V) 7 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) 8 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) Exploited exempt activity income (Part VIII) 10 10 Advertising income (Part IX) 11 11

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

13

1	Compensation of officers, directors, and trustees (Part X)		1	
2	Salaries and wages			210.
3	Repairs and maintenance			
4	Bad debts			
5	Interest (attach statement) (see instructions)			
6	Taxes and licenses			
7	Depreciation (attach Form 4562) (see instructions)			
8	Less depreciation claimed in Part III and elsewhere on return		8b	
9	Depletion		9	
10	Contributions to deferred compensation plans			
11	Employee benefit programs		11	
12	Excess exempt expenses (Part VIII)			
13	Excess readership costs (Part IX)			
14	Other deductions (attach statement)	SEE STATEMENT 6	14	4,014.
15	Total deductions. Add lines 1 through 14			4,224.
16	Unrelated business income before net operating loss deduction. Subtract line	15 from Part I, line 13,		
	column (C)		16	18,181.
17	Deduction for net operating loss (see instructions)			0.
18	Unrelated business taxable income. Subtract line 17 from line 16			18,181.
ΙЦΛ	For Department, Deduction Act Notice and instructions	•	Sabadula A (E	orm 000 T) 2020

LHA For Paperwork Reduction Act Notice, see instructions.

Other income (see instructions; attach statement) STMT 5

Total. Combine lines 3 through 12

Schedule A (Form 990-T) 2020

12

22,405

22,405.

22,405,

Part	III Cost of Goods Sold Enter met	hod of inventory valuati	on >		Page Z
1		Tod or inventory variation		1	
2	Purchases			_	
3	Cost of labor				
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year			_	
8	Cost of goods sold. Subtract line 7 from line 6. Enter I	nere and in Part I, line 2	!	8	
9	Do the rules of section 263A (with respect to property)				Yes No
Part	IV Rent Income (From Real Property and	l Personal Proper	ty Leased with R	leal Property)	
1	Description of property (property street address, city, s	tate, ZIP code). Check	if a dual-use (see instr	ructions)	
	A				
	В				
	c				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D	Ll			
3	Total rents received or accrued. Add line 2c columns A	through D. Enter here	and an Part Llina 6	column (A)	0.
3	Deductions directly connected with the income	Tillough D. Enter here	and on raiti, line o, c	Joidinin (A)	
4	: "				
7	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. Er	iter here and on Part I.	line 6. column (B)	•	0.
Part '		ee instructions)	, (-, -,		
1	Description of debt-financed property (street address, of	city, state, ZIP code). C	heck if a dual-use (see	e instructions)	
	A		·	·	
	В 🗌				
	c 🗆				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D)	. Enter here and on Par	t I, line 7, column (A)	>	0.
_	Alleganists designations and the Control of the Con	Г		Γ Γ	
9	Allocable deductions. Multiply line 3c by line 6	Land D. Fatter to an	Law David Library 7 1 1	(D)	0.
10 11	Total allocable deductions. Add line 9, columns A thr Total dividends-received deductions included in line				0.
	. Sta. dividende i escived deductions included in line				٠.

	ule A (Form 990-T) 2020 VI Interest, Annu		nvalties and Re	ante fron	n Control	led Or	ranization	3 (000	inatruot	iono)		Page 3
Part	VI Interest, Aint	inico, in	Jyanies, and me		ii Ooniiioi			,	instruct			
	Name of controlled organization		. Name of controlled 2. Employer					led Organizations 5. Part of column 4 6. De		Deductions directly		
			identification		ne (loss)		nents made	that is included in th controlling organiza tion's gross income		in the		onnected with
			number	1	structions)	' '						ome in column 5
(1)				 ' ' 				tion's gross income		,01110		
(2)												
(3)												
(4)												
		1			Controlled O	-						
7	. Taxable Income		Net unrelated		otal of specif		10. Part of column 9 that is included in the controlling organization's			connected with income in column 10		•
			come (loss) e instructions)	pa	yments mad	е						
		(300	2 instructions)				gross	income		""	COITIC	in column to
(1) (2)												
(3)												
(4)												
<u> ,</u>				1			Add colum	ns 5 and	d 10.	Add	d colu	umns 6 and 11.
							Enter here		, ,			re and on Part I,
							line 8, d	column (A	⁴⁾		line 8	, column (B)
Totals)			0.			0.
Part			of a Section 50	1(c)(7), (9), or (17)	Orgar	nization _{(s}	<u>ee instru</u>				
	1. Desc	cription of	income		2. Amou incon		3. Deduction		4. Setattach st			Total deductions and set-asides
					1110011	10	(attach state		attacii st	ateme		add cols 3 and 4)
(1)												
(2)											<u> </u>	
(3)												
(4)												
<u> </u>					Add amou							Add amounts in
					column 2							column 5. Enter nere and on Part I,
					line 9, colu	,						line 9, column (B)
Totals	V/III =			<u></u>		0.	_					0.
Part			Activity Income	Other T	han Adve	ertising	g Income	see instr	ructions)			
1	Description of exploite	•						(2)				
2	Gross unrelated busin						•	. ,		2		
3	Expenses directly con									9		
4	line 10, column (B) Net income (loss) from									3		
7	, ,					•				4		
5	Gross income from ac									5		
6	Expenses attributable									6		
7	Excess exempt expen											
	4. Enter here and on F	art II, line	12							7		

chedule A (Form 990-T) 2020				Page 4
Part IX Advertising Income				
1 Name(s) of periodical(s). Check box if reporting	g two or more periodicals on a co	onsolidated basis.		
A 🔛				
В 🔛				
c 🗀				
D				
nter amounts for each periodical listed above in the c	corresponding column.			
	Α	В	С	D
2 Gross advertising income				
Add columns A through D. Enter here and on I			•	0.
a	, , , , , , , , , , , , , , , , , , , ,			
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on I			<u> </u>	0.
a , taa colamiio , tambagii B. Emer noro ana on i				
4 Advertising gain (loss). Subtract line 3 from line	e			
2. For any column in line 4 showing a gain,				
complete lines 5 through 8. For any column in				
line 4 showing a loss or zero, do not complete				
lines 5 through 7, and enter zero on line 8	l l			
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than				
•				
line 5, subtract line 6 from line 5. If line 5 is les				
than line 6, enter zero				
8 Excess readership costs allowed as a	_			
deduction. For each column showing a gain or				
line 4, enter the lesser of line 4 or line 7	·			
a Add line 8, columns A through D. Enter the gre	eater of the line 8a, columns tota	al or zero here and o	on •	0.
Part II, line 13 Compensation of Officers, Dire	actors and Trustees (>	0.
dit X Compensation of Officers, Diff	cotors, and reastees (se	e instructions)	3. Percentage	4 Componentian
1. Name	2. Title		of time devoted	 Compensation attributable to
i. Name	z. Title			
1			to business %	unrelated business
)			% %	
)			%	
otal. Enter here and on Part II, line 1				0.
Part XI Supplemental Information (see	· inctructions)		<u></u>	•
art XI Supplemental information (see	e instructions)			

FORM 990-T (A)	OTHER	INCOME	STATEMENT 5
DESCRIPTION			AMOUNT
OTHER PROMOTIONAL INCOME			22,405.
TOTAL TO SCHEDULE A, PART	'I, LINE 12		22,405.
FORM 990-T (A)	OTHER	DEDUCTIONS	STATEMENT 6
DESCRIPTION			AMOUNT
TAX PREPARATION FEES			AMOUNT 59.
			AMOUNT

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

ENTITY

501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

► 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).

B Employer identification number Name of the organization SETON HALL UNIVERSITY 22-1500645 C Unrelated business activity code (see instructions) ▶ **D** Sequence:

Describe the unrelated trade or business DOTHER INVESTMENTS Part I Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses 1a Gross receipts or sales **b** Less returns and allowances Cost of goods sold (Part III, line 8) 2 2 Gross profit. Subtract line 2 from line 1c 3 4a Capital gain net income (attach Sch D (Form 1041 or Form 0. 1120)) (see instructions) 4a Net gain (loss) (Form 4797) (attach Form 4797) (see instructions) 4b Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 7 532,182. 532,182. Rent income (Part IV) 6 Unrelated debt-financed income (Part V) 7 7 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) 8 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) Exploited exempt activity income (Part VIII) 10 10 Advertising income (Part IX) 11 11 Other income (see instructions; attach statement) 12 12 13 532,182. 532,182. **Total.** Combine lines 3 through 12

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)				1	
2	Salaries and wages				2	20,571.
3	Repairs and maintenance				3	
4	Bad debts				4	
5	Interest (attach statement) (see instructions)	SEE	STAT	EMENT 8	5	12,220.
6	Taxes and licenses				6	17.
7	Depreciation (attach Form 4562) (see instructions)					
8	Less depreciation claimed in Part III and elsewhere on return		8a		8b	
9	Depletion				9	90,656.
10	Contributions to deferred compensation plans				10	
11	Employee benefit programs				11	
12	Excess exempt expenses (Part VIII)				12	
13	Excess readership costs (Part IX)				13	
14	Other deductions (attach statement)	SEE	STAT	EMENT 9	14	526,644.
15	Total deductions. Add lines 1 through 14				15	650,108.
16	Unrelated business income before net operating loss deduction. Subtract line 15	from I	Part I,	line 13,		
	column (C)				16	-117,926.
17	Deduction for net operating loss (see instructions)				17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16				18	-117,926.
				_		

LHA For Paperwork Reduction Act Notice, see instructions.

	II Cost of Goods Sold	Enter method of inventory va	aluation		<u> </u>
1		Enter metrica of inventory ve		1	
2	Purchases				
3	Cost of labor				
	Additional section 263A costs (attach st				
5	Other costs (attach statement)				
, ;	Total. Add lines 1 through 5				
,				1 _ 1	
	Cost of goods sold. Subtract line 7 from				
)	Do the rules of section 263A (with respe				Yes I
art I			4 1 1 2	<u>u</u>	
1	Description of property (property street				
•	A	addition, city, state, 211 codoj. ci	ioon ii a adal aoo (ooo iiiotia)	Stiorio	
	В 🗆				
	c -				
	D				
		A	В	С	D
2	Rent received or accrued		В	U	
		ro of			
	From personal property (if the percentage rent for personal property is more than 1				
L	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property				
	50% or if the rent is based on profit or in	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	Total rents received or accrued by prope	,			
	Add lines 2a and 2b, columns A through	יט			
		income	nere and on Part I, line 6, co		
5	Deductions directly connected with the in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A	ւ A through D. Enter here and on Pa		>	
irt \	Deductions directly connected with the in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A Unrelated Debt-Financed	A through D. Enter here and on Pa	art I, line 6, column (B)		
4 <u>5</u> art \ 1	Deductions directly connected with the in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A Unrelated Debt-Financed Description of debt-financed property (statement)	A through D. Enter here and on Pa	art I, line 6, column (B)		
irt \	Deductions directly connected with the in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A Unrelated Debt-Financed Description of debt-financed property (statement)	A through D. Enter here and on Pa	art I, line 6, column (B)		
irt \	Deductions directly connected with the in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A Unrelated Debt-Financed Description of debt-financed property (statement)	A through D. Enter here and on Pa	art I, line 6, column (B)		
irt \	Deductions directly connected with the in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A Unrelated Debt-Financed Description of debt-financed property (statement)	A through D. Enter here and on Pa	art I, line 6, column (B)		
irt \	Deductions directly connected with the in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A Unrelated Debt-Financed Description of debt-financed property (statement)	A through D. Enter here and on Paincome (see instructions) treet address, city, state, ZIP cod	art I, line 6, column (B)e). Check if a dual-use (see in	nstructions)	
rt \	Deductions directly connected with the in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A Unrelated Debt-Financed Description of debt-financed property (states and states are also as a second s	A through D. Enter here and on Paincome (see instructions) treet address, city, state, ZIP cod	art I, line 6, column (B)		D
rt \	Deductions directly connected with the in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A Unrelated Debt-Financed Description of debt-financed property (states and the states are also as a second property of the states are also as a second property of the states are also as a second property of the states are also as a second property of the states are also as a second property of the states are also as a second property of the states are also as a second property of the states are also as a second property of the states are also as a second property of the states are also as a second property of the states are also as a second property of the states are also as a second property of the states are also as a second property of the states are also as a second property of the states are also as a second property of the states are also as a second property of the states are also as a second property of the states are also as a second property of the states are also as a second property of the states are also as a second property of the states are also as a second property of the states are also as a second property of the states are also as a second property of the states are also as a second property of the states are also as a second property of the states are also as a second property of the states are also as a second property of the states are also as a second property of the states are also as a second property of the states are also as a second property of the states are also as a second property of the states are also as a second property of the states are also as a second property of the states are also as a second property of the states are also as a second property of the states are also as a second property of the states are also as a second property of the states are also as a second property of the states are also as a second property of the states are also as a second property of the states are also as a second property of the states are also as a second property of t	A through D. Enter here and on Paincome (see instructions) treet address, city, state, ZIP cod financed	art I, line 6, column (B)e). Check if a dual-use (see in	nstructions)	D
5 <u>rrt \</u>	Deductions directly connected with the in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A Unrelated Debt-Financed Description of debt-financed property (states and the states are also as a second property (states are also as a second property and the states are also as a second property and the states are also as a second property and the states are also as a second property and the states are also as a second property and the states are also as a second property and the states are also as a second property and the states are also as a second property and the states are also as a second property and the states are also as a second property and the states are also as a second property and the states are also as a second property and the states are also as a second property and the states are also as a second property and the states are also as a second property and the states are also as a second property and the states are also as a second property are also as a second property and the states are also as a second property and the states are also as a second property	A through D. Enter here and on Paincome (see instructions) treet address, city, state, ZIP cod financed	art I, line 6, column (B)e). Check if a dual-use (see in	nstructions)	D
rt \	Deductions directly connected with the in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A Unrelated Debt-Financed Description of debt-financed property (states and states are also as a state and states are also as a	A through D. Enter here and on Paincome (see instructions) treet address, city, state, ZIP cod financed	art I, line 6, column (B)e). Check if a dual-use (see in	nstructions)	D
rt \	Deductions directly connected with the in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A Unrelated Debt-Financed Description of debt-financed property (states and states are also as a column of the column o	A through D. Enter here and on Paincome (see instructions) treet address, city, state, ZIP cod financed A	art I, line 6, column (B)e). Check if a dual-use (see in	nstructions)	D
rt \ 2	Deductions directly connected with the in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A Unrelated Debt-Financed Description of debt-financed property (states and states are also as a column of the column o	A through D. Enter here and on Paincome (see instructions) treet address, city, state, ZIP cod financed A financed ment)	art I, line 6, column (B)e). Check if a dual-use (see in	nstructions)	D
ort \	Deductions directly connected with the in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A Unrelated Debt-Financed Description of debt-financed property (states and states are also as a state and state and states are also as a state are also as a	A through D. Enter here and on Paincome (see instructions) treet address, city, state, ZIP cod financed A financed ment)	art I, line 6, column (B)e). Check if a dual-use (see in	nstructions)	D
rt \	Deductions directly connected with the in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A Unrelated Debt-Financed Description of debt-financed property (statement) B C Gross income from or allocable to debt-froperty Deductions directly connected with or a to debt-financed property Straight line depreciation (attach statement) Total deductions (add lines 3a and 3b,	A through D. Enter here and on Pale Income (see instructions) treet address, city, state, ZIP cod financed allocable nent)	art I, line 6, column (B)e). Check if a dual-use (see in	nstructions)	D
ort \	Deductions directly connected with the in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A Unrelated Debt-Financed Description of debt-financed property (states and states are also as a state and state and states are also as a state are also as a	A through D. Enter here and on Pale Income (see instructions) treet address, city, state, ZIP cod financed allocable nent)	art I, line 6, column (B)e). Check if a dual-use (see in	nstructions)	D
rt\	Deductions directly connected with the in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A Unrelated Debt-Financed Description of debt-financed property (statement) B C Gross income from or allocable to debt-froperty Deductions directly connected with or a to debt-financed property Straight line depreciation (attach statement) Total deductions (add lines 3a and 3b,	A through D. Enter here and on Paincome (see instructions) treet address, city, state, ZIP cod financed allocable hent)	art I, line 6, column (B)e). Check if a dual-use (see in	nstructions)	D
a b c	Deductions directly connected with the in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A Unrelated Debt-Financed Description of debt-financed property (states and a state and a	A through D. Enter here and on Paincome (see instructions) treet address, city, state, ZIP cod financed allocable nent) or allocable	art I, line 6, column (B)e). Check if a dual-use (see in	nstructions)	D
irt \ I 2 b c	Deductions directly connected with the in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A Unrelated Debt-Financed Description of debt-financed property (states and states are also as a s	A through D. Enter here and on Paincome (see instructions) treet address, city, state, ZIP cod financed allocable nent) or allocable nent)	art I, line 6, column (B)e). Check if a dual-use (see in	nstructions)	D
rt\	Deductions directly connected with the in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A Unrelated Debt-Financed Description of debt-financed property (statement) B C D Gross income from or allocable to debt-financed property Deductions directly connected with or a to debt-financed property Straight line depreciation (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on to debt-financed property (attach statement)	A through D. Enter here and on Paincome (see instructions) treet address, city, state, ZIP cod financed allocable nent) or allocable nent) o debt-	art I, line 6, column (B)e). Check if a dual-use (see in	nstructions)	D
a b c	Deductions directly connected with the in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A Unrelated Debt-Financed Description of debt-financed property (statement) B C D Gross income from or allocable to debt-froperty Deductions directly connected with or a to debt-financed property Straight line depreciation (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on a to debt-financed property (attach statement) Amount of average acquisition debt on a to debt-financed property (attach statement)	A through D. Enter here and on Paincome (see instructions) treet address, city, state, ZIP cod financed A financed nent) or allocable nent) o debt-	art I, line 6, column (B)e). Check if a dual-use (see in	nstructions)	
5 1 2 3 a b c	Deductions directly connected with the in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A Unrelated Debt-Financed Description of debt-financed property (statement) B C D Gross income from or allocable to debt-froperty Deductions directly connected with or a to debt-financed property Straight line depreciation (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on a to debt-financed property (attach statement) Average adjusted basis of or allocable to financed property (attach statement)	A through D. Enter here and on Palincome (see instructions) treet address, city, state, ZIP cod financed allocable bent) or allocable bent) o debt-	e). Check if a dual-use (see in	C C	

Total dividends-received deductions included in line 10

Page	
------	--

Part	VI Interest, Annu	uities, Ro	oyalties, and Re	ents fron	n Control	led Or	ganizations	S (se	e instruct	ions)	Page 3	
	· · ·						xempt Contro	`				
	Name of controlle organization	d	2. Employer identification number			4. Tota	al of specified nents made	5. Part of column 4 that is included in the controlling organization's gross income		nn 4 in the aniza-	income in column 5	
(1)												
(2)												
(3)											_	
<u>(4)</u>												
	. +	1 .		1	Controlled Or	-	1		-			
7	. Taxable Income	ir	Net unrelated acome (loss) e instructions)		otal of specif yments mad		that is incontrolling gross	luded	in the zation's	c	Deductions directly connected with one in column 10	
(1)												
(2)												
(3)												
(4)												
							Add colum Enter here line 8, c	and on	Part I,	Enter	columns 6 and 11. here and on Part I, ne 8, column (B)	
Totals						▶			0.		0.	
Part	VII Investment	Income	of a Section 50	1(c)(7), (9), or (17)	Orgar	nization (s	ee inst	ructions)			
	1. Desc	cription of	income		2. Amou incon		3. Deduction directly connected (attach states	ected	4. Set- (attach st		5. Total deductions and set-asides (add cols 3 and 4)	
(1)												
(2)												
(3)												
(4)					A al al a assa a c						A del con consta in	
					Add amou column 2. here and or line 9, colu	Enter n Part I, ımn (A)					Add amounts in column 5. Enter here and on Part I, line 9, column (B)	
Totals Part		vommt A	Activity Income	>	hon Adve	0.	· Incomo	, .			0.	
	Description of exploite		Activity Income,	, Julei I	nan Auve	ะเ นอแไ		see ins	structions)			
1 2	Gross unrelated busin	,		noss Ento	r horo and o	Dort I	lino 10. colum	n (A)		2		
3	Expenses directly con					,	,	` ,				
3	line 10, column (B)		•					,		3		
4	Net income (loss) from											
•	,					•				4		
5	Gross income from ac									5		
6	Expenses attributable									6		
7	Excess exempt expen											
	4. Enter here and on F	Part II, line	12							7		

				990-T) 2020							Page 4
Part Part				vertising Income							
1		me	s) o 1	f periodical(s). Check box if rep	orting two or	more periodica	ls on a c	onsolidated basis	S.		
	A		¦ —								
	В	\vdash	¦ —								
	C		¦ —								
Entor (_	ınto	for	each periodical listed above in	the correspo	ading column					
	111100	arite	101	each periodical listed above in	the correspo	A		В	С		
2	Gr	220	adv	rertising income							
_				rertising income nns A through D. Enter here an		e 11. column (/	A)			<u> </u>	0.
а	,		Jiaii	mie / t imough B. Emoi nord un	a on raiti, iii	o 11, ooiaiiii (9				
3	Dir	ect	adv	ertising costs by periodical							
а				nns A through D. Enter here an	d on Part I, lir	e 11, column (I	3)		•	•	0.
				· ·			,				
4	Ad	lver	isin	g gain (loss). Subtract line 3 fro	m line						
	2.	For	any	column in line 4 showing a gai	n,						
	СО	mpl	ete I	lines 5 through 8. For any colur	mn in						
				wing a loss or zero, do not com							
				ough 7, and enter zero on line 8							
5				p costs							
6				n income							
7				adership costs. If line 6 is less t							
				stract line 6 from line 5. If line 5							
8				6, enter zero adership costs allowed as a							
0				. For each column showing a g	ain on						
				er the lesser of line 4 or line 7							
а				, columns A through D. Enter t		he line 8a. colu	mns tota	al or zero here an	d on	ı	
				9 13					_	•	0.
Part			Co	mpensation of Officers,	Directors	and Truste	es (se	e instructions)	·		
									3. Percentage	4. Con	npensation
				1. Name		2.	Title		of time devoted	attrib	outable to
									to business	unrelate	ed business
(1)									%		
2)									%		
(3)									%		
4)									%		
Tatal	⊏n.t		0.0	and an Dort II. line 1					_		0.
Part		er i	Su	and on Part II, line 1 pplemental Information	(aaa inatrua	tions)			<u>P</u>		
<u>. u. c</u>	/\		<u> </u>	ppromontal imorniation	(See Ilistiuc	lioris)					

FORM 990-T (A)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 7		
DESCRIPTION		NET INCOME OR (LOSS)		
- ORDINARY BUSINES	S INCOME (LOSS)	532,182.		
TOTAL INCLUDED ON SO	CHEDULE A, PART I, LINE 5	532,182.		
FORM 990-T (A)	INTEREST PAID	STATEMENT 8		
DESCRIPTION		AMOUNT		
INTEREST EXPENSES FI	12,220.			
TOTAL TO SCHEDULE A	, PART II, LINE 5	12,220.		
FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 9		
DESCRIPTION		AMOUNT		
TAX PREPARATION FEE		5,733.		
K-1 PORTFOLIO EXPENS INVESTMENT MANAGEMEN		513,987. 6,924.		
TOTAL TO SCHEDULE A	. PART II. LINE 14	526,644.		

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

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-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
☐ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Employer identification number Name SETON HALL UNIVERSITY 22-1500645 Yes X No Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Assets Held One Year or Less See instructions for how to figure the amounts (h) Gain or (loss) (d) (q) Adjustments to gain (e) to enter on the lines below. Subtract column (e) from or loss from Form(s) 8949, Proceeds Cost column (d) and combine the This form may be easier to complete if you round off cents to whole dollars. (or other basis) Part I, line 2, column (g) (sales price) result with column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 with Box A checked 2 Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on 13,499. Form(s) 8949 with Box C checked 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 4 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 6 Unused capital loss carryover (attach computation) 6 13 499. 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h 7 Long-Term Capital Gains and Losses - Assets Held More Than One Year Part II See instructions for how to figure the amounts (h) Gain or (loss) (g) Adjustments to gain to enter on the lines below. Subtract column (e) from Proceeds Cost or loss from Form(s) 8949, column (d) and combine the This form may be easier to complete if you (sales price) (or other basis) Part II, line 2, column (g) result with column (a) round off cents to whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on 10,794. Form(s) 8949 with Box F checked 7,508. 11 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 14 Capital gain distributions 14 18,302. 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 15 Part III Summary of Parts I and II 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 13,499. 16

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Note: If losses exceed gains, see Capital Losses in the instructions.

17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)

18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns

Schedule D (Form 1120) 2020

18,302. 31,801.

17

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Go to www.irs.gov/Form8949 for instructions and the latest information. ▶ 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 no.

22-1500645

SETON HALL UNIVERSITY

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 Part I 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 \perp (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B 1 Adjustment, if any, to gain or (c) (d) (e) (h) loss. If you enter an amount Proceeds Description of property Date sold or Cost or other Gain or (loss). Date acquired in column (g), enter a code in (sales price) basis. See the Subtract column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. Note below and from column (d) & (Mo., day, yr.) (g) Amount of see Column (e) ir combine the result Code(s) with column (g) the instructions adjustment ST CAPITAL GAINS REPORTED ON VARIOUS K-1 FORMS VARIOUS VARIOUS 13,499.

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked)

13,499.

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.

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2020)

Attachment Sequence No. 12A Form 8949 (2020)

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or

,	. ,		•	. 0		taxpayer ide	ntification no.
SETON HALL UNIVERSITY	Ţ.					22-1	500645
Before you check Box D, E, or F bek statement will have the same informa broker and may even tell you which I	ow, see whether yation as Form 109	ou received any 99-B. Either will s	Form(s) 1099-B c show whether you	or substitute statem r basis (usually you	ent(s) from yo r cost) was re	our broker. A sui ported to the IF	bstitute S by your
Part II Long-Term. Transaction	ons involving capita	al assets you held r	nore than 1 year are	generally long-term (s	ee instructions)	. For short-term to	ansactions,
see page 1. Note: You may aggregate al codes are required. Enter the	e totals directly on S	Schedule D, line 8a	ı; yoù aren't required	I to report these trans	actions on Form	n 8949 (see instrú	ctions).
You must check Box D, E, or F below. Of you have more long-term transactions than will						m 8949, page 2, for 6	each applicable box.
(D) Long-term transactions rep	· -				-)	
(E) Long-term transactions rep	•	•	•	•		,	
X (F) Long-term transactions not				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
1 (a)	(b)	(c)	(d)	(e)	Adjustment, i	f any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds	Cost or other	loss. If you o	enter an amount , enter a code in	Gain or (loss).
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the	column (f). S	ee instructions.	Subtract column (e)
		(Mo., day, yr.)		Note below and	(f)	(g)	from column (d) & combine the result
				see Column (e) in the instructions	Code(s)	Amount of adjustment	with column (g)
LT CAPITAL GAINS REPORTED						adjustificiti	, , ,
ON VARIOUS K-1 FORMS	VARIOUS	VARIOUS					10,794.
							,
2 Totals. Add the amounts in colur	nns (d), (e), (g), a	nd (h) (subtract					
negative amounts). Enter each to							
Schedule D, line 8b (if Box D abo							
above is checked), or line 10 (if E	Box F above is cl	necked)					10,794.

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.

Form **8949** (2020)

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

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-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Name					Empl	oyer identification number
	SETON HALL UNIVERSITY				22-	1500645
Did the	corporation dispose of any investmer	nt(s) in a qualified opportun	ity fund during the tax ye	ear?		Yes X No
	attach Form 8949 and see its instruc					
Part		ns and Losses - Ass	ets Held One Year	or Less		
to enter	ructions for how to figure the amounts on the lines below. In may be easier to complete if you	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to g or loss from Form(s) 8 Part I, line 2, column	949,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the
round of	n may be easier to complete if you cents to whole dollars.	(daico price)	(or other basis)	1 art 1, 1110 2, 001arrin	(9)	result with column (g)
repo was have How trans	Is for all short-term transactions rted on Form 1099-B for which basis reported to the IRS and for which you no adjustments (see instructions). ever, if you choose to report all these sactions on Form 8949, leave this line k and go to line 1b					
1b Tota	ls for all transactions reported on					
Forn	n(s) 8949 with Box A checked					
2 Tota	ls for all transactions reported on					
Forn	n(s) 8949 with Box B checked					
3 Tota	ls for all transactions reported on					
Forn	n(s) 8949 with Box C checked					13,499.
4 Sho	t-term capital gain from installment sales	from Form 6252, line 26 or 37	,		4	
5 Sho	t-term capital gain or (loss) from like-kind	exchanges from Form 8824			5	
6 Unu	sed capital loss carryover (attach computa	tion)	SEE STA	TEMENT 10	6	(74,510.)
	short-term capital gain or (loss). Combine				7	-61,011.
Part	II Long-Term Capital Gair	ns and Losses - Asse	ets Held More Tha	n One Year		
	uctions for how to figure the amounts on the lines below.	(d)	(e)	(g) Adjustments to g	ain	(h) Gain or (loss)
		Proceeds	Cost	or loss from Form(s) 8		Subtract column (e) from column (d) and combine the
round of	n may be easier to complete if you cents to whole dollars.	(sales price)	(or other basis)	Part II, line 2, column	ı (g)	result with column (g)
on F repo no a if yo	Is for all long-term transactions reported orm 1099-B for which basis was rted to the IRS and for which you have djustments (see instructions). However, u choose to report all these transactions orm 8949, leave this line blank and go to Bb					
8b Tota	ls for all transactions reported on					
Forn	n(s) 8949 with Box D checked					
9 Tota	ls for all transactions reported on					
Forn	n(s) 8949 with Box E checked					
10 Tota	ls for all transactions reported on					
Forn	n(s) 8949 with Box F checked					10,794.
11 Ente	r gain from Form 4797, line 7 or 9				11	7,508.
12 Lon	g-term capital gain from installment sales	from Form 6252, line 26 or 37	,		12	
13 Lon	g-term capital gain or (loss) from like-kind	l exchanges from Form 8824			13	
14 Cap	ital gain distributions				14	
	long-term capital gain or (loss). Combine		ıh		15	18,302.
Part	III Summary of Parts I and	l II			_	
	r excess of net short-term capital gain (lin				16	
	capital gain. Enter excess of net long-term				17	
18 Add	lines 16 and 17. Enter here and on Form	1120, page 1, line 8, or the app	olicable line on other return	S	18	0.

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Note: If losses exceed gains, see Capital Losses in the instructions.

Schedule D (Form 1120) 2020

LHA

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information. ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

Name(s) shown on return

SETON HALL UNIVERSITY

Social security number or taxpayer identification no.

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 Part I 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 \perp (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B 1 Adjustment, if any, to gain or (c) (d) (e) (h) loss. If you enter an amount Proceeds Description of property Date sold or Cost or other Gain or (loss). Date acquired in column (g), enter a code in (sales price) basis. See the Subtract column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. Note below and from column (d) & (Mo., day, yr.) (g) Amount of see Column (e) ir combine the result Code(s) with column (g) the instructions adjustment ST CAPITAL GAINS REPORTED 99/99/99 ON VARIOUS K-1 FORMS 99/99/99 13,499. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

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.

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2020)

above is checked), or line 3 (if Box C above is checked)

13,499.

Form 8949 (2020) Attachment Sequence No. 12A Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

						taxpayer ide	ntification no.
SETON HALL UNIVERSITY						22-15	500645
Before you check Box D, E, or F belo statement will have the same informa	ow, see whether y	you received any 99-B. Either will s	r Form(s) 1099-B c show whether you	or substitute statem r basis (usually you	ent(s) from yo r cost) was re	our broker. A sul ported to the IR	ostitute 'S by your
broker and may even tell you which be Part II Long-Term. Transaction see page 1.	ons involving capita	al assets you held r	more than 1 year are	generally long-term (s	ee instructions). For short-term tr	ansactions,
Note: You may aggregate all codes are required. Enter the							
You must check Box D, E, or F below. On the street of the							ach applicable box.
(D) Long-term transactions rep	oorted on Form(s) 1099-B showin	g basis was repor	ted to the IRS (see	Note above	e)	
(E) Long-term transactions rep	•	•	•	ported to the IRS			
(F) Long-term transactions not				T	Adimates and	:f a to a.a.i a	
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other	loss. If you	if any, to gain or enter an amount	(h) Gain or (loss).
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the	in column (g) column (f). S), enter a code in see instructions.	Subtract column (e)
		(Mo., day, yr.)		Note below and see Column (e) in	(f))	(g)	from column (d) & combine the result
				the instructions	Code(s)	Amount of adjustment	with column (g)
LT CAPITAL GAINS REPORTED						•	
ON VARIOUS K-1 FORMS	99/99/99	99/99/99					10,794.
2 Totals. Add the amounts in colur	nns (d) (e) (d) a	nd (h) (subtract					
negative amounts). Enter each to							
Schedule D, line 8b (if Box D abo		•					
above is checked), or line 10 (if E	Box F above is cl	necked)					10,794.

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.

3012 12-11-20 Form **8949** (2020)

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2)) ► Attach to your tax return.

OMB No. 1545-0184

Department of the Treasury Internal Revenue Service Name(s) shown on return

► Go to www.irs.gov/Form4797 for instructions and the latest information.

SET	ON HALL UNIVERSITY							22-1500645
1 E	nter the gross proceeds from sales or	exchanges repo	rted to you for 2	020 on Form(s) 10	99-B or 1099-S			
(c	or substitute statement) that you are in						1	
Pa	rt I Sales or Exchanges of					-	sions	s From Other
	Than Casualty or Thef	t-Most Prope	rty Held Mo	re Than 1 Yea	r (see	instructions)		
2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(C) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or o basis, plus improvements expense of s	and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
123	1 FROM VARIOUS K-1S	VARIOUS	VARIOUS					7,508.
3	Gain, if any, from Form 4684, line 39	9					3	
4	Section 1231 gain from installment	sales from Form (6252, line 26 or	37			4	
5	Section 1231 gain or (loss) from like						5	
6	Gain, if any, from line 32, from other	than casualty or	theft				6	
7	Combine lines 2 through 6. Enter th						7	7,508.
	Partnerships and S corporations.	Report the gain of	or (loss) following	g the instructions f	or Form 1065, Sch	edule K,		
	line 10, or Form 1120-S, Schedule k	K, line 9. Skip line	s 8, 9, 11, and 1	2 below.				
	Individuals, partners, S corporation	n shareholders,	and all others.	If line 7 is zero or	a loss, enter the a	mount		
	from line 7 on line 11 below and skip							
	1231 losses, or they were recapture	•			ong-term capital ga	in on		
	the Schedule D filed with your return	n and skip lines 8	, 9, 11, and 12 i	pelow.				
8	Nonrecaptured net section 1231 los	ses from prior ye	ars. See instruc	tions			8	
9	Subtract line 8 from line 7. If zero or	less, enter -0 If	line 9 is zero, er	nter the gain from I	ine 7 on line 12 be	low. If		
	line 9 is more than zero, enter the a	mount from line 8	on line 12 belo	w and enter the ga	in from line 9 as a	long-term		
	capital gain on the Schedule D filed	with your return.	See instructions	s			9	7,508.
Pa	rt II Ordinary Gains and	Losses (see in	structions)					
	<u> </u>	·						
10	Ordinary gains and losses not include	ded on lines 11 th	rough 16 (includ	de property held 1	year or less):	1		T
						<u> </u>		
11	Loss, if any, from line 7						11	(
12	Gain, if any, from line 7 or amount fr	rom line 8, if appl	icable				12	
13	Gain, if any, from line 31						13	
14	Net gain or (loss) from Form 4684, li	nes 31 and 38a					14	
15	Ordinary gain from installment sales						15	
16	Ordinary gain or (loss) from like-kind	exchanges from	Form 8824				16	
17	Combine lines 10 through 16						17	
18	For all except individual returns, ent							
	a and b below. For individual returns	s, complete lines	a and b below.					
а	If the loss on line 11 includes a loss f	rom Form 4684,	line 35, column	(b)(ii), enter that pa	rt of the loss here.	Enter the		
	loss from income-producing property	on Schedule A (Form 1040), line	16. (Do not includ	le any loss on prop	erty used		
	as an employee.) Identify as from "Fo	orm 4797, line 18	a." See instructi	ons			18a	
b	Redetermine the gain or (loss) on line							
	(Form 1040), Part I, line 4	<u></u>		<u></u>			18b	
LH/	A For Paperwork Reduction Act N	otice, see separ	ate instructions	 5.				Form 4797 (2020)

Part III Gain From Disposition of Propert	ty Und	er Sections 1245,	1250, 1252,	, 125	54, and 1255 (se	ee instructions)
19 (a) Description of section 1245, 1250, 1252, 1254, o	or 1255 p	property:			(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
Α						
В						
С						
D						
These columns relate to the properties on lines 19A through 19D.	•	Property A	Property I	3	Property C	Property D
20 Gross sales price (Note: See line 1 before completing.)	20					
Cost or other basis plus expense of sale	21					
Depreciation (or depletion) allowed or allowable	22					
Adjusted basis. Subtract line 22 from line 21	23					
24 Total gain. Subtract line 23 from line 20	24					
25 If section 1245 property:						
a Depreciation allowed or allowable from line 22	25a					
b Enter the smaller of line 24 or 25a	25b					
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.						
a Additional depreciation after 1975. See instructions	26a					
b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b					
c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c					
d Additional depreciation after 1969 and before 1976	26d					
e Enter the smaller of line 26c or 26d	26e					
f Section 291 amount (corporations only)	26f					
g Add lines 26b, 26e, and 26f	26g					
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.						
a Soil, water, and land clearing expenses	27a					
b Line 27a multiplied by applicable percentage	27b					
c Enter the smaller of line 24 or 27b	27c					
28 If section 1254 property: a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a					
b Enter the smaller of line 24 or 28a	28b					
 If section 1255 property: a Applicable percentage of payments excluded from income under section 126. See instructions 	29a					
b Enter the smaller of line 24 or 29a. See instructions	29b		<u> </u>			
	•					· ·
Summary of Part III Gains. Complete property of	columns	A through D through III	ne 29b before g	going	to line 30.	
Total gains for all properties. Add property columns	A throu	gh D, line 24			30)
Add property columns A through D, lines 25b, 26g,	27c, 28t	b, and 29b. Enter here	and on line 13		3.	1
32 Subtract line 31 from line 30. Enter the portion from	n casualty	y or theft on Form 4684	4, line 33. Enter	r the p	portion	
from other than casualty or theft on Form 4797, line Part IV Recapture Amounts Under Section	e 6 ons 179	9 and 280F(b)(2) W	/hen Busine	ess l	32 Use Drops to 50	2 % or Less
(see instructions)					T	
			_		(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allo	wable in	prior years	[33		
Recomputed depreciation. See instructions				34		
35 Recapture amount. Subtract line 34 from line 33. So	ee the in:	structions for where to	report	35		

Form 4797 (2020)

SCHEDULE D	CA	STATEMENT 10		
	LOSS YEAR	ORIGINAL LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING
	2015 2016 2017 2018			
	2019	74,510.		74,510
CAPITAL LOSS	CARRYOVER TO	CURRENT TAXABLE YEAR	R	74,510

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

► Attach to your tax return.

OMB No. 1545-0184

Department of the Treasury Internal Revenue Service Name(s) shown on return

▶ Go to www.irs.gov/Form4797 for instructions and the latest information.

Attachment Sequence No. **27**

SETON HALL UNIVERSITY							22-1500645
1 Enter the gross proceeds from sales of	•	•	020 on Form(s) 10	99-B or 1099-S			
(or substitute statement) that you are						1	Oll
Part I Sales or Exchanges of Than Casualty or The					-		From Other
Than Casualty or The	T-MOSt Prope	Tty neid Mo	Te man i rea	1	instructions)		
2 (a) Description of property	(b) Date acquired (mo., day, yr.)	(C) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or of basis, plu improvements expense of s	s and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
1231 FROM VARIOUS K-1S	VARIOUS	VARIOUS					7,508.
3 Gain, if any, from Form 4684, line 3	9		•	•		3	
4 Section 1231 gain from installment	sales from Form 6	6252. line 26 or	37			4	
5 Section 1231 gain or (loss) from like						5	
6 Gain, if any, from line 32, from other						6	
7 Combine lines 2 through 6. Enter the						7	7,508.
Partnerships and S corporations.							,
line 10, or Form 1120-S, Schedule			•	01 1 01111 1000, 001	icadio it,		
Individuals, partners, S corporati	•			a loss enter the a	mount		
from line 7 on line 11 below and sk							
1231 losses, or they were recaptur	•	J	•	,, ,			
the Schedule D filed with your retu	rn and skip lines 8	, 9, 11, and 12 l	pelow.				
Nonrecentured not continue 1221 lo	agas from prior va	ara Saa inatrua	tions			8	
Nonrecaptured net section 1231 loSubtract line 8 from line 7. If zero o				ino 7 on lino 10 ho		0	
line 9 is more than zero, enter the a	•	•	•				
capital gain on the Schedule D filed			· ·		ū	9	7,508.
			·			9	7,300.
Part II Ordinary Gains and	Losses (see in	structions)					
10 Ordinary gains and losses not inclu	ided on lines 11 th	rough 16 (inclu	de property held 1	vear or less):			
Ordinary gains and losses not inclu			T Property field 1		<u> </u>		
							,
11 Loss, if any, from line 7						11	(
12 Gain, if any, from line 7 or amount	from line 8, if appl	icable				12	
13 Gain, if any, from line 31						13	
14 Net gain or (loss) from Form 4684,						14	
15 Ordinary gain from installment sale						15	
16 Ordinary gain or (loss) from like-kind						16	
17 Combine lines 10 through 16						17	
18 For all except individual returns, en	ter the amount fro	om line 17 on the	e appropriate line o	of your return and s	skip lines		
a and b below. For individual return	ns, complete lines	a and b below.					
a If the loss on line 11 includes a loss	from Form 4684,	line 35, column	(b)(ii), enter that pa	art of the loss here.	Enter the		
loss from income-producing propert	y on Schedule A (Form 1040), line	16. (Do not includ	le any loss on prop	erty used		
as an employee.) Identify as from "F	orm 4797, line 18	a." See instructi	ons			18a	
b Redetermine the gain or (loss) on lin	e 17 excluding the	e loss, if any, on	line 18a. Enter he	re and on Schedule	e 1		
(Form 1040), Part I, line 4						18b	
LHA For Paperwork Reduction Act I	Notice, see separ	ate instructions	5.				Form 4797 (2020)

Part III Gain From Disposition of Propert	y Und	er Sections 1245,	1250, 1252	, 125	54, and 1255 (see	e instructions)
19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:					(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
_A						
<u>B</u>						
<u>C</u>						
<u>D</u>						
These columns relate to the properties on				_		
lines 19A through 19D.	▶	Property A	Property I	3	Property C	Property D
20 Gross sales price (Note: See line 1 before completing.)	20					
21 Cost or other basis plus expense of sale	21					
Depreciation (or depletion) allowed or allowable	22					
23 Adjusted basis. Subtract line 22 from line 21	23					
24 Total gain. Subtract line 23 from line 20	24					
25 If section 1245 property:	05-					
a Depreciation allowed or allowable from line 22	25a 25b					
b Enter the smaller of line 24 or 25a	250					
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.						
a Additional depreciation after 1975. See instructions	26a					
b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b					
c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c					
d Additional depreciation after 1969 and before 1976	26d					
e Enter the smaller of line 26c or 26d	26e					
f Section 291 amount (corporations only)	26f					
g Add lines 26b, 26e, and 26f	26g					
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.						
a Soil, water, and land clearing expenses	27a					
b Line 27a multiplied by applicable percentage	27b					
c Enter the smaller of line 24 or 27b 28 If section 1254 property:	27c					
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a					
b Enter the smaller of line 24 or 28a	28b					
 29 If section 1255 property: a Applicable percentage of payments excluded from income under section 126. See instructions 	29a					
b Enter the smaller of line 24 or 29a. See instructions	29b					
Summary of Part III Gains. Complete property c	olumns	A through D through line	e 29b before o	aoina	to line 30.	
30 Total gains for all properties. Add property columns	A throu	gh D, line 24			30	
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13						
32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion						
from other than casualty or theft on Form 4797, line 6 32 Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less						
Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)						
(See instructions)					(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years 33				33		
				34		
				35		