

**Exempt Organization Business Income Tax Return  
(and proxy tax under section 6033(e))**

**2015**

Department of the Treasury  
Internal Revenue Service

For calendar year 2015 or other tax year beginning July 1, 2015, and ending June 30, 20 16.

► Information about Form 990-T and its instructions is available at [www.irs.gov/form990t](http://www.irs.gov/form990t).  
► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501( c )( 3 )  <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a)</p> <p><b>C</b> Book value of all assets at end of year <b>618,392,000</b></p>	<b>Print or Type</b>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>Seton Hall University</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. <b>400 South Orange Avenue</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code <b>South Orange, NJ 07079</b></p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.) <b>22-1500645</b></p> <p><b>E</b> Unrelated business activity codes (See instructions.) <b>900004   525990</b></p>
		<p><b>F</b> Group exemption number (See instructions.) ► <b>0928</b></p> <p><b>G</b> Check organization type ► <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>	

**H** Describe the organization's primary unrelated business activity. ► **Athletic sponsorship income/investments in limited partnerships.**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . ►  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ►

**J** The books are in care of ► **Stephen Graham, VP for Finance/CFO** Telephone number ► **973-761-9003**

		(A) Income	(B) Expenses	(C) Net
<b>Part I Unrelated Trade or Business Income</b>				
<b>1a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances	<b>c</b> Balance ►	<b>1c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)		<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>3</b>		
<b>4a</b> Capital gain net income (attach Schedule D)		<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		<b>4b</b>		
<b>c</b> Capital loss deduction for trusts		<b>4c</b>		
<b>5</b> Income (loss) from partnerships and S corporations (attach statement)		<b>5</b> 24,654		24,654
<b>6</b> Rent income (Schedule C)		<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)		<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Schedule F)		<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)		<b>10</b> 369,662	124,427	245,235
<b>11</b> Advertising income (Schedule J)		<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule)		<b>12</b> 123,640		123,640
<b>13 Total.</b> Combine lines 3 through 12		<b>13</b> 517,956	124,427	393,529

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

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)				<b>14</b>
<b>15</b> Salaries and wages			8,742	<b>15</b> 8,742
<b>16</b> Repairs and maintenance				<b>16</b>
<b>17</b> Bad debts				<b>17</b>
<b>18</b> Interest (attach schedule)				<b>18</b>
<b>19</b> Taxes and licenses				<b>19</b>
<b>20</b> Charitable contributions (See instructions for limitation rules)				<b>20</b>
<b>21</b> Depreciation (attach Form 4562)		<b>21</b>		
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return		<b>22a</b>		<b>22b</b>
<b>23</b> Depletion				<b>23</b>
<b>24</b> Contributions to deferred compensation plans				<b>24</b>
<b>25</b> Employee benefit programs				<b>25</b>
<b>26</b> Excess exempt expenses (Schedule I)			245,235	<b>26</b> 245,235
<b>27</b> Excess readership costs (Schedule J)				<b>27</b>
<b>28</b> Other deductions (attach schedule)			52,983	<b>28</b> 52,983
<b>29 Total deductions.</b> Add lines 14 through 28			306,960	<b>29</b> 306,960
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			86,569	<b>30</b> 86,569
<b>31</b> Net operating loss deduction (limited to the amount on line 30)			86,569	<b>31</b> 86,569
<b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			0	<b>32</b> 0
<b>33</b> Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)			0	<b>33</b> 0
<b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			0	<b>34</b> 0



Department of Treasury  
Internal Revenue Service  
Ogden UT 84201

Notice	CP211A
Tax period	June 30, 2016
Notice date	December 19, 2016
Employer ID number	22-1500645
To contact us	Phone 1-877-829-5500 FAX 801-620-5555

095209.717949.47755.7170 1 AT 0.399 370



SETON HALL UNIVERSITY  
% STEPHEN A GRAHAM  
400 S ORANGE AVE  
SOUTH ORANGE NJ 07079-2646

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095209

Important information about your June 30, 2016 Form 990T

## We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your June 30, 2016 Form 990T.  
Your new due date is May 15, 2017.

### What you need to do

File your June 30, 2016 Form 990T by May 15, 2017.

Visit [www.irs.gov/charities](http://www.irs.gov/charities) to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

### Additional information

- Visit [www.irs.gov/cp211a](http://www.irs.gov/cp211a).
- For tax forms, instructions, and publications, visit [www.irs.gov](http://www.irs.gov) or call 1-800-TAX-FORM (1-800-829-3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.



**Part III Tax Computation**

<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:		
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ 0 (2) \$ 0 (3) \$ 0		
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ 0 (2) Additional 3% tax (not more than \$100,000) \$ 0		
c Income tax on the amount on line 34	35c	0
<b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	36	0
<b>37 Proxy tax.</b> See instructions	37	0
<b>38 Alternative minimum tax</b>	38	0
<b>39 Total.</b> Add lines 37 and 38 to line 35c or 36, whichever applies	39	0

**Part IV Tax and Payments**

<b>40a Foreign tax credit</b> (corporations attach Form 1118; trusts attach Form 1116)	40a	0
b Other credits (see instructions)	40b	0
c General business credit. Attach Form 3800 (see instructions)	40c	0
d Credit for prior year minimum tax (attach Form 8801 or 8827)	40d	0
e <b>Total credits.</b> Add lines 40a through 40d	40e	0
<b>41 Subtract line 40e from line 39</b>	41	0
<b>42 Other taxes.</b> Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	42	0
<b>43 Total tax.</b> Add lines 41 and 42	43	0
<b>44a Payments:</b> A 2014 overpayment credited to 2015	44a	0
b 2015 estimated tax payments	44b	0
c Tax deposited with Form 8868	44c	0
d Foreign organizations: Tax paid or withheld at source (see instructions)	44d	0
e Backup withholding (see instructions)	44e	0
f Credit for small employer health insurance premiums (Attach Form 8941)	44f	0
g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	44g	0
<b>45 Total payments.</b> Add lines 44a through 44g	45	0
<b>46 Estimated tax penalty</b> (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	46	0
<b>47 Tax due.</b> If line 45 is less than the total of lines 43 and 46, enter amount owed	47	0
<b>48 Overpayment.</b> If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48	0
<b>49 Enter the amount of line 48 you want:</b> Credited to 2016 estimated tax Refunded	49	0

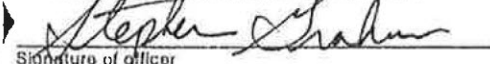
**Part V Statements Regarding Certain Activities and Other Information (see instructions)**

<b>1</b> At any time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		✓
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year \$		


**Schedule A—Cost of Goods Sold. Enter method of inventory valuation**

<b>1</b> Inventory at beginning of year	1		<b>6</b> Inventory at end of year	6	
<b>2</b> Purchases	2		<b>7 Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2	7	0
<b>3</b> Cost of labor	3		<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
<b>4a</b> Additional section 263A costs (attach schedule)	4a	0			
<b>b</b> Other costs (attach schedule)	4b	0			
<b>5 Total.</b> Add lines 1 through 4b	5	0			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here**  **VP for Finance/CFO**  
 Signature of officer Date Title

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Daniel Romano</b>	Preparer's signature 	Date 4/30/2017	Check <input type="checkbox"/> if self-employed	PTIN P005041582
	Firm's name Grant Thornton, LLP	Firm's EIN 36-6055550			
	Firm's address 757 Third Avenue, 4th Floor, New York, NY 10017-2013	Phone no. 212-590-0100			

**Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

**1. Description of property**

(1)
(2)
(3)
(4)

**2. Rent received or accrued**

(a) 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)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
<b>Total</b>	<b>0</b>	<b>0</b>

**(b) Total deductions.** Enter here and on page 1, Part I, line 6, column (B) **0**

**(c) Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **0**

**Schedule E—Unrelated Debt-Financed Income (see instructions)**

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			<b>0</b>
(2)			
(3)			
(4)			

4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%	<b>0</b>	<b>0</b>
(2)		%	<b>0</b>	<b>0</b>
(3)		%	<b>0</b>	<b>0</b>
(4)		%	<b>0</b>	<b>0</b>

Enter here and on page 1, Part I, line 7, column (A). **0**  
 Enter here and on page 1, Part I, line 7, column (B). **0**

**Totals**

**Total dividends-received deductions** included in column 8 **0**

**Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)**

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). **0**  
 Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). **0**

**Totals**



**Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)**

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				0
(2)				0
(3)				0
(4)				0
<b>Totals</b>	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B). 0

**Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)**

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) Men's Basketball						
(2) Sponsorship Revenue	369,662	124,427	245,235	1,350,216	3,852,043	245,235
(3)						
(4)						
<b>Totals</b>	Enter here and on page 1, Part I, line 10, col. (A). 369,662	Enter here and on page 1, Part I, line 10, col. (B). 124,427				Enter here and on page 1, Part II, line 26. 245,235

**Schedule J—Advertising Income (see instructions)**

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b>	0	0	0	0	0	0

**Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b>	0	0				0
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
<b>Totals, Part II (lines 1-5)</b>	0	0				0

**Schedule K—Compensation of Officers, Directors, and Trustees (see instructions)**

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	0
(2)		%	0
(3)		%	0
(4)		%	0
<b>Total. Enter here and on page 1, Part II, line 14</b>			0

**SCHEDULE A**

Seton Hall University  
Federal I.D. # 22-1500645  
Form 990-T  
Fiscal Year Ended 6/30/16

Part I - Line 12, Other Income:

University recreation center memberships	\$ 19,945
Other promotional income	103,695
	<u>\$ 123,640</u>

Part II - Line 28, Other Deductions:

Tax preparation fees	\$ 7,650
University recreation center costs	30,679
Promotion expenses	14,654
	<u>\$ 52,983</u>

**SCHEDULE B**

Seton Hall University  
Federal I.D. # 22-1500645  
Form 990-T  
Fiscal Year Ended 6/30/16

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

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Column 5 -- Gross Income from activity that is not unrelated business income

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Men's basketball game revenues:

Ticket revenue	\$ 1,282,294
Program, novelty and other gameday sales	22,927
Miscellaneous income	44,995
Total revenues	<u>\$ 1,350,216</u>

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Column 6 -- Expenses attributable to column 5.

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Men's basketball game expenses:

Allocation of coach and assistant coaches' compensation costs to games	\$ 979,530
Opposing team payments	287,500
Team travel costs	809,797
Basketball arena costs & related expenses	876,908
Equipment, uniforms and supplies	135,669
Fundraising, marketing and game promotions	420,560
Other operating expenses	342,079
Total expenses	<u>\$ 3,852,043</u>

## SCHEDULE C

Seton Hall University  
Federal I.D. # 22-1500645  
Form 990-T  
Fiscal Year Ended 6/30/16

Part II - Line 31 Net Operating Loss Deduction:

Fiscal Year	Net Operating Loss	Form 990T Usage	Net Operating Loss Carryforward
2004	\$ 65,046	\$ (65,046)	\$ -
2005	\$ 23,846	(21,523)	\$ 2,323
2006	\$ 4,168	-	\$ 4,168
2007	\$ 2,799	-	\$ 2,799
2009	\$ 49,541	-	\$ 49,541
2014	\$ 29,403	-	\$ 29,403
	<u>\$ 174,803</u>	<u>\$ (86,569)</u>	<u>\$ 88,234</u>



**SCHEDULE D**

Seton Hall University  
Federal I.D. # 22-1500645  
Form 990-T  
Fiscal Year Ended 6/30/16

	Part I - Line 4a	Part I - Line 5	
	Capital gain (loss)	Ordinary income (loss)	Total income (loss)
Investment in Limited Partnerships	\$ 1,342	\$ 24,654	\$ 25,996

## SCHEDULE E

Seton Hall University  
Federal I.D. # 22-1500645  
Form 990-T  
Fiscal Year Ended 6/30/16

### Part II - Line 20 Charitable Contributions

Fiscal Year	Charitable Contributions	Form 990T Usage	Charitable Contributions Carryforward
2012	\$ 37,000	\$ -	\$ 37,000
2013	\$ 79,000	\$ -	\$ 79,000
2014	\$ 66,000	\$ -	\$ 66,000
2015	\$ 1,559,000	\$ -	\$ 1,559,000
2016	\$ 127,000		\$ 127,000
Total	<u>\$ 1,868,000</u>	<u>\$ -</u>	<u>\$ 1,868,000</u>

**SCHEDULE F**

Seton Hall University  
Federal I.D. # 22-1500645  
Form 990-T  
Fiscal Year Ended 6/30/16

Part I - Line 4a Capital Gain Net Income

<u>Fiscal Year</u>	<u>Capital loss</u>	<u>Form 990T Usage</u>	<u>Capital Loss Carryforward</u>
2012	\$ 26	\$ (26)	\$ -
2013	-	-	\$ -
2014	2,397	(1,316)	\$ 1,081
2015	598		\$ 598
<b>Total</b>	<b>\$ 3,021</b>	<b>\$ (1,342)</b>	<b>\$ 1,679</b>