Form **990-T** 

# Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) For calendar year 2017 or other tax year beginning \_\_\_07/01 , 2017, and ending \_\_\_06/30 , 20 1 8

OMB No. 1545-0687

2017

Department of the Tr			► Go to www.irs.gov/Forr									-
Internal Revenue Sen	rvice	▶ Do	not enter SSN numbers on this t	orm as It n	ay be made public	c if yo	ur orga	nization is a 501	(c)(3).	Open to 501(c)(3	Public I Organi	nspection for zations Only
A Check be address of			Name of organization ( Ch	ock box if n	amé changed and s	ee ins	structions	s.)		D Employer Identification number (Employees' trust, see Instructions.)		
B Exempt under se	ection		STOCKTON UNIVERS									
X 501( C )(		Print	Number, street, and room or sult	22-2	22-2832788							
408(e)	7	_ or	, , , , , , , , , , , , , , , , , , , ,		E Unrelated business activity codes							
408A	530(a)	Туре	101 VERA KING FE		instructions.)		,					
529(a)			City or town, state or province, or	country, and	ZIP or foreign posta	al code	е					
C Book value of all	Il assets		GALLOWAY, NJ 082	05					7211	L10	71	3910
at end of year	F	Gro	up exemption number (See ins	structions.)	<b>•</b>				**			
595,246,	307.	G Che	ck organization type > X	501(c) c	orporation		501(c)	trust	401(a	) trust		Other trust
H Describe the	e organiza	tion's p	rimary unrelated business activ	vity. 🕨 Ho	OTEL AND GO	OLF	OPE	RATIONS				
I During the ta	ax year, w	as the	corporation a subsidiary in an	affiliated	group or a parent	-subs	idiary c	controlled group	?	▶	Υ	es X No
			identifying number of the pare									S===1.
J The books ar	re in care o	of 🕨 J	JENNIFER POTTER, A	SSOC V	P	Te	lephon	e number ▶ 6	09-626	-3492		
Part I Unre	elated T	rade c	or Business Income		(A) Inco	ome		(B) Expe	nses		(C)	Net
1a Gross rece	eipts or sa	les	14,714,719.									
b Less returns	and allowand	es	c Balar	nce 🕨 1c	14,71	4,7	19.					
2 Cost of go	oods sold	(Schedu	ule A, line 7)	2	2,18	0,3	00.					
			2 from line 1c		12,53	4,4	19.				12,5	34,419.
			ttach Schedule D)									
			Part II, line 17) (attach Form 4797									
			rusts					:				
			os and S corporations (attach state									
•			· · · · · · · · · · · · · · · · · · ·	· ·		5,8	56.		469			5,387.
			come (Schedule E)			- / -	-					
			its from controlled organizations (Sched									
•				1		_						
			1(c)(7), (9), or (17) organization (Sched ncome (Schedule I)									
										-		
			ule J)			7 8	57.	7 mcu	1			7,857.
			tions; attach schedule)					ATCH	469		12 5	47,663.
13 Total. Cor	ductions	e Not	ough 12	inetruct				loductions \				
			be directly connected v						(Except	TOT COTT	nbuu	ons,
			directors, and trustees (Schedi						144			
												336,745.
									-		`	750, 745.
												4,128.
											_	4,120
			See instructions for limitation re		· ·					)		
			4562)					673,18				(7) 107
			on Schedule A and elsewhere		7				22			673,187.
23 Depletion				8	894 14 67 678634 14 4	6 10510	2 2		23	3		
			compensation plans							1		
										5		
			Schedule I)							3		
			chedule J)								4.4	
			chedule)									147,906.
			s 14 through 28							9	12,4	461,966.
			le income before net oper							)		85,697.
			on (limited to the amount on l								- 19	85,697.
			e income before specific ded							2		
			ally \$1,000, but see line 33 ir							3		
			ble Income. Subtract line									
enter the s	smaller of	zero or	line 32						34	1		0.

Pa	rt III Tax Computation					
35	Organizations Taxable as Corporations. See instructions for tax computation. Controlled group					
	members (sections 1561 and 1563) check here  See Instructions and:					
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):					
	(1) \$ (2) \$ (3) \$					
k	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$					
	(2) Additional 3% tax (not more than \$100,000)					
c	Income tax on the amount on line 34	35c				
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on	100				
	the amount on line 34 from; Tax rate schedule or Schedule D (Form 1041).	36				
37	Proxy tax. See instructions	37				
38	Alternative minimum tax	38				
39	Tax on Non-Compliant Facility Income. See instructions					
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40				
Pa	rt IV Tax and Payments					
41 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41a					
b	Other credits (see instructions)					
	General business credit. Attach Form 3800 (see instructions)					
	Credit for prior year minimum tax (attach Form 8801 or 8827)					
е	Total credits. Add lines 41a through 41d	41e				
42	Subtract line 41e from line 40	42				
43	Other taxes. Check If from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .	43			_	
44	Total tax. Add lines 42 and 43	44			0.	
	Payments: A 2016 overpayment credited to 2017					
	2017 estimated tax payments	1 1				
	Tax deposited with Form 8868	1				
	Foreign organizations: Tax paid or withheld at source (see instructions)					
е	Backup withholding (see instructions)					
f	Credit for small employer health insurance premiums (Attach Form 8941) ,					
9	Other credits and payments: Form 2439					
	Form 4136 Other Total ▶ 45g			2 0	22	
46	Total payments. Add lines 45a through 45g	46		3,0	33.	
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached.	47				
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	48		3,0	33	
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49		3,0	_	
50 Do	Enter the amount of line 49 you want: Credited to 2018 estimated tax Statements Regarding Certain Activities and Other Information (see instruction			3,0	55.	
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or		uthority T	Yes	No	
31	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization m			103	110	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the	•				
	here	Toroigit	Country		Х	
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ian truct?			X	
52	If YES, see instructions for other forms the organization may have to file.	igii tiustr		-		
53	Enter the amount of tax-exempt interest received or accrued during the tax year > \$					
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the I	pest of my	knowledge a	and belie	of, It is	
Sig	Irue, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.					
He			RS discuss reparer sh			
		e instruction		1	No	
_	Print/Type preparer name Preparer's signature Date Chec	ı,	PTIN	- W V		
Pai	RUSSLEE ARMSTRONG   Fundamentary   5/2/2019   settle	employed	P0028	8838	3	
	Darer Firm's name GRANT THORNTON LIP		EIN ▶36-6055558			
USE	Only Firm's address ▶ 2001 MARKET STREET, SUITE 700, PHILADELPHIA, PA 19103 Phon		15-561-		<u></u>	
_	Then			-		

C 000 T (8047)	STOCKT	ON UNIVE	ERSITY				22-	2832188	D
Schedule A - Cost of Goo	de Sold Es	tor mothod	l of inventor	u voluntina	NI.OWER	OF COST OR M	17 BKE	Т	Page
							AICICE		37,084
i internal, at regioning or just		2,196				ar	-		37700
		2,150	,010.		-	ld. Subtract line			
3 Cost of labor						ter here and in		2 10	30,300
4a Additional section 263A cost									
(attach schedule)						section 263A (v		, open, 10	Yes N
b Other costs (attach schedule)		0 567	201			or acquired for			37
5 Total. Add lines 1 through 4t			,384.						X
Schedule C - Rent Income ( (see instructions)	From Real P	roperty ai	na Persona	al Property	Leased V	vith Real Prope	rty)		
Description of property									
(1) DORM RENTAL									
(1) DORM RENTAL (2)									
(3)									
(4)									
	2. Rent recei	ved or accrue	ed						
(a) From personal property (if the pe for personal property is more than more than 50%)	percenta	percentage of rent for personal property exceeds in columns 2(a) an						irectly connected with the Income (a) and 2(b) (attach schedule) CHMENT 3	
(1)		5,	856.					46	
(2)									
(3)									
(4)									
Total		Total	5,	856					
(c) Total income. Add totals of colu	ımns 2(a) and 2					(b) Total deduction		ı	
here and on page 1, Part I, line 6, o	` '	. ,	5,8	356.		Enter here and or Part I, line 6, colu			46
Schedule E - Unrelated Del							1		
	TA SUF 1			come from or	3. [	Deductions directly co			e to
1. Description of debt-f	inanced property		allocable to	debt-financed	(a) Straigh	debt-finance nt line depreciation		erty (b) Other deduc	tlone
			pro	perty		ich schedule)	'	attach schedi)	
(1)									
(2)	-								16.
(3)									
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  5. Average adjusted of or allocable debt-financed pro		ible to property	ole to 6. Column property 4 divided			income reportable n 2 x column 6)		Allocable dedu umn 6 x total of 3(a) and 3(b	fcolumns
(1)				%					
(2)				%					
(3)				%					
(4)				%					
						re and on page 1, ne 7, column (A).		er here and or t I, line 7, colu	

Schedule F - Interest, Annu	uities, Royalties,			m Contro introlled Or			ons (see	instruction	ns)	
Name of controlled organization	2. Employer Identification numbe	3. Ne	et unrela	ated income nstructions)	4. Total	of specified	Included			6. Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organiz	zations									
7. Taxable Income	8. Net unrelated inc (loss) (see instruction			Total of specifical ayments made	1.00	Include	t of column ed in the cor ation's gross	ntrolling		Deductions directly nnected with income in column 10
(1)										
(2)										
(3)										
(4)										
Totals	ncome of a Sect	 tion 501(d	· · · · · · · · · · · · · · · · · · ·	(9), or (17		Part I,	line 8, colui	mn (A).		ter here and on page 1, art I, line 8, column (B).
1. Description of income	2. Amount of i	ncome		3. Deduction directly contact (attach sci	nnected	4. Set-asides (attach schedule)			5. Total deductions and set-asides (col. 3 plus col. 4)	
(1)			-						-	
(2)			-							
(3)			-						_	
Totals ► Schedule I - Exploited Exe	Enter here and o Part I, line 9, col	lumn (A).	er Th	an Advert	ising In	come (s	see instru	ctions)		Enter here and on page 1 Part I, line 9, column (B).
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expension directly connected production unrelated business in	y with n of ed	4. Net incorfrom unrela or business 2 minus co If a gain, c cols. 5 thr	ted tradé (column lumn 3). compute	from ac	s Income tivity that inrelated s income	6. Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)										
(2)										
(3)										
(4)										
Totals	Enter here and on page 1, Part I, line 10, col. (A).	Enter here a page 1, Pa line 10, co	art I,						Enter here and on page 1, Part II, line 26.	
Schedule J - Advertising Ir	come (see instru	ctions)		-						
Part I Income From Per			onsol	idated Ba	sis					
Name of periodical	2. Gross advertising income	3. Dire	4. Advertising gain or (loss) (col. Direct gain or (loss) (col. 5. Circulation 6. Readershi			7. Excess readership costs (column 6 minus column 5, but not more than column 4).				
(1)										
(2)								- E		
(3)										
(4)										
Totals (carry to Part II, line (5))	3									000 T

(4)

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

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns Part II 2 through 7 on a line-by-line basis.) 4. Advertising 7. Excess readership gain or (loss) (col. costs (column 6 2. Gross 3. Direct 5. Circulation 6. Readership 2 minus col. 3), If minus column 5, but 1. Name of periodical advertising advertising costs income costs a gain, compute cols. 5 through 7. not more than Income column 4). (1) (2)(3) (4) Totals from Part I. Enter here and on Enter here and on Enter here and page 1, Part I, page 1, Part I, on page 1, line 11, col (A). line 11, col (B). Part II, line 27. Totals, Part II (lines 1-5) . . . . . Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of time devoted to business 4. Compensation attributable to unrelated business 2. Title 1. Name (1) % (2)% (3) %

Form 990-T (2017)

%

▶

### Form **4562**

### **Depreciation and Amortization** (Including Information on Listed Property)

► Attach to your tax return.

► Go to www.irs.gov/Form4562 for Instructions and the latest Information.

Attachment Sequence No. 179

OMB No. 1545-0172

Identifying number

Department of the Treasury Internal Revenue Service

Name(s) shown on return

STOCKTON UNIVERSITY 22-2832788 Business or activity to which this form relates

	NERAL DEPRECIATION AND							
Pa	rt I Election To Expense C Note: If you have any lis	certain Property L sted property, com	I <b>nder Sect</b> ion Inplete Part '	on 179 √ before	you comp	lete Part I		
1	Maximum amount (see instructions)	4				* ***** * ****	1	
2	Total cost of section 179 property pl	aced in service (see in:	structions)				2	
3	Threshold cost of section 179 prope	rty before reduction in	limitation (see	instruction	ns)	* **** * * ***	3	
5	Reduction in limitation. Subtract line Dollar limitation for tax year, Subtract line 4 fror separately, see instructions	3 from line 2. If zero on line 1, If zero or less, enter-	r less, enter -0 0-, if married filing	16 4040400			4	
6	(a) Description				slness use only		ed cost	
7								
8	Total elected cost of section 179 pro							
9	Tentative deduction. Enter the smaller	er of line 5 or line 8.		- × 6280		× *:*:* × *:*:	, , , 9	
10	Carryover of disallowed deduction fr							
11	Business income limitation. Enter the							
12	Section 179 expense deduction. Add	d lines 9 and 10, but o	lon't enter mo	re than line			12	
13	Carryover of disallowed deduction to			12	<b>▶</b> 13			
	e: Don't use Part II or Part III below fo							
Pa	rt II Special Depreciation A					- decide		structions.)
14	Special depreciation allowance for		,					
	during the tax year (see instructions)	* 5050503 5 5 50505		900 B 800 B	** * * * ***	* * ****	14	
15	Property subject to section 168(f)(1)	election	* *	ene e enem		* * ****	15	
16	Other depreciation (including ACRS)	* * * * * * * * * * * * * * * * * * * *	• • • • • • • • • • • • • • • • • • • •				16	
Pa	rt III MACRS Depreciation (	Don't include listed			ctions.)			
_				ion A				705 000
17	MACRS deductions for assets place							665,630.
18	If you are electing to group any	·	_			- <del> </del>	al	
	asset accounts, check here	Placed in Service	During 2017	Tay Vea	r Using the	General Den	reciation S	vetem
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for d (business/inve only - see Ins	epreciation	, ,	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property	00,1100	0.113 000 1111	in a data in a j				
b	5-year property							
С	7-year property							
d	10-year property							
е	15-year property							
f	20-year property							
g	25-year property				25 yrs.		S/L	
h	Residential rental				27.5 yrs.	MM	S/L	
	property				27.5 yrs.	MM	S/L	
i	Nonresidential real	07/01/2017	29	4,743.	39 yrs.	MM	S/L	7,557.
	property					MM	S/L	
_	Section C - Assets	Placed in Service D	uring 2017	Tax Year	Using the	Alternative De	preciation	System
_	Class life						S/L	
	12-year				12 yrs.		S/L	
_	40-year				40 yrs.	MM	S/L	
Pa	rt IV Summary (See instruc	tions.)						
21	Listed property. Enter amount from I	restricted at rosts	4 12 to 1012/102 181		******		21	
22	Total. Add amounts from line 12,	-			1-1			
	here and on the appropriate lines of					ns,	22	673,187.
23	For assets shown above and place							
_	portion of the basis attributable to s	ection 263A costs			23	1		

	m 4562 (2017)	J111												22-20	Page 2
Pa	art V Listed Pro used for en	perty (Include a tertainment, recr	automobiles eation, or a	s, cer	tain of	her	vehicles	, ce	rtain a	aircraft,	certain	comp	uters,		
	Note: For a	ny vehicle for whi s (a) through (c) of	ich you are	using	the st	andar 3, and	rd mileag Section	ge rat Cifa	te or d pplicat	leductin ole.	g lease	expense	, comp	lete on	ly 24a,
	Section A -	Depreciation and	Other Inform	natior	(Cautio	on: S	ee the in	struct	ions fo	r limits	for passe	enger au	tomobil	es.)	
248	a Do you have evidenc	e to support the busi	iness/investme	ent use	claimed?	·	Yes	No	24b	f "Yes," i	s the evide	ence writt	en?	Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed In service	(c) Business/ investment use percentage	Cost	(d) or other ba		(e) Basis for depr business/inve use only	stment	(f) Recove		(g) lethod/ envention	Depre	h) ciation action	Elected s	l) ection 179 ost
25	On a sight dames sighting	n allawanaa far						_	!	_		+			
25	Special depreciation the tax year and us										25				
26	Property used mor					0 (300	motract	ions			25	-			
	r roperty asca mor	C than 00 /0 in a qu	9	-	· ·							T	_		
_			9/	_		_					_				
			9/	-		-				_		+			
27	Property used 50%	or less in a qualifi	0							_					
÷	Tropolity dood oo	or loop in a qualifi	9	_						S/L					
_			9/	-						S/L				1	
-			9/							S/L					
28	Add amounts in co	lumn (h), lines 25 t	through 27.	Enter	here an	d on	line 21. r	age 1							
	Add amounts in co	lumn (i), line 26. E	nter here ar	id on I	ine 7, pa	age 1	and a man	a a a	1000 B		0 0 500		. 29		
_							on Use						. 1		
Cor	mplete this section fo	r vehicles used by									related	person.	lf you p	rovided	vehicles
	our employees, first an														
				(;	a)		(b)		(c)		(d)	(	e)	(	f)
30	0 Total business/investment miles driven d		les driven during Veh			Ve	ehicle 2	V	ehicle 3	\	ehicle 4	Veh	icle 5	Vehi	icle 6
	the year (don't include commuting miles)														
31	Total commuting m	iles driven during	the year .							4					
32	2 Total other personal (noncommuting)														
	miles driven														
33															
	lines 30 through 32	2												1	
34	Was the vehicle			Yes	No	Yes	No	Yes	s N	o Ye	s No	Yes	No	Yes	No
	use during off-duty	hours?	[												
35	Was the vehicle	used primarily by	a more												
	than 5% owner or r	elated person? .													
36	ls another vehic	le available for	personal							,					
	use?														
	Se	ction C - Questic	ons for Em	ploye	rs Who	Pro	vide Vel	hicle	s for L	Jse by	Their Er	nploye	es		
Ans	swer these question	s to determine if	you meet a	n exc	eption t	o cor	mpleting	Sect	ion B f	or vehic	cles used	by em	ployees	who a	ren't
mo	re than 5% owners o	or related persons	(see instruct	ions).											
37	Do you maintain											ommutir	ng, by	Yes	No
	your employees?														
38	Do you maintain														
20	employees? See th	e instructions for	venicies use	a by c	orporati	e offic	cers, dire	ctors,	or 1%	or more	owners			-	
39	Do you treat all use Do you provide m	e of venicles by em	ipioyees as p	person	aiuse r		4-1-1-4-								
	use of the vehicles	and ratain that infi		كامصيات											
44	Do you meet the re	and retain the into	omina qualifi	elveu i	omobile	dom	· · · · ·		2/800	inotruo	ione \				
41	Note: If your answ	er to 37 38 39 4	ining quaiii Mor 41 is "	Yes "	don't co	molet	te Sectio	n R fo	r the c	overed	vehicles	CO X X X	***		
D۵	rt VI Amortizat		10, 01 71 13	100,	30111 00	IIIpici	e oecno	11 15 10	i tile c	Overed	veriicies.				
1 6	Allioitizat	1011			1							(0)			
	(a)		(b) Date amorti	zation		(	(c)			(d)		(e) tizatlon		(f)	
	Description of	of costs	begins		An	nortizal	ble amount		Cod	e section		lod or entage	Amortiz	ation for t	his year
42	Amortization of cos	sts that begins dur	ing your 201	7 tax	year (se	e ins	tructions	):			Perc	-maye			
		and and	3,		,	0									
_								_							
43	Amortization of cos	sts that began befo	ore your 20°	17 tax	year					7		43			
	Total. Add amoun					ere to	report .	100100	* * **			44			

ATTACHMENT 1

PART I - LINE 12 - OTHER INCOME

DISALLOWED QUALIFIED TRANSPORTATION FRINGE

BENEFITS - PARKING

DISALLOWED PRE-TAX TRANSIT BENEFIT

PART I - LINE 12 - OTHER INCOME

3,027.

4,830.

7,857.

#### ATTACHMENT 2

### FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

PART II - LINE 28 - OTHER DEDUCTIONS

11,447,906.

ATTACHMENT	3	

SCHEDULE	С	-	RENT	INCOME	DEDUCTIONS
----------	---	---	------	--------	------------

DORM RENTAL

ADMINISTRATIVE FEE

469.

TOTAL

469.

## Regulation Section 1.263(a)-1(f) - De Minimis Safe Harbor Election

Taxpayer Name:	STOCKTON	UNIVERSITY
• •		

Taxpayer Address:

Taxpayer ID Number: 22-2832788

Year-End: 06/30/2018

Under IRC Regulation Section 1.263(a)-1(f), the taxpayer hereby elects to apply the de minimis safe harbor election.

# Regulation Section 1.263(a)-3(n) - Election to Capitalize Repair and Maintenance Costs

Taxpayer Name: STOCKTON UNIVERSITY

Taxpayer Address:

Taxpayer ID Number: 22-2832788

Year-End: 06/30/2018

Under IRC Regulation Section 1.263(a)-3(n), the taxpayer hereby elects to capitalize repair and maintenance costs.

Stockton University Form 990-T

Year Ended: June 30, 2018

EIN: 22-2832788

#### **NET OPERATING LOSS (NOL) CARRYOVER SCHEDULE**

	TAX YEAR ENDING	TAXABLE INCOME	NOL INCURRED	NOL UTILIZED IN PRIOR YEARS	NOL UTILIZED IN CURRENT YEAR	LOSS CARRYOVER
50	6/30/2010					
	6/30/2011					
	6/30/2012		2,116,212	1,562,070	85,697	468,445
	6/30/2013	52,550				<b>4</b> 3
	6/30/2014	285,373				. <del></del>
	6/30/2015	685,796				© <u>≅</u> (
	6/30/2016	538,351				901
	6/30/2017		65,081			65,081
	6/30/2018_	85,697				***
	_					
	NOL CARRYOV	ER TO 6/30/2	019			533,526