Form **990-T**

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

07/01, 2018, and ending 06/30, 2019 For calendar year 2018 or other tax year beginning

OMB No. 1545-0687

► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Internal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) D Employer identification number Check box if Name of organization (Check box if name changed and see instructions.) (Employees' trust, see instructions.) address changed STOCKTON UNIVERSITY **B** Exempt under section Print 22-2832788 X | 501(C)(3) Number, street, and room or suite no. If a P.O. box, see instructions. E Unrelated business activity code 220(e) 408(e) Type (See instructions.) 101 VERA KING FARRIS DRIVE 408A 530(a) 529(a) City or town, state or province, country, and ZIP or foreign postal code C Book value of all assets GALLOWAY, NJ 08205 721110 at end of year Group exemption number (See instructions.) 563,536,663. Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust Other trust **H** Enter the number of the organization's unrelated trades or businesses. \triangleright 2 Describe the only (or first) unrelated trade or business here ▶RESORT OPERATIONS If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V. Yes X No During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes." enter the name and identifying number of the parent corporation. The books are in care of DJENNIFER POTTER, CFO Telephone number ► 609-652-4381 Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1,632,056. Gross receipts or sales 1,632,056. Less returns and allowances 1 c b 180,829. Cost of goods sold (Schedule A, line 7) 2 1,451,227. 1,451,227. Gross profit. Subtract line 2 from line 1c 3 3 Capital gain net income (attach Schedule D) 4a 4a -10,047,062. -10,047,062. Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) b 4b Capital loss deduction for trusts 4c С 5 Income (loss) from a partnership or an S corporation (attach statement) 5 Rent income (Schedule C) 6 6 7 Unrelated debt-financed income (Schedule E) 8 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 Other income (See instructions; attach schedule) 12 -8,595,835. -8,595,835. Total. Combine lines 3 through 12 13 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.) 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 15 1,119,004. 16 Repairs and maintenance 16 17 17 Interest (attach schedule) (see instructions) 18 18 876. 19 Taxes and licenses 19 Charitable contributions (See instructions for limitation rules) 20 20 21 21 64,358. 22 Less depreciation claimed on Schedule A and elsewhere on return 22b 23 23 Contributions to deferred compensation plans 24 24 25 Employee benefit programs 26 Excess exempt expenses (Schedule I) 26 Excess readership costs (Schedule J) 27 27 1,626,279. 28 Other deductions (attach schedule) ATCH 1 28 2,810,517. Total deductions. Add lines 14 through 28 29 29 -11,406,352. Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 31 31 Unrelated business taxable income. Subtract line 31 from line 30 -11,406,352.

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Par	rt III Total Unrelated Business Taxable Income					
33	Total of unrelated business taxable income computed from all unrelated trades or business	ses (see				
	instructions)		33		46,1	199.
34	Amounts paid for disallowed fringes	[34			
35	Deduction for net operating loss arising in tax years beginning before January 1, 20					
	instructions)		35		46,1	199.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from					
30	of lines 33 and 34	I .	36			
27		-			1 (000.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		37			500.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than anter the ameliar of zero ar line 36.					0.
	enter the smaller of zero or line 36		38			0.
	rt IV Tax Computation					
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	· · · · · ·	39			
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income	tax on				
	the amount on line 38 from: Tax rate schedule or Schedule D (Form 1041)	▶	40			
41	Proxy tax. See instructions		41			
42	Alternative minimum tax (trusts only)	[42			
43	Tax on Noncompliant Facility Income. See instructions	[43			
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44			
Par	rt V Tax and Payments					
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a					
	Other credits (see instructions)					
	General business credit. Attach Form 3800 (see instructions)					
	Credit for prior year minimum tax (attach Form 8801 or 8827)					
	• Total credits. Add lines 45a through 45d		45e			
46	Subtract line 45e from line 44	· · · · · -	46			
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach		47			
						0.
48	Total tax. Add lines 46 and 47 (see instructions)		48			
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49			
	Payments: A 2017 overpayment credited to 2018					
	2018 estimated tax payments					
С	Tax deposited with Form 8868					
d	Foreign organizations: Tax paid or withheld at source (see instructions)					
е	Backup withholding (see instructions) 50e					
f	Credit for small employer health insurance premiums (attach Form 8941) 50f					
g	Other credits, adjustments, and payments: Form 2439					
	Form 4136 Other Total ▶ 50g					
51	Total payments. Add lines 50a through 50g	<u></u> [51			
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached.	. ▶∐[52			
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	▶	53			
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		54			
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	funded 🕨	55			
	rt VI Statements Regarding Certain Activities and Other Information (see i	nstructions))			
56	At any time during the 2018 calendar year, did the organization have an interest in or a significant content of the content of		·	uthority	Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organ	-		· ·		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name	•	•			
	here			,		Х
67	· ————————————————————————————————————					Х
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferon	ιο, a roreigi	ıı uust?.			
E 0	If "Yes," see instructions for other forms the organization may have to file.					
<u>58</u>	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 be-	et of mir	knowlodaa -	and hall	iof i*
C:	true correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any know		St UI IIIY	owiedge a	nu bell	ei, it i
Sig		May	the IR	S discuss	this r	eturn
Her				reparer sho		1
	Signature of officer Date Title	(see i	instructions		s	No
Paic	Print/Type preparer's name Preparer's signature Date	Check	└── if	PTIN		
	RUSSILLE ARMSIRONG		nployed	P0028		
	parer Solly Firm's name GRANT THORNTON LLP 2001 MARKET CEREET CHIEF 700 PHILADELPHIA DA 1010			36-6055		
USE	Firm's address > 2001 MARKET STREET, SUITE 700, PHILADELPHIA, PA 1910	3 Phone r	no. 215	5-561-4	200	

STOCKTON UNIVERSITY 22-2832788

Form 990-T (2018) Page 3 Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ LOWER OF COST OR MARKET 387,084. 406,142. 1 Inventory at end of year Inventory at beginning of year . 199,887. 2 Cost of goods sold. Subtract line Purchases 3 Cost of labor 3 6 from line 5. Enter here and in 180,829. 4a Additional section 263A costs Part I, line 2 7 Yes No (attach schedule) 4a Do the rules of section 263A (with respect to **b** Other costs (attach schedule) . 4b property produced or acquired for resale) apply 586,971. Total. Add lines 1 through 4b 5 to the organization? Χ 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 (b) From real and personal property (if the 3(a) Deductions directly connected with the income for personal property is more than 10% but not percentage of rent for personal property exceeds in columns 2(a) and 2(b) (attach schedule) more than 50%) 50% or if the rent is based on profit or income) (1) (2) (3) (4) Total (b) Total deductions. (c) Total income. Add totals of columns 2(a) and 2(b). Enter Enter here and on page 1, here and on page 1, Part I, line 6, column (A) Part I, line 6, column (B) ▶ Schedule E - Unrelated Debt-Financed Income (see instructions) 3. Deductions directly connected with or allocable to 2. Gross income from or debt-financed property 1. Description of debt-financed property allocable to debt-financed (a) Straight line depreciation (b) Other deductions property (attach schedule) (attach schedule) (1) (2) (3) (4) 4. Amount of average 5. Average adjusted basis 6. Column 8. Allocable deductions acquisition debt on or of or allocable to Gross income reportable 4 divided (column 6 x total of columns allocable to debt-financed debt-financed property (column 2 x column 6) by column 5 3(a) and 3(b)) property (attach schedule) (attach schedule) (1) % % (2) % (3) % (4)Enter here and on page 1, Enter here and on page 1, Part I, line 7, column (A). Part I, line 7, column (B).

Total dividends-received deductions included in column 8 .

Schedule F-Interest, Ann	uities, Royalties	s, and	Rents	s Fro	m Contro	lled Or	ganizat	i ons (see	instruction	ons)	
	-		Exem	ot Co	ntrolled Or	ganizatio	ons				
Name of controlled organization	2. Employer identification numb	er			ated income nstructions)		of specified ents made	included	f column 4 t in the contr ion's gross ir	olling	6. Deductions directly connected with income in column 5
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organ	izations										
7. Taxable Income	8. Net unrelated in (loss) (see instruc				Total of specific ayments made		includ	rt of column ed in the co zation's gros	ntrolling		 Deductions directly nnected with income in column 10
(1)											
(2)											
(3)											
(4)											
Totals						>	Enter Part I	columns 5 a here and on , line 8, colu	page 1, mn (A).	En	dd columns 6 and 11. ter here and on page 1, ırt I, line 8, column (B).
Schedule G-Investment I	ncome of a Sec	tion	5U1(C)(7),	(9), Or (17 3. Deduc		nization				5. Total deductions
1. Description of income	2. Amount of	income	•		directly cor (attach sch	nnected			t-asides schedule)		and set-asides (col. 3 plus col. 4)
(1)											
(2)											
(3)											
(4)	Enter here and		. 4								Fatar have and an area 1
Totals	Part I, line 9, c	olumn (/	A).	r Th	an Advort	isina In	ocomo (noo inetru	otions)		Enter here and on page 1, Part I, line 9, column (B).
Schedule I - Exploited Ex	empt Activity in	COIIIC	, Othe	51 111				566 1115110			
1. Description of exploited activity	2. Gross unrelated business income from trade or business	con pro	Expense directly nected voduction unrelated ness income	vith of	4. Net inconfrom unrelated or business 2 minus collected for cols. 5 through the cols.	ed tradé (column lumn 3). ompute	from ac	es income stivity that unrelated es income	6. Expe attributa colum	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)											
(2)											
(3)											
(4)											
	Enter here and on page 1, Part I, line 10, col. (A).	pag	r here an ge 1, Par 10, col.	t I,							Enter here and on page 1, Part II, line 26.
Schedule J- Advertising I	noome (est insti		٥)								
				nec!	idated Des	nic .					
Part I Income From Pe	riodicais Report	ea or	1 a Co	nson	ldated Bas	SIS					
1. Name of periodical	2. Gross advertising income		3. Direct ertising c	osts	4. Advertigain or (los 2 minus co a gain, co cols. 5 thro	ss) (col. ol. 3). If mpute		culation ome	6. Read cos		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)											
(2)					-						
(3)					-						
(4)					-						
Totals (carry to Part II, line (5))											
											Form 990-T (2018)

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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.)

z unough / on a	inio by inio baok	0.)				
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)						
Totals from Part I.						
	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.
Totals, Part II (lines 1-5)						
Schedule K - Compensatio	n of Officers, D	Directors, and Tr	ustees (see insti	uctions)		
1. Name		2. Title		3. Percent of time devoted to business	Compensation attributable to unrelated business	
(1)			•	%		•

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(2)

(3)

(4)

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

%

%

%

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No. 1545-0687

2018

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).

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

Name of organization STOCKTON UNIVERSITY

Employer identification number 22-2832788

Unrelated business activity code (see instructions) ► 531390

Describe the unrelated trade or business ► DORM RENTAL W/ SUBSTANTIAL SERVICES

Pai	Part 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 (Schedule A, line 7)		2					
3	Gross profit. Subtract line 2 from line 1c		3					
4a	Capital gain net income (attach Schedule D)		4a					
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Fo	rm 4797)	4b					
С	Capital loss deduction for trusts		4c					
5	Income (loss) from a partnership or an S corporat							
	statement)		5					
6	Rent income (Schedule C)	ATCH 3	6	50,651.	4,	452.	46,199.	
7	Unrelated debt-financed income (Schedule E).		7					
8	Interest, annuities, royalties, and rents from a con	trolled						
	organization (Schedule F)		8					
9	Investment income of a section 501(c)(7), (9), or							
	organization (Schedule G)		9					
10	Exploited exempt activity income (Schedule I)		10					
11	Advertising income (Schedule J)		11					
12	Other income (See instructions; attach schedule)		12					
13	Total. Combine lines 3 through 12		13	50,651.	4,	452.	46,199.	
	deductions must be directly connected					1	I	
14	Compensation of officers, directors, and trustees (Schedule K)				14		
15	Salaries and wages					15		
16	Repairs and maintenance					16		
17	Bad debts					17		
18	Interest (attach schedule) (see instructions)					18		
19	Taxes and licenses					19		
20	Charitable contributions (See instructions for limit			1 1		20		
21	Depreciation (attach Form 4562)							
22	Less depreciation claimed on Schedule A and els					22b		
23	Depletion					23		
24	Contributions to deferred compensation plans					24		
25	Employee benefit programs					25		
26	Excess exempt expenses (Schedule I)					26		
27	Excess readership costs (Schedule J)					27		
28	Other deductions (attach schedule)					28		
29	Total deductions. Add lines 14 through 28					29	46 100	
30	Unrelated business taxable income before ne					30	46,199.	
31	Deduction for net operating loss arising in	•	Ū	· ·	•			
	instructions)					31	46 100	
32	Unrelated business taxable income. Subtract line	31 from line	30 .			32	46,199.	

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

STOCKTON UNIVERSITY 22-2832788

ATTACHMENT 1

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

ADVERTISING OCCUPANCY EXPENSE TRAVEL LAUNDRY	41,931. 122,301. 5,584. 32,951.
COMMISSIONS	14,192.
DUES AND SUBSCRIPTIONS	5,934.
MANAGEMENT FEES RESERVATIONS EXPENSE	47,578. 11,729.
TRAINING	11,729.
GUEST EXPENSES	24,193.
CONTRACTED SERVICES	817,147.
BANK SERVICE CHARGES	6,492.
CREDIT CARD PROCESSING	34,146.
EQUIPMENT RENT EXPENSE	6,725.
FRANCHISE FEES	22,071.
GROUNDSKEEPING EXPENSE	33,014.
INFORMATION TECHNOLOGY	13,188.
INSURANCE	17,063.
MARKET RESEARCH	2,275.
PRINTING AND POSTAGE	2,139.
RESTAURANT SUPPLIES	3,113.
SECURITY	15,729.
SUPPLIES	21,669.
UNIFORMS WASTE REMOVAL	1,923. 7,142.
OCCUPANCY TAX	185.
PROPERTY TAXES	25,833.
OFFICE EXPENSES	644.
PROFESSIONAL FEES	892.
TAX PREPARATION FEES	1,200.
PRIOR CAPITALIZED COSTS	287,186.

FORM 990-T: PART III - LINE 35 - PRIOR YEARS NET OPERATING LOSS DEDUCTION

LOSS YEAR ENDING	ORIGINAL LOSS	LOSS AVAILABLEIN CURRENT YEAR	LOSS CLAIMED IN CURRENT YEAR
06/30/1999 06/30/2000 06/30/2001 06/30/2002 06/30/2003 06/30/2004 06/30/2005 06/30/2006 06/30/2007 06/30/2008 06/30/2009			
06/30/2009 06/30/2010 06/30/2011 06/30/2012 06/30/2013 06/30/2014 06/30/2015	2,116,212.	476,302.	
06/30/2016 06/30/2017 06/30/2018	65,081.	65,081.	
TOTAL:	2,181,293.	541,383.	
	SS AVAILABLE FROM 1 SUM OF LINE 33 & 34	PRIOR YEARS	
	NET OPERATING LOS	SS DEDUCTION	. 46,199.

STOCKTON UNIVERSITY
22-2832788
FORM 990-T
YF 06/30/2019

ATTACHMENT 2
Page 2 of 2

PRE 1/1/2018 NET OPERATING LOSS ("NOL") CARRYOVER SCHEDULE:

TAX YEAR		NOL UTILIZED IN		NOL UTILIZED IN	
ENDING	NOL INCURRED	PRIOR YEARS		CURRENT YEAR	LOSS CARRYOVER
06/30/2012	(2,116,212)	1,639,910	*	46,199	(430,103)
06/30/2017	(65,081)				(65,081)
_	(2,181,293)	1,639,910		46,199	
		NOI CARRYOVER	τO	06/30/2020	(495 184)

^{*} The NOL utilized in prior years has been decreased by \$7,857 for the disallowed fringe benefit item (IRC Section 512(a)(7)) taxed in the year ended 06/30/2018 that has been repealed.

POST 1/1/2018 NET OPERATING LOSS ("NOL") CARRYOVER SCHEDULE FOR RESORT OPERATIONS:

TAX YEAR		NOL UTILIZED IN	NOL UTILIZED IN	
ENDING	NOL INCURRED	PRIOR YEARS	CURRENT YEAR	LOSS CARRYOVER
06/30/2019	(11,406,352)			(11,406,352)

NOL CARRYOVER TO 06/30/2020 (11,406,352)

(B) TOTAL DEDUCTIONS. ENTER

DORM RENTAL W/ SUBSTANTIAL SERVICES

SCHEDULE M - LINE 6 SCHEDULE C RENT INCOME

1 DESCE	ROTTGE	OF	PROPERTY
---------	--------	----	----------

1 DORM RENTAL W/ SUBSTANTIAL SERVICES

2 RENT RECEIVED OR ACCRUED

(1) FROM PERSONAL PROPERTY (IF THE (2) FROM REAL AND PERSONAL PROPERTY (IF THE 3(A) DEDUCTIONS DIRECTLY CONNECTED PERCENTAGE OF RENT FOR PERSONAL PROPERTY PERCENTAGE OF RENT FOR PERSONAL PROPERTY EXCEEDS WITH THE INCOME IN COLUMN 2(A) AND IS MORE THAN 10% BUT NOT MORE THAN 50%) 50% OR IF THE RENT IS BASED ON PROFIT OR INCOME) 2(B) (ATTACH SCHEDULE) 50,651. 4,452.

TOTAL TOTAL 4,452.

HERE AND ON PAGE 1, PART I, (C) TOTAL INCOME. ADD TOTALS OF COLUMN 2(A) AND 2(B). LINE 6, COLUMN (B) ENTER HERE AND ON PAGE 1, PART I, LINE 6, COLUMN (A) 50,651. 4,452.

Form **4797**

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2)) OMB No. 1545-0184

Attachment Sequence No. 27

Department of the Treasury Internal Revenue Service ► Attach to your tax return.

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

Name(s) shown on return

STOCKTON UNIVERSITY

22-2

Identifying number 22-2832788

Enter the gross proceeds from sales or exchanges reported to you for 2018 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions) (e) Depreciation (f) Cost or other (a) Gain or (loss) 2 (b) Date acquired allowed or basis, plus Subtract (f) from the of property (mo., day, yr.) (mo., day, yr.) allowable since improvements and sum of (d) and (e) acquisition expense of sale -10,047,062. ATTACHMENT 3 4 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 5 -10,047,062. 7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. 8 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions Ordinary Gains and Losses (see instructions) Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): 10,047,062.) 12 12 13 13 14 Ordinary gain from installment sales from Form 6252, line 25 or 36 15 15 Ordinary gain or (loss) from like-kind exchanges from Form 8824 -10,047,062. For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, 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 part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions 18a b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), line 14 18b

For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2018)

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19	(a) Description of section 1245, 1250, 1252, 1254,	or 12	55 property:			(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
Α						(, 20), 111	537, 717
В							
С							
D							
			D	D		D	D
	These columns relate to the properties on lines 19A through 19I	o. >	Property A	Property B		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					
22	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:						
а	Depreciation allowed or allowable from line 22	25a					
	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.						
а	Additional depreciation after 1975. See instructions.	26a					
b	Applicable percentage multiplied by the smaller of						
	line 24 or line 26a. See instructions	26b					
С	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					
е	Enter the smaller of line 26c or 26d	26e					
	Section 291 amount (corporations only)	26f					
g	Add lines 26b, 26e, and 26f	26g					
	If section 1252 property: Skip this section if you didn't						
	dispose of farmland or if this form is being completed for a partnership.						
а	Soil, water, and land clearing expenses	27a					
	Line 27a multiplied by applicable percentage. See instructions	I					
С	Enter the smaller of line 24 or 27b	27c					
28	If section 1254 property:						
а	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						
	If section 1255 property:						
	Applicable percentage of payments excluded from						
	income under section 126. See instructions	29a					
b	Enter the smaller of line 24 or 29a. See instructions						
	nmary of Part III Gains. Complete propert		lumns A through	D through line	29b	before going to li	ne 30.
			<u> </u>				
30	Total gains for all properties. Add property columns A	A thro	ugh D, line 24			30	
	Add property columns A through D, lines 25b, 26g, 2						
	Subtract line 31 from line 30. Enter the portion from						
	other than casualty or theft on Form 4797, line 6					32	
ar	Recapture Amounts Under Section (see instructions)	ıs 17	79 and 280F(b)(2)	When Busine	ss U	se Drops to 50%	or Less
	·					(a) Section	(b) Section
						179	280F(b)(2)
33	Section 179 expense deduction or depreciation allow	/able	in prior vears		33		
	Recomputed depreciation. See instructions				34		
	Recapture amount. Subtract line 34 from line 33. Se				35		

Form **4797** (2018)

22-2832788

ATTACHMENT 1

Description	Date Acquired	Date Sold	Gross Sales Price	Depreciation Allowed or Allowable	Cost or Other Basis	Gain or (Loss) for entire year
RESORT	09/01/2010	07/31/2018	17382750.	5,452,097.	32881909.	-10047062.
Totals						-10047062.

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

OMB No. 1545-0172

Attachment Sequence No. **179**

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

► Go to www.irs.gov/Form4562 for instructions and the latest information.

Identifying number

STOCKTON UNIVERSITY 22-2832788 Business or activity to which this form relates HOTEL Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 6 (a) Description of property Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2017 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part | Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions 15 64,358 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (g) Depreciation deduction (a) Classification of property (business/investment use (e) Convention (f) Method placed in only - see instructions) service 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs. S/L 27.5 yrs. MMS/L h Residential rental S/L 27.5 yrs. MM property 39 yrs. MMS/L i Nonresidential real ММ property Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System 20a Class life **b** 12-year 12 yrs. S/I **c** 30-year 30 yrs. MMS/L MM d 40-year 40 yrs. S/L Part IV Summary (See instructions.)

64,358

Listed property. Enter amount from line 28

Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter

here and on the appropriate lines of your return. Partnerships and S corporations - see instructions

22-2832788 Form 4562 (2018) Page 2 Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) **24a** Do you have evidence to support the business/investment use claimed? Yes | X | No | 24b | If "Yes," is the evidence written? Yes | X No (e) (b) (h) (i) Business Basis for depreciation Type of property (list Date placed Recovery Method/ Depreciation Flected section 179 Cost or other basis investment use (business/investment vehicles first) in service Convention deduction cost percentage Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions Property used more than 50% in a qualified business use: % Property used 50% or less in a qualified business use: S/L -% % S/L -% S/L -Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1. Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30	Total business/investment miles driven during the year (don't include commuting miles)	Veh	a) icle 1		b) icle 2		c) icle 3		d) icle 4		e) icle 5		f) icle 6
31 32	Total commuting miles driven during the year. Total other personal (noncommuting) miles driven												
33	Total miles driven during the year. Add lines 30 through 32												
34	Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No								
35	Was the vehicle used primarily by a more than 5% owner or related person?												
36	Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

	u maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by mployees?	
your er	iipioyooo:	
38 Do you	u maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your	
employ	rees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners	
39 Do you	treat all use of vehicles by employees as personal use?	
40 Do you	u provide more than five vehicles to your employees, obtain information from your employees about the	
use of	the vehicles, and retain the information received?	
41 Do you	meet the requirements concerning qualified automobile demonstration use? See instructions	
Note:	If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.	

Part VI Amortization

	(a) Description of costs	(e) Amortization period or percentage	Amortization for this year			
42	Amortization of costs that begins dur					
43	Amortization of costs that began before	4	3			
44	Total. Add amounts in column (f). Se	4	4			

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(Rev. December 2019)

Reportable Transaction Disclosure Statement

► Attach to your tax return.

► See separate instructions.

Department of the Treasury
Internal Revenue Service

Name(s) shown on return (individuals enter last name, first name, middle initial) ▶ Go to www.irs.gov/Form8886 for instructions and the latest information. OMB No. 1545-1800

Attachment Sequence No. 137

varrict.	s) shown on return (individuals enter last harrie, inst har	ne, middle initial)		lacitarying i	iuiiibei		
Stock	ton University			22-	283278	8	
Numbe	er, street, and room or suite no.	City or town			State	ZIP code	
101 V	era King Farris Drive	Galloway			NJ	08205	
A	If you are filing more than one Form 8886 with your ta	x return, sequentially r	number		•		
	each Form 8886 and enter the statement number for t	his Form 8886	▶ Statement numbe	r1	of _	1	
В	Enter the form number of the tax return to which this f	orm is attached or rela	nted	. ▶	990	Γ	
	Enter the year of the tax return identified above			. ▶	2018		
	Is this Form 8886 being filed with an amended tax retu	urn?	<u> </u>	🗆	Yes	✓ No	
С	Check the box(es) that apply. See instructions.	✓ Initial year filer	Protective disclosu	re			
1a	Name of reportable transaction						
Loss	on sale of operating resort						
1b	Initial year participated in transaction 1c	Reportable transac	tion or tax shelter registration nur	nber. See inst	ructions	•	
	2018		N/A				
2	Identify the type of reportable transaction. Check all b						
а	Listed c Contractual protection	ction e	Transaction of interest				
b	☐ Confidential d ✓ Loss						
3	If you checked box 2a or 2e, enter the published guida			N 1/			
_	of interest						
4	Enter the number of "same as or substantially similar" transactions reported on this form						
5	provide the information below for the entity(ies). See in			y, cnecк tne a N / A	ррисаы	e boxes and	
		•		,	□ -		
а	Type of entity	Partnership	☐ Trust ☐ Partr		☐ Trust		
		S corporation	Foreign S col	poration	☐ Fore	ign	
L	Nama						
b	Name						
С	Employer identification number (EIN), if known . >						
	Date Schedule K-1 received from entity (enter						
d	"none" if Schedule K-1 not received)						
	,						
6	Enter below the name and address of each individual						
	promoted, solicited, or recommended your participati sheets, if necessary.) N/A	on in the transaction,	or provided tax advice related to	the transaction	m. (Attac	auditiona	
а	Name		Identifying number (if known)	Fees paid			
_				\$			
	Number, street, and room or suite no.	City or town	1		State	ZIP code	
	, ,						
b	Name		Identifying number (if known)	Fees paid	I .	1	
			, 5 (,	\$			
	Number, street, and room or suite no.	City or town			State	ZIP code	
	. ,	, ,					

Form 88	86 (Rev. 12-2019)					Page 2
7 a		enerated by the transactio		oxes that apply. See instructions.	Tax credits	
	Capital loss Nonr	ecognition of gain stments to basis	☐ Abser ☐ Deferr ☐ Other			
b c d e	Enter the anticipated number of Enter your total investment or ba Further describe the amount an years. Include facts of each step	years the transaction provasts in the transaction. See d nature of the expected to of the transaction that reparticipation in the transaction that respectively.	rides the tax bene e instructions . tax treatment and late to the expect action and all rela	expected tax benefits generated ed tax benefits including the amo ted transactions regardless of the	\$s by the transaction fount and nature of you	ır investment
8	instructions. Include their name	e(s), identifying number(s),	, address(es), and	c-exempt, foreign, or related. Ch I a brief description of their involuted elated entity, explain how the inc	olvement. For each f	oreign entity
a Name	Type of individual or entity:	✓ Tax-exempt	Foreign	Related	Identifying number	00
Addres					22-20327	00
Descrip Taxpa	tion yer is the seller.	Galloway, NJ 08205				
b	Type of individual or entity:	☐ Tax-exempt	Foreign	Related		
Name					Identifying number	
Addres	s					
Descrip	otion					

Form **8886** (Rev. 12-2019)

* The asset basis was \$39,856,859; the portion of the asset basis allocated to the UBI activity is \$32,881,909.

Stockton University EIN: 22-2832788

Year Ended: June 30, 2019 Attachment to Form 8886

Stockton University purchased the historic Seaview Hotel and Golf Club ("Seaview") for \$20 million in 2010 to address an immediate need for student housing to accommodate Stockton's growing enrollment. It also allowed the University to expand its Hospitality and Tourism Management Studies program. The University invested \$22 million of capital improvements into the 104-year-old property since 2010. In 2018, with the opening of Stockton's beachfront housing and the relocation of its hospitality program at the new Atlantic City campus, the University sold Seaview to KDG Capital LLC of Florida for \$21,070,000. The portion allocated to the University's unrelated business activity of operating a resort is \$17,382,750 and the tax basis before the sale in the unrelated activity was \$27,429,812 resulting in a loss of \$10,047,062.

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

Taxpayer Name: STOCKTON UNIVERSITY

Taxpayer Address: 101 VERA KING FARRIS DRIVE, GALLOWAY, NJ 08205

Taxpayer ID Number: <u>22-2832788</u>

Year-End: 06/30/2019

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

101 VERA KING FARRIS DRIVE, GALLOWAY, NJ 08205 Taxpayer Address:

Taxpayer ID Number: <u>22-2832788</u>

Year-End: 06/30/2019

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