Form	990-T	Ex	empt Organization ((and proxy tax	'n	OMB No. 1545-0047								
		<u>o</u> 20.	201 9										
Depart	ment of the Treasury												
Interna	Revenue Service	On an to Dublin Instruction for											
A	Check box if address changed		Name of organization (Check bo	ox if nai	me changed and see instructior	is.)		yer identification number yees' trust, see instructions.)					
	mpt under section												
Х	501(C)(3)		22-2832788										
	408(e) 220(e)	or Type						E Unrelated business activity code (See instructions.)					
	408A 530(a) 101 VERA KING FARRIS DRIVE (See instructions.)												
	529(a)												
	ok value of all assets and of year												
	-	-	up exemption number (See instructi eck organization type X 501	,) trust	1						
	6,392,235.		401(a) trust Other trust										
		Ũ	nization's unrelated trades or busines					(or first) unrelated					
	trade or business here \blacktriangleright <u>ATCH 1</u> . 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												
				npiete	e Parts I and II, complete a S	schedule M for ea	ch addition	lal					
	ade or business, the	· ·		- 41				► Yes X No					
			corporation a subsidiary in an affili identifying number of the parent cor	-		controllea group?		▶ Yes X No					
	,		IDENTIFER POTTER, CFO	porati		ne number 🕨 60	9-626-	-3492					
			or Business Income		(A) Income	(B) Expen							
1 a	Gross receipts or s						303						
b	Less returns and allowa		 c Balance ▶	1c									
2		-	ule A, line 7)	2									
3			2 from line 1c	3									
4a			ttach Schedule D)	4a									
b			Part II, line 17) (attach Form 4797)	4b									
c			rusts	4c									
5			r an S corporation (attach statement)	5									
6				6									
7			come (Schedule E)	7									
8	Interest, annuities, roya	alties, and re	ents from a controlled organization (Schedule F)	8									
9	Investment income of a	a section 50	1(c)(7), (9), or (17) organization (Schedule G)	9									
10	Exploited exempt	activity i	ncome (Schedule I)	10									
11	Advertising incom	ne (Scheo	dule J)	11									
12	Other income (Se	ee instruc	tions; attach schedule)	12									
13			ough 12	13	0.								
Par			Taken Elsewhere (See instr ne unrelated business incom		ons for limitations on o	deductions.) (I	Deductio	ons must be directly					
14	Compensation of	officers,	directors, and trustees (Schedule K)				14						
15	Salaries and wage	es					15						
16	Repairs and main	tenance					16						
17													
18	Interest (attach s	chedule)	(see instructions)				18						
19							19						
20			4562)										
21			on Schedule A and elsewhere on re				21b						
22													
23			compensation plans										
24			s										
25			Schedule I)										
26			chedule J)										
27			schedule)										
28 20			es 14 through 27 le income before net operating										
29 20			le income before net operating Ig loss arising in tax years beginnin										
30 31		•	e income. Subtract line 30 from line	•		· -							
-			Notice, see instructions.	23	<u> </u>	<u></u>	31	Form 990-T (2019)					
								()					

STOCKTON UNIVERSITY 22-2832788 Form 990-T (2019) Page 2 Part III Total Unrelated Business Taxable Income 32 Total of unrelated business taxable income computed from all unrelated trades or businesses (see 32 instructions) 33 33 Amounts paid for disallowed fringes 34 Charitable contributions (see instructions for limitation rules) 34 35 Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 0. 34 from the sum of lines 32 and 33 35 36 Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) 36 37 37 Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35 38 Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions) 38 39 Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, 0. enter the smaller of zero or line 37 39 Part IV Tax Computation Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21) 40 40 See instructions 41 Taxable at Trust Rates. Trusts for tax computation. Income tax on the amount on line 39 from Tax rate schedule or Schedule D (Form 1041) 41 42 Proxy tax. See instructions 42 Alternative minimum tax (trusts only) 43 43 Tax on Noncompliant Facility Income. See instructions 44 44 45 Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies 45 Part V Tax and Payments **46 a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a Other credits (see instructions) 46b b General business credit. Attach Form 3800 (see instructions) 46c С 46d d Credit for prior year minimum tax (attach Form 8801 or 8827) е Total credits. Add lines 46a through 46d 46e 47 Subtract line 46e from line 45 47 Form 4255 48 Other taxes. Check if from: Form 8611 Form 8697 Form 8866 Other (attach schedule) _ 48 0. Total tax. Add lines 47 and 48 (see instructions) 49 49 2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3. 50 50 51a Payments: A 2018 overpayment credited to 2019 51a 2019 estimated tax payments 51b b Tax deposited with Form 8868..... 51c С Foreign organizations: Tax paid or withheld at source (see instructions) 51d d Backup withholding (see instructions) 51e е f Credit for small employer health insurance premiums (attach Form 8941) 51f Other credits, adjustments, and payments: Form 2439 a Form 4136 Other Total > 510 52 52 Total payments. Add lines 51a through 51g Estimated tax penalty (see instructions). Check if Form 2220 is attached 53 53 54 Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed 54 55 **Overpayment.** If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid 55 56 Enter the amount of line 55 you want: Credited to 2020 estimated tax 56 Refunded Part VI Statements Regarding Certain Activities and Other Information (see instructions) No At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority Yes 57 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 Х here Х 58 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. 59 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 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 the IRS discuss this return May JENNIFER POTTER CFO Here with the preparer shown below Signature of officer Title (see instructions)? Date No Yes Print/Type preparer's name Preparer's signature Date PTIN Check Paid Russlee Larmstrong 05/12/2021 RUSSLEE ARMSTRONG P00288383 self-employed Preparer ▶ GRANT THORNTON LLP 36-6055558 Firm's name Firm's EIN Use Only PHILADELPHIA, PA 19103 Firm's address ▶ 2001 MARKET STREET, SUITE 700, Phone no. 215-561-4200 JSA 9X2741 1.000 Form 990-T (2019)

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STOCKTON UNIVERSITY

Schedule A - Cost of Go	ods Sold. E	Enter metho	d of inventory	valuation	LOWER	OF COST OR 1	MARKET			
1 Inventory at beginning of ye			6			ar				
2 Purchases			7			ld. Subtract line				
3 Cost of labor					-	here and in Part				
4a Additional section 263A cos				I, line 2			7			
(attach schedule)		8		rules of section 263A (with respect to Yes						
b Other costs (attach schedule						produced or acquired for resale) apply				
5 Total. Add lines 1 through 4	b 5			to the orga	inization?					
Schedule C - Rent Income	(From Real	Property a	nd Persona	I Property	Leased V	Vith Real Prope	rty)			
(see instructions)										
1. Description of property										
1)										
(2)										
(3)										
(4)										
	2. Rent rec	eived or accru	ed							
(a) From personal property (if the p for personal property is more tha more than 50%)	percent	(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)										
Total		Total								
(c) Total income. Add totals of col nere and on page 1, Part I, line 6,	()	()				(b) Total deduction Enter here and on Part I, line 6, colu	n page 1,			
Schedule E - Unrelated De	bt-Financed	Income (se	e instruction	s)						
1. Description of debt	2. Gross income from or allocable to debt-financed				nnected with or allocable to ced property (b) Other deductions					
		property			ich schedule)	(attach schedule)				
(1)										
(2)										
(3)										
(4)										
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	justed basis cable to ed property chedule)	6. Co 4 div by colu	ided	7. Gross income reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))				
(1)				%						
			%							
(2) (3)	%									
(4)				%						
					Enter her	re and on page 1,	Enter here and on page 1, Part I, line 7, column (B).			

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Schedule F – Interest, Ann	uities, Royalties	s, and Rer	ts From Cont	rolled C	rganizat	ions (se	e instructi	ions)	
		Exen	npt Controlled C)rganizat	ions				
1. Name of controlled organization	2. Employer identification number	51	et unrelated income s) (see instructions)		 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 Organi	zations								
7. Taxable Income	8. Net unrelated in (loss) (see instruct		9. Total of spec payments ma		includ	rt of column ed in the co ation's gros	ntrolling		I. Deductions directly inected with income in column 10
(1)									
(2)									
(3)									
(4)									
Totals Schedule G-Investment In			<u>c)(7) (9) or (</u>	►	Enter Part I	columns 5 a here and on , line 8, colu	page 1, mn (A).	Ent	Id columns 6 and 11. ter here and on page 1, rt I, line 8, column (B).
1. Description of income	2. Amount of	3. Dec directly	3. Deductions directly connected (attach schedule)			t-asides schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)		
(1)									
(2)									
(3)									
(4)									
	Enter here and on page 1, Part I, line 9, column (A).							Enter here and on page 1, Part I, line 9, column (B).	
Totals									
Schedule I-Exploited Exe	empt Activity Inc	come, Oth	er Than Adve	rtising l	ncome (s	see instru	ctions)		
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expense directly connected productio unrelate business in	with n of ed colors from unre- or busine 2 minus If a gain	come (loss) lated trade ss (column column 3). compute nrough 7.	from ac is not u	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)									
	Enter here and on page 1, Part I, line 10, col. (A).	ind on art I, . (B).						Enter here and on page 1, Part II, line 25.	
Totals ► Schedule J-Advertising Ir	come (see instru	ictions)							
Part I Income From Per		,	onsolidated B	2010					
Fart Income From Fer				a315					
1. Name of periodical 2. Gross advertising income 3. Dire advertising		ct gain or (costs 2 minus a gain,	ertising loss) (col. col. 3). If compute nrough 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 (carry to Part II, line (5))									

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Part II Income From Per 2 through 7 on a l			rate Basis (For e	each periodica	listed in Part II	, fill in columns
1. Name of periodical advertising income		3. Direct advertising costs4. Advertising gain or (loss) (col. 2 minus col. 3). If 		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 26.
Totals, Part II (lines 1-5)						
Schedule K - Compensatio	n of Officers, D	irectors, and Tr	ustees (see instr	ructions)		·
1. Name	2. Title		3. Percent of time devoted to business	4. Compensation attributable to unrelated business		
(1)			%			
(2)				%		
(3)				%		
(4)				%		

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

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ATTACHMENT 1

ORGANIZATION'S ONLY UNRELATED TRADE OR BUSINESS ACTIVITY

THE ORGANIZATION DID NOT HAVE UNRELATED BUSINESS INCOME FOR THE TAX YEAR ENDED JUNE 30, 2020.

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