										, 0 -		
, _ Forn	990-T	E	empt Organi and p			siness li der secti				rn .006	OMB No 1545-0	047
•		For cale	ndar year 2019 or other t	ax year begin	ning_	07/01,2	.019, ar	nd endii			୭ ⋒19	1
Depa	rtment of the Treasury		►Go to www irs.g	ov/Form990	T for i	nstructions a	ind the	latest	information.		<u> </u>	,
Intern	al Revenue Service	▶ Do	not enter SSN numbers	on this form a	as it ma	y be made pub	blic if yo	our orga	anization is a 501		Open to Public Inspect 501(c)(3) Organization	
A	X Check box if		Name of organization (Check b	ox if nai	me changed and	d see ins	struction	s)	D Employer identification number (Employees' trust, see instructions.)		
	address changed									(,
_	empt under section	54	STEVENSON UN							٠		
X	501(C D 3.)	Print	Number, street, and roo	m or suite no	f a P O	box, see instru	ctions				705392	
	408(e) 220(e)	Type	100 021/01/0	TDOLE							lated business activity nstructions)	/ code
-	408A530(a)		100 CAMPUS C			ZIO es fesesen no				-{		
	529(a) ok value of all assets	{	City or town, state or pr OWINGS MILLS			TIP or toreign pos	Stal Code	е		52	61	
	end of year	E Gro	up exemption number	•						1 52		
3	02,752,205.		ck organization type I		<u>_</u>			501(c) trust	401(a)	trust Oth	er trust
			nization's unrelated trac					001(0			(or first) unrelated	<u> </u>
			RTNERSHIP INVE				If onl	y one,		•	e than one, describe	the
			end of the previous s					•	•			
tr	ade or business, th	en comple	ete Parts III-V									
I D	uring the tax year,	was the	corporation a subsidia	ry in an affili	ated g	roup or a parer	nt-subs	idiary c	controlled group?		▶ Yes	X No
			identifying number of t		rporati	on 🕨						
			ARY BETH SCHWE					lephon	e number ▶ 4		 	
	•		or Business Incon	ne 	г—	(A) In	come		(B) Expe	nses	(C) Net	
	Gross receipts or			c Balance ▶	1 c							
ь 2			ule A, line 7)	,	2							
3	_	•	2 from line 1c		3							
4 a	·		ttach Schedule D)		4a		3,3	378.			3	,378.
b			Part II, line 17) (attach Fo		4b							
С			rusts		4c							
5	income (loss) from a p	artnership oi	an S corporation (attach state	ment)	5		-8,8	38.	ATCH 1	-	-8	,838.
6	Rent income (Sch	edule C)			6							
7	Unrelated debt-fir	nanced in	come (Schedule E) .		7							
8	Interest, annuities, roya	alties, and re	nts from a controlled organizat	ion (Schedule F)			/		_		-	
9			1(c)(7), (9), or (17) organization			/			`			
10	•	•	ncome (Schedule I)		10							
11 12		•	lule J)								+	
13			ough 12				-5,4	60.	-		-5	,460.
	rt II Deduction	ns Not	Taken Elsewhere	(See instr	uetio	ns for limit			eductions.) (Deduction	ons must be dire	ectly
			ne unrelated busin									
14	Compensation of	officers,	directors, and trustees	(Schedule K)								
15	Salaries and wage	s		/						. 15	- CEN / ED	
16	Repairs and main	tenance		. /							CEIVED	
17	Bad debts		<i>. [</i> /						· · · · · · · • œ	. 17		080
18	Interest (attach se	chedule) ((see instructions)					• • •	<u> </u>		<u> </u>	S S
19	Taxes and license	S					i	i · · · ·	5	19		<u>~ ~ </u>
20			4562) on Schedule A and els					_		GG	DEN, UT	_
21 22	•											
23			compensation plans									
24			·									
25			Schedule I)									
26			chedule J)									
27			chedule)									,440.
28	Total deductions.	Add line	s 14 through 27							28		,440.
29	,		le income before ne								-8	,900.
30			g loss arising in tax ye									0004
31			e income Subtract line lotice, see instructions		29 .	<u> </u>	<u></u>		<u></u>	31		, 90,0)
TOT	abermork Legact	IOII WOLK	อเลออ, ออฮ เกอเกนนเปที่จ	•							Form 990-	■ (♥0?[A)

9X2741 1 000 5GA29G 2235

Firm's address > 8350 BROAD STREET,

Use Only

MCLEAN,

SUITE 900,

VA 22102

Phone no 7032868000

Form 990-T (2019)

Form 990-T (2019)						<u>.</u>			ı	Page 3
Schedule A - Cost of G	oods Sold. En	ter method	d of invent	ory valuation	>					
1 Inventory at beginning of	/ear . 1			6 Inventory	at end of year	ar	6			
2 Purchases	2			7 Cost of	goods so	old Subtract line				
3 Cost of labor	3			6 from I	ne 5 Enter	here and in Part				
4a Additional section 263A c	osts		1	I, line 2 .			7			
(attach schedule)	4a			8 Do the	rules of	section 263A (w	uth re	spect to	Yes	No
b Other costs (attach schedu				property	produced	or acquired for	resale	e) apply		
5 Total Add lines 1 through				to the org	anization?	<u></u>	<u>.</u>			Х
Schedule C - Rent Income	e (From Real P	roperty a	nd Perso	nal Property	Leased V	With Real Proper	ty)			
(see instructions)						··				
1. Description of property										
(1)										
(2)						· 				
(3)										
(4)										
	2. Rent recei	ved or accrue	ed]				
(a) From personal property (if the	percentage of rent			personal property		3(a) Deductions di				ome
for personal property is more than 50%)	nan 10% but not			or personal propert based on profit o		ın columns 2(a	a) and 2(b) (attach sch	nedule)	
more than 50%)		50% OI	ii the rent is	based on profit o	income)					
(1)		_								
(2)				, , , , ,				·		
(3)										
(4)										
Total		Total				(b) Takal dad				
(c) Total income. Add totals of c	olumns 2(a) and 2(b) Enter				(b) Total deductio Enter here and on		•		
here and on page 1, Part I, line 6						Part I, line 6, colun				
Schedule E - Unrelated D	ebt-Financed la	ncome (se	e instructi	ons)						
			2 Gross	income from or	3. [Deductions directly con debt-finance			ole to	
 Description of del 	bt-financed property			to debt-financed	(a) Straigh	ht line depreciation		o) Other dedu	ictions	
			Р	roperty	(atťa	ch schedule)		(attach sche	dule)	
(1)										
(2)										
(3)										
(4)										
4. Amount of average	5 Average adjus		6	Column			8 /	Allocable ded	ductions	;
acquisition debt on or allocable to debt-financed	of or allocal debt-financed		4	divided		income reportable n 2 x column 6)		mn 6 x total	of colum	
property (attach schedule)	(attach sche	dule)	by o	column 5	,	,		3(a) and 3((b))	
(1)				%						
(2)				%						
(3)				%						
(4)				%						
						re and on page 1, ne 7, column (A)		here and o		

Form 990-T (2019)	STEVENSO	N UN	IVER	SITY	<i></i>				5	2-0	705392	Page 4
Schedule F - Interest, Ann	uities, Royaltie	s, and	Rent	s Fr	om Contro	lled O	rganiz	ations (se	e instructi	ons)		
			Exem	pt Co	ntrolled Org	ganızatı	ons					
Name of controlled organization						of specified included		of column 4 that is In the controlling Iion's gross income		6 Deductions directly connected with income in column 5		
(1)												
(2)												
(3)									–			
(4)											<u> </u>	
-Nonexempt Controlled Organiz	zations					•	,					
7. Taxable Income	8 Net unrelated in (loss) (see instruc				Total of specific ayments made		ınc	Part of columnuded in the constant of the cons	ontrolling		1 Deductions on nected with in column 10	come in
(1)												
(2)							ļ					
(3)									-		- 	
(4)		_										
							Ent	ld columns 5 a er here and on rt 1, line 8, colu	page 1,	En	dd columns 6 a ter here and on irt I, line 8, colui	page 1,
Schedule G-Investment Ir		tion !	 E01/o	· · · ·	(0) or (17	Orga	nizati		tructions\			
1 Description of income	2 Amount of			<u>,,,,</u>	3. Deduction of the directly contact (attach sch	tions inected	IIIZati	4 Se	et-asides schedule)		5 Total ded and set-aside plus col	s (col 3
(1)	· ·				(attach scr					\dashv	pide oui	
(1)										\dashv		
(3)												
(4)												
Totals	Enter here and o Part I, line 9, co	olumn (A	\) ; (A				·				Enter here and Part I, line 9, c	
Schedule I-Exploited Exe	mpt Activity In	come	, Othe	r Th	an Adverti	sing Ir	come	(see instru	ictions)			
1 Description of exploited activity	2 Gross unrelated business income from trade or business	conr pro u	Expense directly nected voluntion nrelated necks incomes incom	vith of	4 Net incon from unrelat or business 2 minus col If a gain, co cols 5 thro	ed tradé (column umn 3) ompute	from is no	ross income activity that of unrelated ness income	6. Expe attributa colum	ble to	7 Excess expen (column to column 5 more column	ises 6 minus , but not than
(1)												
(2)	,											_
(3)			-									
(4)									<u></u>			
Totala	Enter here and on page 1, Part I, line 10, col (A)	pag	here and e 1, Part 10, col (tI,							Enter he on pag Part II, li	ge 1,
Totals ▶ Schedule J-Advertising In	icome (see instri	uctions	;)		<u> </u>			_			_1	
Part I Income From Per				nsoli	idated Bas	is						
Taret income From Fer											T	
1. Name of periodical	2 Gross advertising income		Direct	osts	4 Advert gain or (los 2 minus co a gain, cor cols 5 thro	s) (col I 3) If npute		Circulation	6 Reade cost	•	7 Excess r costs (co minus colu not mor colum	olumn 6 mn 5, but e than
(1)												
(2)												
(3)												· ·
(4)												<u></u>
Totals (carry to Part II, line (5))												

Form **990-T** (2019)

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.)

2 through 7 on a l	line-by-line basis	S)		,		
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, bu 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			
1 Name		, 2	Γitle	3 Percent of time devoted to business	4 Compensation unrelated	
1)				%		
2)				%		
3)				%		
4)				%		
otal. Enter here and on page 1, P	art II, line 14					

Form **990-T** (2019)

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

For calendar year 2019 or other tax year beginning $\frac{07/01}{}$, 2019, and ending $\frac{06/30}{}$, 20 $\frac{20}{}$

10,052.

2019

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Go to www.irs gov/Form990T for instructions and the latest information.

▶ Go to www.irs gov/Form9901 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

Name of the organization

STEVENSON UNIVERSITY

Employer identification number 52-0705392

Unrelated Business Activity Code (see instructions) ▶ 61 Describe the unrelated trade or business ► ACTIVITIES FROM CONFERENCE SERVICES Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 9,887. 1a Gross receipts or sales 9,887 **b** Less returns and allowances c Balance 1c Cost of goods sold (Schedule A, line 7). 2 9,887. 9,887. 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 Form 4797). . 4b 4c Income (loss) from a partnership or an S corporation (attach 5 165. 165. Rent income (Schedule C) ATCH. 3 . 6 Unrelated debt-financed income (Schedule E), , 7 Interest, annuities, royalties, and rents from a controlled 8 Investment income of a section 501(c)(7), (9), or (17) 9 Exploited exempt activity income (Schedule I) 10 10 11 Advertising income (Schedule J) Other income (See instructions, attach schedule) 12

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

	,		
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	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return	21b	
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule)	27	4,439.
28	Total deductions. Add lines 14 through 27	28	4,439.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	5,613.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions),	30_	
31	Unrelated business taxable income Subtract line 30 from line 29	31	5,613.

For Paperwork Reduction Act Notice, see instructions

Total. Combine lines 3 through 12.......

Schedule M (Form 990-T) 2019

10,052.

JSA

ATTACHMENT 1

ı			
FORM 990T - LI	NE 5 -INCOME (LOSS)	FROM PARTNERSHIPS (OR S CORPORATIONS
			
PARTNERSHIP 1			-837.
PARTNERSHIP 2			-5,969.
PARTNERSHIP 3			-197.
PARTNERSHIP 4			-535.
PARTNERSHIP 5			-62.
PARTNERSHIP 6			1,884.
PARTNERSHIP 7			-3,175.
PARTNERSHIP 8			-5 .
PARTNERSHIP 9			58.
INCOME (LO	OSS) FROM PARTNERSH	IPS	-8,838.

ATTACHMENT 2

FORM 990T - PART II - LINE 27 - TOTAL OTHER DEDUCTIONS

TAX PREPARATION FEE

3,440.

PART II - LINE 27 - OTHER DEDUCTIONS

3,440.

517612

STEVENSON UNIVERSITY	ATTACHMENT 3	52-0705392
ACTIVITIES FROM CONFERENCE SERVICES		
SCHEDULE M - SCHEDULE C RENT INCO	DME	
1 DESCRIPTION OF PROPERTY		
1 AV RENTAL	ZED OR ACCRUED	
(1) FROM PERSONAL PROPERTY (IF THE PERCENTAGE OF RENT FOR PERSONAL PROPERTY	(2) FROM REAL AND PERSONAL PROPERTY (IF THE PERCENTAGE OF RENT FOR PERSONAL PROPERTY EXCEE 50% OR IF THE RENT IS BASED ON PROFIT OR INCOM	DS WITH THE INCOME IN COLUMN 2(A) AND
1 165.		
TOTAL165_	TOTAL	

165.

(B) TOTAL DEDUCTIONS. ENTER HERE AND ON PAGE 1, PART I, LINE 6, COLUMN (B)

5GA29G 2235 V 19-7 9F

(C) TOTAL INCOME ADD TOTALS OF COLUMN 2(A) AND 2(B) ENTER HERE AND ON SCH M, PART I, LINE 6, COLUMN (A)

517612

ATTACHMENT	4	

FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

TAX PREPARATION FEE CONFERENCE SERVICES UNRELATED BUSINESS EXPENSE 3,440. 999.

PART II - LINE 27 - OTHER DEDUCTIONS

4,439.

SCHEDULE D (Form 1120)

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T

OMB No 1545-0123

Department of the Treasury Internal Revenue Service

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

Employer identification number 52-0705392 STEVENSON UNIVERSITY Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tay year? Vos X No

	s," attach Form <u>8949 and see its instructions fo</u>		•			res No	
Part)	your gain or loss	<u>, </u>		
	See instructions for how to figure the amounts to enter on the lines below This form may be easier to complete if you round off cents to	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments t or loss from Form 8949, Part I, line	(s)	s) Subtract column (e) from	
1a	whole dollars Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949,	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However,					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked		- 1				
, 2	Totals for all transactions reported on Form(s) 8949 with Box B checked	,					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked						
4	Short-term capital gain from installment sales from F	Form 6252, line 26 or 37	,		4		
5	Short-term capital gain or (loss) from like-kind exchar	nges from Form 8824			5		
6	Unused capital loss carryover (attach computation)				6	()	
	Net short-term capital gain or (loss) Combine lines 1		1		7		
Part		(See instructions)		(m) Adwatmanta t	2010	(h) Gain or (loss)	
	See instructions for how to figure the amounts to enter on the lines below This form may be easier to complete if you round off cents to whole dollars	elow (u) (e) or loss from Form Proceeds Cost (sales price) (or other basis) (sales price)					
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.						
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked						
9	Totals for all transactions reported on Form(s) 8949 with Box Echecked						
10	Totals for all transactions reported on Form(s) 8949 with Box F checked	-233.				-233.	
11	Enter gain from Form 4797, line 7 or 9				11	3,611.	
12	Long-term capital gain from installment sales from F		12				
13	Long-term capital gain or (loss) from like-kind exchan		13				
14	Capital gain distributions (see instructions)		14				
15 Part	Net long-term capital gain or (loss) Combine lines 88	a through 14 in column	h		15	3,378.	
	- anning of the terror and in						
16	Enter excess of net short-term capital gain (line 7) or	ver net long-term capital	loss (line 15)		16	3,378.	
17 18	Net capital gain Enter excess of net long-term capit. Add lines 16 and 17 Enter here and on Form 1120,				17 18	3,378.	
	Note: If losses exceed gains, see Capital Losses in the	instructions					

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

Schedule D (Form 1120) 2019

Form 8949 (2019)					Ai	tachment Sequence No	12A Page 2	
Name(s) shown on return Name and SSN or tax	payer identification n	o not required if sh	own on other side	Social sec	curity number o	r taxpayer identificat	non number	
STEVENSON UNIVERSITY		_				52-0705392		
Before you check Box D, E, or F below, statement will have the same informat broker and may even tell you which bo	ion as Form 10	•						
Note: You may agg to the IRS and for v 8a, you aren't requir	ort-term trar regate all lo vhich-no-ad	nsactions, se ong-term tra justments o	ee page 1 nsactions repo r codes are re	orted on Form	(s) 1099-B the totals d	sho <u>wing</u> basis	was reported	
You must check Box D, E, or F to a separate Form 8949, page 2, for more of the boxes, complete as m (D) Long-term transactions of the complete in the complet	r each applic any forms wit eported on F eported on F	able box If y th the same b orm(s) 1099- orm(s) 1099-	ou have more lo oox checked as y -B showing basis B showing basis	ong-term transa you need was reported t	o the IRS (se	will fit on this pa		
1 (a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed of (Mo, day, yr)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate	See the separate instructions Subtract co			
			,	instructions	Code(s) from instructions	Amount of adjustment	with column (g)	
PARTNERSHIP 4	VARIOUS	VARIOUS	-251				-251	
PARTNERSHIP 7	VARIOUS	VARIOUS	18				18	
· 								

 $\boldsymbol{2}$ Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E -233 -233 above is checked), or line 10 (if Box F above is checked) ▶ Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Form 8949 (2019)

JSA 9X2616 2 000 Stevenson University Form 990-T Net Operating Loss Carryover

Tax Period		Original NOL	Adjustment Per Rev. Rul 81-88*	NOL Utilized Prior Year	NOL Utilized Current Year Or Expired	NOL Carried Forward	Year of Expiration
	6/30/2009	1,334		(1,334)		-	6/30/2029
	6/30/2010	10,010		(10,010)		-	6/30/2030
-	6/30/2011	- 466,877 -	300	(167,561)	(5,613)	294,003	6/30/2031
	6/30/2012	451,624		, , ,	, , ,	451,624	6/30/2032
	6/30/2016	10,255				10,255	6/30/2033
	Totals	940,100	300	(178,905)	(5,613)	755,882	

^{*}Stevenson University is adjusting the 6/30/11 NOL as a result of the legislative retroactive repeal of IRC Section 512(a)(7) on December 20, 2019