Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 07-01-2021 , and ending 06-30-2022

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
STONY BROOK FOUNDATION INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 230 ADMINISTRATION
Room/suite

City or town, state or province, country, and ZIP or foreign postal code
STONY BROOK, NY 11794

D Employer identification number
11-6077945

E Telephone number
(631) 632-6536

G Gross receipts $ 357,079,420

F Name and address of principal officer:
JUSTIN FINCHER
230 ADMINISTRATION
STONY BROOK,NY 11794

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions.

H(c) Group exemption number ▶

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.STONYBROOK.EDU/FOUNDATION/

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1965

M State of legal domicile: NY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
TO ADVANCE THE TAX-EXEMPT MISSION OF SUNY STONY BROOK THROUGH FUNDRAISING EFFORTS.

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	22
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	9
6	Total number of volunteers (estimate if necessary)	6	89
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	414,046
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	39,550

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	95,728,137	116,237,582
9	Program service revenue (Part VIII, line 2g)	1,587,062	1,726,607
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	30,131,091	31,279,900
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,801,096	1,200,580
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	129,247,386	150,444,669

Expenses

		Prior Year	Current Year
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	32,713,028	25,706,059
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	10,642,555	12,285,779
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶4,389,690		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	29,107,605	25,751,511
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	72,463,188	63,743,349
19	Revenue less expenses. Subtract line 18 from line 12	56,784,198	86,701,320

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	732,698,663	805,257,176
21	Total liabilities (Part X, line 26)	60,001,052	78,050,027
22	Net assets or fund balances. Subtract line 21 from line 20	672,697,611	727,207,149

Part II Signature Block

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 officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer — Date: 2023-05-12

KACY BULLARD CFO & COO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN P00741490
Firm's name ▶ GRANT THORNTON LLP			Firm's EIN ▶ 36-6055558	
Firm's address ▶ 757 THIRD AVENUE 3RD FLOOR NEW YORK, NY 100172013			Phone no. (212) 599-0100	

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

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III . . . . ☑

1 Briefly describe the organization's mission:

THE STONY BROOK FOUNDATION, INC. IS A NOT-FOR-PROFIT, "NO MEMBER" CORPORATION ESTABLISHED IN 1965. SBF EXISTS TO ADVANCE THE MISSION AND GOALS OF SUNY STONY BROOK BY FACILITATING, ACCEPTING AND MANAGING PHILANTHROPIC GIFTS. (CONTINUED ON SCHEDULE O).

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 18,039,253 including grants of $ 303,999) (Revenue $ 0)

STONY BROOK FOUNDATION PROVIDED FUNDING TO SUPPORT VARIOUS SUNY STONY BROOK ACADEMIC PROGRAMS, CENTERS AND INSTITUTES IN ORDER TO NURTURE ACADEMIC ACHIEVEMENT AMONG SUNY STONY BROOK STUDENTS AND FACULTY BY PROVIDING FUNDS TO ATTRACT AND RETAIN EXCEPTIONAL FACULTY THROUGH THE USE OF ENDOWED CHAIRS AND ENDOWED PROFESSORSHIPS, AID IN CURRICULUM ENHANCEMENT AS WELL AS EQUIP CLASSROOMS AND LABORATORIES WITH THE LATEST TECHNOLOGY.

4b (Code:) (Expenses $ 13,474,668 including grants of $ 8,026,812) (Revenue $ 0)

STONY BROOK FOUNDATION PROVIDED SUNY STONY BROOK FUNDS FOR VARIOUS INSTITUTIONAL SUPPORT, INCLUDING BUT NOT LIMITED TO: FUNDING CONSTRUCTION OF CUTTING-EDGE FACILITIES SUCH AS THE MEDICAL AND RESEARCH TRANSLATION (MART) AS WELL AS SUBSTANTIAL RENOVATIONS OF THE CURRENT EXISTING STONY BROOK UNIVERSITY HOSPITAL, SUBSIDIZED FUNDING TO SUPPORT VARIOUS SUNY STONY BROOK STRATEGIC ACADEMIC INITIATIVES, AND STONY BROOK UNIVERSITY DEPARTMENTS SUCH AS MATHEMATICS, PHYSICS AND THE TURKANA BASIN INSTITUTE, AN ACADEMIC BASE FOR SCIENTIFIC RESEARCH AND TRAINING IN PALEONTOLOGY AND PALEOANTHROPOLOGY.

4c (Code:) (Expenses $ 7,095,462 including grants of $ 4,953,746) (Revenue $ 1,771,605)

STONY BROOK FOUNDATION PROVIDED SUPPORT TO SUNY STONY BROOK IN ITS EFFORTS TO MAINTAIN THEIR REPUTATION AS A PUBLIC RESEARCH UNIVERSITY THAT THRIVES ON THE FOREFRONT OF DISCOVERY. AS SUCH, STONY BROOK FOUNDATION PROVIDES FUNDING TO SUPPORT VARIOUS AREAS OF RESEARCH INCLUDING: CANCER RESEARCH (STONY BROOK CANCER CENTER), ENVIRONMENTAL AND SUSTAINABILITY RESEARCH (SHINNECOCK BAY RESTORATION PROGRAM), CHEMICAL BIOLOGY RESEARCH, COMMUNICATION SCIENCE RESEARCH, TICK BORNE DISEASE RESEARCH WITHIN THE LABORATORY FOR COMPARATIVE MEDICINE, AND MANY OTHER VARIOUS RESEARCH EFFORTS.

(Code:) (Expenses $ 5,222,580 including grants of $ 5,135,259) (Revenue $ 0)

STONY BROOK FOUNDATION PROVIDED VARIOUS STUDENT FINANCIAL SUPPORT TO SUNY STONY BROOK AS WELL AS TO SUNY STONY BROOK'S STUDENTS TO ASSIST IN THEIR EFFORT OF DELIVERING A WORLD-CLASS EDUCATION AT REMARKABLY AFFORDABLE PRICES AND TO KEEP RECRUITING THE BEST YOUNG MINDS AND FUTURE LEADERS FROM ACROSS THE SOCIOECONOMIC SPECTRUM.

(Code:) (Expenses $ 2,278,756 including grants of $ 7,286,243) (Revenue $ 0)

STONY BROOK FOUNDATION ALSO AIDS IN SUNY STONY BROOK'S FIRM COMMITMENT TO PROVIDING A DEDICATED EDUCATIONAL AND SOCIAL SUPPORT SYSTEM THAT ENABLES ALL THEIR STUDENTS TO THRIVE, BY PROVIDING FUNDING TO IMPROVE STUDENT, ADMINISTRATIVE AND PUBLIC SERVICES ACROSS SUNY STONY BROOK.

4d Other program services (Describe in Schedule O.)
(Expenses $ 7,501,336 including grants of $ 12,421,502) (Revenue $ 0)

4e **Total program service expenses** ▶ 46,110,719

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions.	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions.	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,* Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	465			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		No
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.			15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			16		No
17	**Section 501(c)(21) organizations.** Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.			17		

Part VI **Governance, Management, and Disclosure.** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	**1a** 22			
b	Enter the number of voting members included in line 1a, above, who are independent	**1b** 19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		No

Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed▶ CA,FL,GA,HI,KS,KY,MD,MA,MI,MN,NH,NJ,NY,OR,SC,UT,WV,WI

18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:

▶KACY BULLARD 230 ADMINISTRATION STONY BROOK,NY 11794 (631) 632-6536

Part VII Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII . . . . ☑

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) DR MAURIE MCINNIS EX-OFFICIO TRUSTEE (VOTING)	3.00 0.10	X						135,000	0	0
(2) MR RICHARD L GELFOND TRUSTEE, CHAIR	4.00 0.10	X		X				0	0	0
(3) MR DAVID E ACKER TRUSTEE, VICE CHAIR	1.00 0.00	X		X				0	0	0
(4) DR LAURIE LANDEAU TRUSTEE, VICE CHAIR	1.00 0.00	X		X				0	0	0
(5) DR JAMES H SIMONS TRUSTEE, CHAIR EMERITUS	1.00 0.00	X		X				0	0	0
(6) MR CARY F STALLER TRUSTEE, SECRETARY	1.00 1.00	X		X				0	0	0
(7) DR NANCY RAUCH DOUZINAS TRUSTEE, TREASURER	1.00 0.00	X		X				0	0	0
(8) DR ASHVIN B CHHABRA TRUSTEE	0.50 0.00	X						0	0	0
(9) MR ERROL A COCKFIELD TRUSTEE	0.50 0.00	X						0	0	0
(10) DR BARRY S COLLER TRUSTEE	0.50 0.00	X						0	0	0
(11) MR GUY-MAX DELPHIN TRUSTEE	0.50 0.10	X						0	0	0
(12) MR BARRY M FOX ESQ TRUSTEE	0.50 0.10	X						0	0	0
(13) MR STUART D GOLDSTEIN TRUSTEE	0.50 0.10	X						0	0	0
(14) MS KAREN KEOGH TRUSTEE (THRU 08/2021)	0.50 0.00	X						0	0	0
(15) MR WILLIAM L KNAPP TRUSTEE	0.50 0.00	X						0	0	0
(16) DR HENRY B LAUFER TRUSTEE	0.50 0.00	X						0	0	0
(17) MS DOROTHY LICHTENSTEIN TRUSTEE	0.50 0.00	X						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) DR NIRMAL MATTOO TRUSTEE	0.50 0.00	X						0	0	0
(19) MR RICHARD T NASTI ESQ TRUSTEE	0.50 0.10	X						0	0	0
(20) MR BERNARDO PIQET TRUSTEE	0.50 0.00	X						0	0	0
(21) MS CAROLINE RITTER TRUSTEE	0.50 0.10	X						0	0	0
(22) MR RUSSELL SHEPARD TRUSTEE	0.50 0.00	X						0	0	0
(23) MRS SUSAN STEINHARDT ESQ TRUSTEE	0.50 0.00	X						0	0	0
(24) MR DAVID MARCUS CIO	37.50 0.00			X				439,569	0	173,630
(25) KACY BULLARD CFO & COO (AS OF 02/2022)	37.50 0.00			X				53,126	0	20,985
(26) MR JASON W HSUEH CFO & COO (THRU 02/2022)	37.50 0.00			X				295,606	0	118,988
(27) JUSTIN FINCHER EXECUTIVE DIRECTOR (AS OF 08/2021)	37.50 1.00			X				195,593	0	0
(28) DEBORAH LOWEN-KLEIN SENIOR ASSOCIATE VP, ADVANCEMENT	37.50 0.00					X		332,624	0	134,025
(29) JO-ANN DANIELS DIRECTOR, FIN. & OPER. (THRU 04/2022)	37.50 0.00					X		235,747	0	94,893
(30) DANIELLE HOLTON AVP, SBCH	33.75 0.00					X		265,135	0	106,719
(31) TARA STENZEL-FLEMING ED CORPORATE AND FR	37.50 0.00					X		201,166	0	80,973
(32) CAROL GOMES CEO, COO OF SBUH	1.00 0.00					X		348,640	0	0

	(D)	(E)	(F)
1b Sub-Total ▶			
c Total from continuation sheets to Part VII, Section A ▶			
d Total (add lines 1b and 1c) ▶	2,502,206	0	730,213

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 9

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization?*If "Yes," complete Schedule J for such person*	5	Yes	

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
INVESTMENT MANAGER CO SBF 230 ADMINISTRATION STONY BROOK, NY 11794	INVESTMENT MGMT	2,533,541
INVESTMENT MANAGER CO SBF 230 ADMINISTRATION STONY BROOK, NY 11794	INVESTMENT MGMT	1,773,716
INVESTMENT MANAGER CO SBF 231 ADMINISTRATION STONY BROOK, NY 11795	INVESTMENT MGMT	1,594,968
INVESTMENT MANAGER CO SBF 230 ADMINISTRATION STONY BROOK, NY 11794	INVESTMENT MGMT	1,458,909
INVESTMENT MANAGER CO SBF 230 ADMINISTRATION STONY BROOK, NY 11794	INVESTMENT MGMT	815,268

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 36

Part VIII **Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII . . . . ☐

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514

Contributions, Gifts, Grants, and OtherAmt Similar Amounts

1a	Federated campaigns . .	1a	
b	Membership dues . .	1b	
c	Fundraising events . .	1c	2,637,637
d	Related organizations	1d	
e	Government grants (contributions)	1e	
f	All other contributions, gifts, grants, and similar amounts not included above	1f	113,599,945
g	Noncash contributions included in lines 1a - 1f:$	1g	6,128,461
h	**Total.** Add lines 1a-1f . . . . ▶		116,237,582

Program Service Revenue

		Business Code	(A)	(B)	(C)	(D)
2a	CONTRACTUAL AGENCY FEE	711300	1,726,607	1,726,607		
b						
c						
d						
e						
f	All other program service revenue.					
g	**Total.** Add lines 2a–2f. . . . . ▶		1,726,607			

Other Revenue

		(A)	(B)	(C)	(D)
3	Investment income (including dividends, interest, and other similar amounts) . . . ▶	663,495		414,046	249,449
4	Income from investment of tax-exempt bond proceeds ▶				
5	Royalties . . . . ▶	133,127			133,127

			(i) Real	(ii) Personal
6a	Gross rents	6a	90,688	
b	Less: rental expenses	6b	0	
c	Rental income or (loss)	6c	90,688	

		(A)	(B)	(C)	(D)
d	Net rental income or (loss) . . . . ▶	90,688			90,688

			(i) Securities	(ii) Other
7a	Gross amount from sales of assets other than inventory	7a	236,528,852	
b	Less: cost or other basis and sales expenses	7b	205,912,447	
c	Gain or (loss)	7c	30,616,405	

		(A)	(B)	(C)	(D)
d	Net gain or (loss) . . . . ▶	30,616,405			30,616,405

8a	Gross income from fundraising events (not including $ 2,637,637 of contributions reported on line 1c). See Part IV, line 18	8a	471,275
b	Less: direct expenses	8b	704,077

		(A)	(B)	(C)	(D)
c	Net income or (loss) from fundraising events . . ▶	-232,802			-232,802

9a	Gross income from gaming activities. See Part IV, line 19 . . .	9a	21,964
b	Less: direct expenses	9b	1,714

		(A)	(B)	(C)	(D)
c	Net income or (loss) from gaming activities . . ▶	20,250			20,250

10a	Gross sales of inventory, less returns and allowances . .	10a	21,340
b	Less: cost of goods sold . .	10b	16,513

		(A)	(B)	(C)	(D)
c	Net income or (loss) from sales of inventory . . ▶	4,827			4,827

	Miscellaneous Revenue	Business Code	(A)	(B)	(C)	(D)
11a	CONTRACTED SERVICES	900099	1,136,594			1,136,594
b	PKH MUSEUM ADMISSIONS	900099	44,998	44,998		
c	MISCELLANEOUS REVENUE	900099	2,898			2,898
d	All other revenue					
e	**Total.** Add lines 11a–11d . . . . ▶		1,184,490			
12	**Total revenue.** See instructions . . . . . ▶		150,444,669	1,771,605	414,046	32,021,436

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	18,202,206	18,202,206		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	5,422,930	5,422,930		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	2,080,923	2,080,923		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,031,436	531,978	288,041	211,417
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	8,234,659	4,247,146	2,299,627	1,687,886
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	2,890,517	1,118,150	1,022,142	750,225
10 Payroll taxes	129,167	129,167		
11 Fees for services (non-employees):				
a Management	4,434,427	4,434,427		
b Legal	125,350	54,677	70,673	
c Accounting	139,487		139,487	
d Lobbying	75,000	75,000		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	8,847,226		8,847,226	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,280,588	1,437,123	21,115	822,350
12 Advertising and promotion	413,307	355,981		57,326
13 Office expenses	1,102,519	834,797	25,867	241,855
14 Information technology	971,645	638,652	38,838	294,155
15 Royalties				
16 Occupancy	775,392	666,269	107,107	2,016
17 Travel	1,062,475	1,019,566	2,660	40,249
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,098,328	1,032,928	2,860	62,540
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	239,342	227,772	11,570	
23 Insurance	183,470	80,362	103,087	21
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EQUIPMENT AND RENTALS	1,700,608	1,635,755	33,531	31,322
b REPAIRS & MAINTENANCE	1,678,393	1,654,348	8,049	15,996
c PAYROLL SERVICE FEES	411,842	111,505	173,160	127,177
d				
e All other expenses	212,112	119,057	47,900	45,155
25 **Total functional expenses.** Add lines 1 through 24e	63,743,349	46,110,719	13,242,940	4,389,690
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		36,803,994	1	51,255,481
	2	Savings and temporary cash investments		78,921,106	2	102,217,240
	3	Pledges and grants receivable, net		97,745,497	3	144,140,784
	4	Accounts receivable, net		475,570	4	295,159
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net		68,434	7	68,434
	8	Inventories for sale or use		22,334	8	21,013
	9	Prepaid expenses and deferred charges		682,015	9	477,919
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 15,465,480			
	b	Less: accumulated depreciation	10b 4,277,565	11,388,573	10c	11,187,915
	11	Investments—publicly traded securities		85,743,344	11	96,611,646
	12	Investments—other securities. See Part IV, line 11		417,961,708	12	396,173,831
	13	Investments—program-related. See Part IV, line 11		2,886,088	13	2,807,754
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		732,698,663	16	805,257,176
Liabilities	17	Accounts payable and accrued expenses		6,584,879	17	10,557,193
	18	Grants payable			18	
	19	Deferred revenue		25,280	19	44,912
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		52,666,256	21	66,901,428
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		724,637	25	546,494
	26	**Total liabilities.** Add lines 17 through 25		60,001,052	26	78,050,027
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		65,079,348	27	57,287,052
	28	Net assets with donor restrictions		607,618,263	28	669,920,097
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		672,697,611	32	727,207,149
	33	Total liabilities and net assets/fund balances		732,698,663	33	805,257,176

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	150,444,669
2	Total expenses (must equal Part IX, column (A), line 25)	2	63,743,349
3	Revenue less expenses. Subtract line 2 from line 1	3	86,701,320
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	672,697,611
5	Net unrealized gains (losses) on investments	5	-32,161,782
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-30,000
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column	10	727,207,149

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other ________ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
STONY BROOK FOUNDATION INC

Employer identification number
11-6077945

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . .

g Provide the following information about the supported organization(s).

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 10 above (see instructions))	**(iv)** Is the organization listed in your governing document?		**(v)** Amount of monetary support (see instructions)	**(vi)** Amount of other support (see instructions)
			Yes	**No**		
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	58,869,092	65,217,329	54,558,793	95,728,137	116,237,582	390,610,933
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge. .						
4 **Total.** Add lines 1 through 3	58,869,092	65,217,329	54,558,793	95,728,137	116,237,582	390,610,933
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . .						179,055,168
6 **Public support.** Subtract line 5 from line 4.						211,555,765

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4. .	58,869,092	65,217,329	54,558,793	95,728,137	116,237,582	390,610,933
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	2,004,637	2,084,723	1,749,850	761,711	473,264	7,074,185
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .	171,562			181,658	53,733	406,953
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .	1,369,666	966,343	1,279,720	939,755	1,654,071	6,209,555
11 **Total support.** Add lines 7 through 10						404,301,626

12 Gross receipts from related activities, etc. (see instructions) . . . . | 12 | 8,409,277

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . ▶☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) . . . . | 14 | 52.330 %

15 Public support percentage for 2020 Schedule A, Part II, line 14 . . . . | 15 | 52.680 %

16a **33 1/3% support test—2021.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶☑

b **33 1/3% support test—2020.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶☐

17a **10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . ▶☐

b **10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. . . . . ▶☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2021** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2020** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶☐

b **33 1/3% support tests—2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . ▶☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in **Part VI** when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI,** including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in **Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in **Part VI.***	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in **Part VI.***	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in **Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	**11a**		
b	A family member of a person described on 11a above?	**11b**		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in* ***Part VI.***	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	**2**		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	**1**		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer lines 3a and 3b below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations?*If "Yes" or "No", provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	**3b**		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* ***Part VI***). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (*explain in detail in* ***Part VI***):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	5	
6 Other distributions (*describe in* ***Part VI***). See instructions	6	
7 **Total annual distributions.** Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	8	
9 Distributable amount for 2021 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	**(i)** Excess Distributions	**(ii)** Underdistributions Pre-2021	**(iii)** Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2021:			
a From 2016.			
b From 2017.			
c From 2018.			
d From 2019.			
e From 2020.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
7 **Excess distributions carryover to 2022.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017.			
b Excess from 2018.			
c Excess from 2019.			
d Excess from 2020.			
e Excess from 2021.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	GROSS INCOME FROM FUNDRAISING - 2017 AMOUNT: $ 233,725. 2018 AMOUNT: $ 288,424. 2019 AMOUNT: $ 148,146. 2020 AMOUNT: $ 0. 2021 AMOUNT: $ 471,275. GROSS INCOME FROM GAMING - 2017 AMOUNT: $ 25,649. 2018 AMOUNT: $ 28,550. 2019 AMOUNT: $ 29,705. 2020 AMOUNT: $ 0. 2021 AMOUNT: $ 21,964. CONTRACTED SERVICES - 2017 AMOUNT: $ 1,025,085. 2018 AMOUNT: $ 561,093. 2019 AMOUNT: $ 762,593. 2020 AMOUNT: $ 898,856. 2021 AMOUNT: $ 1,136,594. GROSS SALES OF INVENTORY - 2017 AMOUNT: $ 28,021. 2018 AMOUNT: $ 27,585. 2019 AMOUNT: $ 18,169. 2020 AMOUNT: $ 12,887. 2021 AMOUNT: $ 21,340. MISCELLANEOUS - 2017 AMOUNT: $ 57,186. 2018 AMOUNT: $ 60,691. 2019 AMOUNT: $ 321,107. 2020 AMOUNT: $ 28,012. 2021 AMOUNT: $ 2,898.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization	Employer identification number
STONY BROOK FOUNDATION INC	11-6077945

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."

2 Political campaign activity expenditures. See instructions ▶ $

3 Volunteer hours for political campaign activities. See instructions

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

	(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds. If none, enter -0-.	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1					
2					
3					
4					
5					
6					

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)	75,000	
c Total lobbying expenditures (add lines 1a and 1b)	75,000	
d Other exempt purpose expenditures	63,668,349	
e Total exempt purpose expenditures (add lines 1c and 1d)	63,743,349	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000	

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

	(a)	(b)
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h Subtract line 1g from line 1a. If zero or less, enter -0-.	0	
i Subtract line 1f from line 1c. If zero or less, enter -0-.	0	

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2018	**(b)** 2019	**(c)** 2020	**(d)** 2021	**(e)** Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	60,000	60,000	83,700	75,000	278,700
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures					

Part II-B **Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures. See Instructions	5	

Part IV **Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
SCHEDULE C, PART II-A, LINE 1(B)	THE FOUNDATION DOES NOT ENGAGE IN ANY DIRECT LOBBYING ACTIVITY ITSELF; THE FOUNDATION HIRES AN OUTSIDE LOBBYING CONSULTANT TO ADVOCATE ON BEHALF OF EDUCATIONAL AND BUDGET ISSUES IMPACTING STONY BROOK UNIVERSITY.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2021
Open to Public Inspection

Name of the organization
STONY BROOK FOUNDATION INC

Employer identification number
11-6077945

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $ 6,979,027

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☑ Public exhibition

b ☑ Scholarly research

c ☑ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . . ☐ Yes ☑ No

Part IV Escrow and Custodial Arrangements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☑ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☑ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . ☑

Part V Endowment Funds.
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	366,699,386	279,331,275	265,806,703	244,955,670	233,966,854
b Contributions	24,419,420	27,463,817	21,065,306	17,716,212	8,032,140
c Net investment earnings, gains, and losses	-10,171,718	69,845,141	3,751,752	22,532,062	21,666,546
d Grants or scholarships					
e Other expenditures for facilities and programs	8,389,238	7,998,445	9,656,291	11,988,894	11,077,413
f Administrative expenses	2,234,360	1,942,402	1,636,195	7,408,347	7,632,457
g End of year balance	370,323,490	366,699,386	279,331,275	265,806,703	244,955,670

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ 8.610 %

b Permanent endowment ▶ 62.510 %

c Term endowment ▶ 28.880 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) Unrelated organizations	3a(i)		No
(ii) Related organizations	3a(ii)		No
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,065,854		1,065,854
b Buildings		6,804,608	3,710,229	3,094,379
c Leasehold improvements		390,090	390,090	0
d Equipment		225,901	177,246	48,655
e Other		6,979,027		6,979,027

Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶ 11,187,915

Part VII Investments - Other Securities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) US EQUITY FUNDS	138,108,345	F
(B) MULTI-STRATEGY FUNDS	82,132,435	F
(C) PRIVATE EQUITY FUNDS	140,225,850	F
(D) GLOBAL EQUITY FUNDS	34,912,506	F
(E) DIVERSIFIED FIXED-INCOME FUNDS	694,695	F
(F) INV. IN SBHC PRIVATE EQUITY IV, LLC	100,000	F
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	396,173,831	

Part VIII Investments - Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶		

Part IX Other Assets.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . ▶	

Part X Other Liabilities.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	546,494

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	

Part XIII

Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
PART III, LINE 4:	ORGANIZATIONS COLLECTIONS OF ART, HISTORICAL TREASURES OR OTHER ASSETS THE FOUNDATION OWNS THE POLLOCK-KRASNER HOUSE AND STUDY CENTER. THE CENTER OPERATES AS A MUSEUM AND LIBRARY. THE EXTENSIVE RESEARCH COLLECTIONS DEVELOPED AT THE CENTER ATTRACT SCHOLARS, STUDENTS AND RESEARCHERS FROM AROUND THE WORLD. THE UNITED STATES DEPARTMENT OF THE INTERIOR HAS DESIGNATED IT AS A NATIONAL HISTORIC LANDMARK. THE FOUNDATION ALSO OWNS VARIOUS BOOKS, PHOTOGRAPHS, JOURNAL COLLECTIONS, AND FINE ARTS USED TO FURTHER THE MISSION OF SUNY STONY BROOK BY NURTURING ACADEMIC INSTRUCTION, RESEARCH, LIBRARY AND PUBLIC SERVICE.
PART IV, LINE 2B:	ESCROW AND CUSTODIAL ARRANGEMENTS THE FOUNDATION HOLDS FUNDS AS A TRUSTEE/DISBURSING AGENT FOR AUXILIARY AGENCIES OF STONY BROOK UNIVERSITY, WHICH AMOUNTED TO $66,901,428 AS OF JUNE 30, 2022. THE FOUNDATION CHARGES FEES TO THESE AGENCIES FOR ADMINISTRATIVE COSTS, WHICH AMOUNTED TO $1,726,607 FOR FISCAL YEAR 2022, WHICH IS INCLUDED AS PROGRAMMATIC REVENUE ON FORM 990, PART VIII, LINE 2(A).
PART V, LINE 4:	ENDOWMENT FUNDS THE FOUNDATION'S ENDOWMENT IS INTENDED TO SUBSIDIZE ITS CHARITABLE MISSION OF SUPPORTING STONY BROOK UNIVERSITY'S EDUCATIONAL PROGRAMS. ALTHOUGH THE FOUNDATION'S ADOPTED POLICIES ALLOW FOR THE APPROPRIATION FOR EXPENDITURE OF THE PRINCIPAL OF ENDOWMENT FUNDS IN CERTAIN CASES WHERE DOING SO IS DEEMED PRUDENT, THE FOUNDATION GENERALLY LEAVES THE ENDOWMENT ASSETS UNTOUCHED, WHILE USING INVESTMENT INCOME TO FUND VARIOUS CHARITABLE PROGRAMS AND INITIATIVES.
PART X, LINE 2:	THE FOUNDATION AND SBFR FOLLOW GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN ONLY BE RECOGNIZED IN THE FINANCIAL STATEMENTS IF THE POSITION IS MORE-LIKELY-THAN-NOT TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED. THE FOUNDATION AND SBFR ARE EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE ("IRC") SECTION 501(C)(3), THOUGH BOTH ARE SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE IRC. BOTH THE FOUNDATION AND SFBR HAVE PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF THEIR RESPECTIVE TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS; AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. THE FOUNDATION AND SBFR HAVE DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE COMBINED FINANCIAL STATEMENTS.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
STONY BROOK FOUNDATION INC

Employer identification number
11-6077945

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . ☑ **Yes** ☐ **No**

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

	(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in the region	**(d)** Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in the region	**(f)** Total expenditures for and investments in the region
(1)	EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTMAKING		12,500
(2)	SUB-SAHARAN AFRICA	0	0	GRANTMAKING		2,068,423
(3)	CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		193,084,022
(4)	NORTH AMERICA	0	0	INVESTMENTS		1,970,790
(5)	SUB-SAHARAN AFRICA	0	0	INVESTMENTS	PROGRAM RELATED LOAN	2,807,754
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Sub-total	0	0			199,943,489
b	Total from continuation sheets to Part I . . .	0	0			0
c	**Totals** (add lines 3a and 3b)	0	0			199,943,489

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE (INCLUDING ICELAND & GREENLAND)	GENERAL SUPPORT	12,500	CHECK	0		
(2)			SUB-SAHARAN AFRICA	GENERAL SUPPORT	50,030	CHECK	0		
(3)			SUB-SAHARAN AFRICA	GENERAL SUPPORT	2,017,658	CHECK	0		
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶ 3

3 Enter total number of other organizations or entities . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	**(b)** Region	**(c)** Number of recipients	**(d)** Amount of cash grant	**(e)** Manner of cash disbursement	**(f)** Amount of noncash assistance	**(g)** Description of noncash assistance	**(h)** Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . ☑ Yes ☐ No

2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . ☐ Yes ☑ No

3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* . . . . ☑ Yes ☐ No

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . ☑ Yes ☐ No

5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . ☑ Yes ☐ No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* . . . . ☐ Yes ☑ No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

ReturnReference	Explanation
PART I, LINE 2:	ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS OUTSIDE U.S. THE FOUNDATION MAKES GRANTS OUTSIDE OF THE U.S. ONLY TO ORGANIZATIONS AFFILIATED WITH STONY BROOK UNIVERSITY. IN THE CASE OF A GRANT FROM FUNDS OF THE FOUNDATION DESIGNATED FOR A PARTICULAR PURPOSE, THE DESIGNATED ACCOUNT MANAGER SUBMITS A REQUISITION FOR THE GRANT, TOGETHER WITH SUPPORTING DOCUMENTATION, TO THE FOUNDATION'S PROCUREMENT DEPARTMENT. A DETAILED JUSTIFICATION FOR THE GRANT IS REQUIRED, INCLUDING THE PURPOSE OF THE GRANT. THE GRANT REQUEST IS REVIEWED, INCLUDING FOR COMPLIANCE WITH THE TERMS OF INSTRUMENT DESIGNATING THE FUNDS FOR A PARTICULAR PURPOSE, AND APPROVED. IN THE CASE OF A REQUEST FOR MORE THAN $5,000, REVIEW, APPROVAL AND MANUAL CHECK SIGNATURE BY THE FOUNDATION'S BUSINESS OFFICE IS REQUIRED. IN THE CASE OF GRANTS FROM THE FOUNDATION'S UNRESTRICTED FUNDS, A GRANTEE SUBMITS A REQUEST, TOGETHER WITH SUPPORTING DOCUMENTATION. A DETAILED JUSTIFICATION FOR THE GRANT IS REQUIRED, INCLUDING THE PURPOSE OF THE GRANT. THE BUDGET COMMITTEE, TOGETHER WITH THE FOUNDATION'S EXECUTIVE DIRECTOR, REVIEWS AND APPROVES GRANT REQUEST FROM THE FOUNDATION'S UNRESTRICTED FUNDS. IN ALL CASES, AT THE END OF THE GRANT TERM, A FINAL REPORT REGARDING THE USE OF THE GRANT FUNDS IS SUBMITTED BY THE GRANTEE TO THE FOUNDATION.
PART III ACCOUNTING METHOD:	
PART IV:	FOREIGN FORMS STONY BROOK FOUNDATION, INC. INVESTS DIRECTLY IN VARIOUS ALTERNATIVE INVESTMENTS THAT MAY BE ORGANIZED AS EITHER FOREIGN CORPORATIONS OR FOREIGN PARTNERSHIPS; IT, LIKEWISE, INVESTS IN DOMESTIC LIMITED PARTNERSHIPS THAT MAY, IN TURN, INVEST IN FOREIGN CORPORATIONS OR PARTNERSHIPS. NEVERTHELESS, THE FOUNDATION'S INVESTMENT ACTIVITIES MAY NOT REACH THE THRESHOLDS REQUIRED FOR THE FILING OF FORMS 926, 5471, 8621, OR 8865. TO THE EXTENT THAT THE FOUNDATION IS REQUIRED TO COMPLETE ONE (OR MORE) OF THESE FOREIGN FORMS, IT IS FILED WITH THE FOUNDATION'S FORM 990-T FILING.

Additional Data

Software ID:

Software Version:

SCHEDULE G (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
STONY BROOK FOUNDATION INC

Employer identification number
11-6077945

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? **Yes**	**No**	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 SB GALA 2022 (event type)	(b) Event #2 LISVH GOLF OUTING (event type)	(c) Other events 13 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	2,231,700	188,406	688,806	3,108,912
	2 Less: Contributions	2,109,575	131,703	396,359	2,637,637
	3 Gross income (line 1 minus line 2)	122,125	56,703	292,447	471,275
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	214,563		65,442	280,005
	8 Entertainment		40,926	99,535	140,461
	9 Other direct expenses	30,719	15,669	237,223	283,611
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				704,077
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-232,802

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue	1 Gross revenue			21,964	21,964
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses			1,714	1,714
	6 Volunteer labor	☐ Yes ______ % ☐ No	☐ Yes ______ % ☐ No	☐ Yes ______ % ☑ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				1,714
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				20,250

9 Enter the state(s) in which the organization conducts gaming activities: N Y

a Is the organization licensed to conduct gaming activities in each of these states? ☑ **Yes** ☐ **No**

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ **Yes** ☑ **No**

b If "Yes," explain:

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☑ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☑ No

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	**13a**	100.000 %
b	An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ JO-ANN DANIELS THRU 042022

Address ▶ 230 ADMINISTRATION BLDG STONY BROOK, NY 11794

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☑ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ______ and the amount of gaming revenue retained by the third party ▶ $ ______.

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶ JONATHAN SPIER

Gaming manager compensation ▶ $

Description of services provided ▶ MEMBER IN CHARGE

☐ Director/officer ☑ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☑ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
SCHEDULE G, PART II, EVENT #1:	THE STONY BROOK FOUNDATION HELD ITS ANNUAL GALA IN NEW YORK CITY IN APRIL OF 2022. THE $214,563 IN EXPENSES REPORTED FOR FOOD AND BEVERAGE ALSO INCLUDES THE SITE/RENTAL FEE PAID TO THE RESTAURANT THAT HELD THE EVENT.
GAMING MANAGER INFORMATION:	SCHEDULE G, PART III, LINE 16 THE INDIVIDUAL IN CHARGE OF OVERSEEING THE FOUNDATION'S FUNDRAISING GAMING ACTIVITIES IS NOT COMPENSATED FOR THAT JOB RESPONSIBILITY; HE UNDERTAKES THIS ROLE AS PART OF HIS ORDINARY BUSINESS ENDEAVORS.

Additional Data

Return to Form

Software ID:

Software Version:

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
STONY BROOK FOUNDATION INC

Employer identification number
11-6077945

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) RESEARCH FOUNDATION - STONY BROOK UNIVERSITY S5422 FRANK MELVILLE JR MEMORIAL LIBRARY STONY BROOK UNIVERSITY STONY BROOK,NY 11794	14-1368361	501(C)(3)	4,471,450	0			RESEARCH AWARDS & EDUCATIONAL SUPPORT
(2) STONY BROOK UNIVERSITY OFFICE 261 ADMINISTRATION BLDG STONY BROOK UNIVERSITY STONY BROOK,NY 11794	14-6013200	115	10,978,767	2,702,883	BOOK	EQUIPMENT	EDUCATIONAL SUPPORT
(3) FACULTY STUDENT ASSOCIATION W SIDE DINNING FL 2 STONY BROOK,NY 11794	11-1986378	501(C)(3)	15,500	0			EDUCATIONAL SUPPORT
(4) STONY BROOK UNIVERSITY HOSPITAL STONY BROOK MEDICINE 101 NICOLLS RD STONY BROOK,NY 11794	11-3243405	115	30,973	0			OPERATION SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . ▶ 4

3 Enter total number of other organizations listed in the line 1 table . . . . ▶ 0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) PARTICIPANT SUPPORT/FELLOWSHIPS	202	443,264			
(2) ACADEMIC PRIZES AND AWARDS	607	487,825			
(3) STUDENT AID	1060	209,823			
(4) SCHOLARSHIPS	314	3,757,358			
(5) FELLOWSHIPS	99	524,660			
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2:	ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS IN U.S. WHEN THE FOUNDATION ISSUES GRANTS FROM FUNDS WITH A PURPOSE RESTRICTION, THE DESIGNATED ACCOUNT MANAGER SUBMITS A REQUISITION FOR THE GRANT, TOGETHER WITH SUPPORTING DOCUMENTATION, TO THE FOUNDATION'S PROCUREMENT DEPARTMENT. A DETAILED JUSTIFICATION FOR THE GRANT IS REQUIRED, INCLUDING THE PURPOSE OF THE GRANT. THE GRANT REQUEST IS REVIEWED, INCLUDING FOR COMPLIANCE WITH THE TERMS OF INSTRUMENT DESIGNATING THE FUNDS FOR A PARTICULAR PURPOSE, AND APPROVED. WHEN THE FOUNDATION ISSUES A GRANT FOR MORE THAN $5,000, REVIEW, APPROVAL AND MANUAL CHECK SIGNATURE BY THE FOUNDATION'S BUSINESS OFFICE IS REQUIRED. WHEN THE FOUNDATION ISSUES A GRANT FROM UNRESTRICTED FUNDS, A GRANTEE SUBMITS A REQUEST, TOGETHER WITH SUPPORTING DOCUMENTATION. A DETAILED JUSTIFICATION FOR THE GRANT OR DIRECT PAYMENT, AS APPLICABLE, IS REQUIRED INCLUDING THE PURPOSE OF THE GRANT OR DIRECT PAYMENT, AS APPLICABLE. THE BUDGET COMMITTEE, TOGETHER WITH THE FOUNDATION'S EXECUTIVE DIRECTOR, REVIEWS AND APPROVES REQUESTS FROM THE FOUNDATION'S UNRESTRICTED FUNDS. DEPENDING ON THE TYPE OF GRANT AND THE GRANT RECIPIENT, AT THE END OF THE GRANT TERM, A FINAL REPORT REGARDING THE USE OF THE GRANT FUNDS IS SUBMITTED BY THE GRANTEE TO THE FOUNDATION. IN LIEU OF MAKING GRANT PAYMENTS, THE FOUNDATION MAY PAY EXPENSES DIRECTLY ON BEHALF OF A GRANTEE. FOR THE ACADEMIC PRIZES AND AWARDS, THE FUNDS ARE DISTRIBUTED INCREMENTALLY, AND THE INCREMENTS SHALL BE BASED ON BUSINESS PLAN MILESTONES AND/OR OTHER BENCHMARKS IDENTIFIED BY THE COMMITTEE.

Additional Data

Return to Form

Software ID:

Software Version:

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
STONY BROOK FOUNDATION INC

Employer identification number
11-6077945

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Travel for companions ☑ Tax idemnification and gross-up payments ☐ Discretionary spending account ☑ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		No
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**		No
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Compensation committee ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☐ Compensation survey or study ☐ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	**4c**		No
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization? . . . . If "Yes," on line 5a or 5b, describe in Part III.	**5b**		No
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		No
b	Any related organization? . . . . If "Yes," on line 6a or 6b, describe in Part III.	**6b**		No
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		**(B)** Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
1 MR DAVID MARCUS CIO	(i)	439,569	0	0	0	173,630	613,199	0
	(ii)	0	0	0	0	0	0	0
2 DEBORAH LOWEN-KLEIN SENIOR ASSOCIATE VP, ADVANCEMENT	(i)	332,624	0	0	0	134,025	466,649	0
	(ii)	0	0	0	0	0	0	0
3 MR JASON W HSUEH CFO & COO (THRU 02/2022)	(i)	295,606	0	0	0	118,988	414,594	0
	(ii)	0	0	0	0	0	0	0
4 DANIELLE HOLTON AVP, SBCH	(i)	265,135	0	0	0	106,719	371,854	0
	(ii)	0	0	0	0	0	0	0
5 CAROL GOMES CEO, COO OF SBUH	(i)	0	348,640	0	0	0	348,640	0
	(ii)	0	0	0	0	0	0	0
6 JO-ANN DANIELS DIRECTOR, FIN. & OPER. (THRU 04/2022	(i)	235,747	0	0	0	94,893	330,640	0
	(ii)	0	0	0	0	0	0	0
7 TARA STENZEL-FLEMING ED CORPORATE AND FR	(i)	201,166	0	0	0	80,973	282,139	0
	(ii)	0	0	0	0	0	0	0
8 JUSTIN FINCHER EXECUTIVE DIRECTOR (AS OF 08/2021)	(i)	145,593	50,000	0	0	0	195,593	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 1A	HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE STONY BROOK UNIVERSITY'S DIRECTOR OF THE SIMONS CENTER FOR GEOMETRY & PHYSICS RESIDES AT A STONY BROOK FOUNDATION PROPERTY RENT & EXPENSE FREE. THE FAIR MARKET VALUE OF RESIDING AT THE PROPERTY IS INCLUDED IN TAXABLE INCOME ON HIS SBF FORM W-2. THE DIRECTOR OF THE SIMONS CENTER FOR GEOMETRY NO LONGER MEETS THE REQUIREMENT FOR DISCLOSURE ON THE FOUNDATION'S FORM 990; NEVERTHELESS, THE FOUNDATION IS RETAINING THIS DISCLOSURE IN THE INTERESTS OF TRANSPARENCY.
PART I, LINE 3	METHOD OF ESTABLISHING COMPENSATION OF THE CEO/OFFICERS STONY BROOK FOUNDATION'S OFFICERS ARE STATE UNIVERSITY EMPLOYEES, AND AS SUCH, THE STATE (AN UNRELATED GOVERNMENT ENTITY) DETERMINES APPROPRIATE COMPENSATION FOR THE OFFICERS AND REQUESTS THAT THE FOUNDATION AGREE TO BEAR A PORTION OF THE COMPENSATION. THE FOUNDATION'S BOARD RELIES ON THE STATE'S DETERMINATION OF APPROPRIATE OVERALL COMPENSATION FOR THE OFFICERS AND DETERMINES WHETHER TO APPROVE PAYMENT OF A PORTION OF THE COMPENSATION BY THE FOUNDATION. ACCORDINGLY, SINCE THE FOUNDATION DOES NOT ESTABLISH THE OFFICER'S COMPENSATION, FORM 990, SCHEDULE J, QUESTION 3 IS LEFT BLANK.
PART I, LINE 7	AS NOTED IN THE ABOVE SCHEDULE J NARRATIVE, THE STONY BROOK FOUNDATION SUPPLEMENTS WAGES PAID [BY THE STATE] TO THREE INDIVIDUALS REPORTED ON THE FOUNDATION FORM 990: DR. MAURIE MCINNIS, CAROL GOMES, AND JUSTIN FINCHER. AMOUNTS REPORTED IN SCHEDULE J, PART II, COLUMN (B)(II) REPRESENT A BONUS PAID BY THE FOUNDATION AND AUTHORIZED BY THE STATE OF NEW YORK FOR MEETING CERTAIN OBJECTIVE PERFORMANCE-BASED BENCHMARKS.

Additional Data

Return to Form

Software ID:

Software Version:

Schedule L (Form 990)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
STONY BROOK FOUNDATION INC

Employer identification number
11-6077945

Part I **Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . ▶ $

Part II **Loans to and/or From Interested Persons.**
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
Total . . . . ▶ $												

Part III **Grants or Assistance Benefiting Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
(1) DR JAMES SIMONS	BOARD MEMBER	43,504,697	INVESTMENTS HELD		No
(2) DR JAMES SIMONS	BOARD MEMBER	216,824	INV FEES		No
(3) HENRY LAUFER	BOARD MEMBER	43,504,697	INVESTMENTS HELD		No
(4) HENRY LAUFER	BOARD MEMBER	216,824	INV FEES		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference	Explanation
SCHEDULE L, PART IV	BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONSTHE FOUNDATION HOLDS INVESTMENTS WITH AN INVESTMENT FIRM WHERE BOARD OF TRUSTEES MEMBERS, DR. JAMES SIMONS AND HENRY B. LAUFER HAVE AN OWNERSHIP INTEREST AND WHERE THEY BOTH SIT ON THE BOARD OF DIRECTORS. IN ADDITION, BOTH DR. SIMONS AND HENRY LAUFER ARE DESIGNATED AS SUBSTANTIAL CONTRIBUTORS TO THE FOUNDATION. THE VALUE OF THE FOUNDATION'S HOLDINGS WITH THE FIRM IS $43,504,697; FOR THE YEAR ENDING JUNE 30, 2022, THE FOUNDATION PAID THE INVESTMENT FIRM $216,824 IN INVESTMENT MANAGEMENT FEES.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
STONY BROOK FOUNDATION INC

Employer identification number
11-6077945

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	94	6,128,461	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( )				
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement | 29 |

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		No
b If "Yes," describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	Yes	
b If "Yes," describe in Part II.			
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B):	THE FOUNDATION IS REPORTING THE NUMBER OF CONTRIBUTIONS IN PART I, COLUMN(B).
PART I, LINE 32B:	THIRD PARTY ASSISTANCE OF NONCASH CONTRIBUTIONS TO THE EXTENT THE FOUNDATION RECEIVES DONATIONS OF SECURITIES, IT EMPLOYS ITS OWN INVESTMENT BROKER TO LIQUIDATE THOSE SECURITIES INTO CASH FOR USE IN CARRYING OUT ITS CHARITABLE MISSION. OCCASIONALLY, THE FOUNDATION RECEIVES UNIQUE NON-CASH DONATIONS (E.G. OF BOATS, ETC); IN THOSE INSTANCES, THE FOUNDATION USES A THIRD PARTY VENDOR TO DISPOSE OF THE ASSETS.
SCHEDULE M, PART I, LINE 9:	IN ADDITION TO THE STOCK GIFTS REPORTED IN SCHEDULE M, THE FOUNDATION NOTES THAT THE FOUNDATION RECEIVED $2,985,356 IN STOCK GIFTS IN FULFILLMENT OF PRIOR YEAR PLEDGES. SINCE THE PLEDGES WERE REPORTED AS REVENUE ON PRIOR FORMS 990, THE RECEIPT OF NON-CASH GIFTS TO SATISFY THE PLEDGES ARE NOT REPORTED AGAIN IN THE CURRENT YEAR 990.

Additional Data

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SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047 2021 Open to Public Inspection

Name of the organization	Employer identification number
STONY BROOK FOUNDATION INC	11-6077945

Return Reference	Explanation
FORM 990, PART I, LINE 15:	AMOUNTS REPORTED ON LINE 15 SALARIES, OTHER COMPENSATION, AND EMPLOYEE BENEFITS ARE COMPRISED OF SUPPORT FOR CAMPUS PROGRAMS, ADMINISTRATIVE OFFICES AND FUNDRAISING OFFICES. FOR FISCAL YEAR 2022, THE TOTAL SUPPORT OF $12,285,779 INCLUDES $6,026,441 RELATED TO CAMPUS PROGRAMS, $3,609,810 RELATED TO ADMINISTRATIVE OFFICES AND $2,649,528 RELATED TO FUNDRAISING OFFICES.
FORM 990, PART III, LINE 1:	ORGANIZATION'S MISSION CONTINUED THE PURPOSES OF THE FOUNDATION ARE AS FOLLOWS: A. TO ASSIST IN DEVELOPING AND INCREASING THE RESOURCES OF THE STATE UNIVERSITY OF NEW YORK AT STONY BROOK ("STONY BROOK UNIVERSITY") IN ORDER TO PROVIDE MORE EXTENSIVE EDUCATIONAL OPPORTUNITIES AND SERVICES BY MAKING AND ENCOURAGING GIFTS, GRANTS, CONTRIBUTIONS AND DONATIONS OF REAL AND PERSONAL PROPERTY TO OR FOR THE BENEFIT OF STONY BROOK UNIVERSITY. B. TO RECEIVE, HOLD, ADMINISTER AND DISPOSE OF GIFTS AND GRANTS, AND TO ACT WITHOUT PROFIT AS TRUSTEE OF EDUCATIONAL OR CHARITABLE TRUSTS OF BENEFIT TO AND IN KEEPING WITH THE EDUCATIONAL PURPOSES AND OBJECTIVES OF STONY BROOK UNIVERSITY. C. TO FINANCE THE CONDUCT OF STUDIES AND RESEARCH OF ANY AND ALL FIELDS OF INTELLECTUAL INQUIRY OF BENEFIT TO AND IN KEEPING WITH THE EDUCATIONAL PURPOSES AND OBJECTIVES OF STONY BROOK UNIVERSITY AND/OR ITS CONSTITUENT SCHOOLS, AND TO ENTER INTO CONTRACTUAL RELATIONSHIPS APPROPRIATE TO THE PURPOSES OF THE FOUNDATION. D. TO GRANT AND/OR ADMINISTER SCHOLARSHIPS AND FELLOWSHIPS AND TO ENGAGE IN EXPERIMENTAL EDUCATION ACTIVITIES AND RESEARCH PROJECTS.
FORM 990, PART VI, SECTION A, LINE 1A	DELEGATION OF AUTHORITY THE FOLLOWING COMMITTEES OF THE FOUNDATION'S BOARD OF TRUSTEES HAVE BEEN DELEGATED AUTHORITY BY THE BOARD OF TRUSTEES. THE FOUNDATION'S EXECUTIVE COMMITTEE HAS ALL THE POWER AND AUTHORITY OF THE FOUNDATION'S BOARD ("BOARD") WHEN THE BOARD IS NOT IN SESSION, EXCEPT FOR THE AUTHORITY TO FILL VACANCIES ON THE BOARD OR ANY BOARD COMMITTEE, FIX, IF ANY, COMPENSATION FOR BOARD TRUSTEES (NONE IS PRESENTLY PAID) INCLUDING ANY BOARD COMMITTEES, TO AMEND, REPEAL OR ADOPT NEW FOUNDATION BYLAWS, TO ELECT OR REMOVE ANY OFFICER OR TRUSTEE, TO APPROVE ANY PLAN OF MERGER OR DISSOLUTION, TO AUTHORIZE THE SALE, LEASE, EXCHANGE OR OTHER DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF THE FOUNDATION OR TO APPROVE AMENDMENTS TO THE FOUNDATION'S CERTIFICATE OF INCORPORATION. THE EXECUTIVE COMMITTEE WILL ALSO CARRY OUT ANY OTHER RESPONSIBILITIES AND DUTIES DELEGATED TO IT FROM THE BOARD FROM TIME TO TIME. THE EXECUTIVE COMMITTEE IS OBLIGATED TO REPORT ITS ACTIVITIES AND DECISIONS AT THE NEXT REGULARLY-SCHEDULED MEETING OF THE FULL BOARD. THE FOUNDATION'S AUDIT COMMITTEE IS RESPONSIBLE FOR OVERSEEING THE FOUNDATION'S ACCOUNTING AND FINANCIAL REPORTING PROCESSES, ADMINISTERING THE FOUNDATION'S CONFLICT OF INTEREST AND WHISTLEBLOWER POLICIES, AND PROCUREMENT OR TERMINATION AND OVERSEEING THE FOUNDATION'S TRUSTEES AND OFFICERS' INSURANCE COVERAGE. THE AUDIT COMMITTEE IS OBLIGATED TO REPORT ITS ACTIVITIES AND DECISIONS AT THE NEXT REGULARLY-SCHEDULED MEETING OF THE FULL BOARD. THE FOUNDATION'S BUDGET COMMITTEE IS RESPONSIBLE FOR THE GENERAL SUPERVISION OF THE FOUNDATION'S FINANCIAL AFFAIRS AND ANNUAL BUDGET AND WILL ALSO CARRY OUT ANY OTHER RESPONSIBILITIES AND DUTIES DELEGATED TO IT BY THE BOARD FROM TIME TO TIME. THE BUDGET COMMITTEE IS OBLIGATED TO REPORT ITS ACTIVITIES AND DECISIONS AT THE NEXT REGULARLY-SCHEDULED MEETING OF THE FULL BOARD. THE FOUNDATION'S INVESTMENT COMMITTEE IS RESPONSIBLE FOR THE SUPERVISION OF THE FOUNDATION'S INVESTMENTS AND ANY INDIVIDUALS OR ENTITIES TO WHICH INVESTMENT MANAGEMENT RESPONSIBILITY IS DELEGATED, THE REVIEW OF COMPENSATION OF FOUNDATION INVESTMENT MANAGERS WHO ARE ALSO TRUSTEES OR OFFICERS OF THE FOUNDATION AND WILL ALSO CARRY OUT ANY OTHER RESPONSIBILITIES AND DUTIES DELEGATED TO IT BY THE BOARD FROM TIME TO TIME. THE INVESTMENT COMMITTEE IS OBLIGATED TO REPORT ITS ACTIVITIES AND DECISIONS AT THE NEXT REGULARLY-SCHEDULED MEETING OF THE FULL BOARD. THE FOUNDATION'S NOMINATING COMMITTEE PROVIDES ASSISTANCE TO THE BOARD AS REQUESTED FROM TIME TO TIME, INCLUDING BY ESTABLISHING CRITERIA FOR THE SELECTION OF NEW TRUSTEES AND IDENTIFYING INDIVIDUALS QUALIFIED TO BECOME TRUSTEES, AND WILL ALSO CARRY OUT ANY OTHER RESPONSIBILITIES AND DUTIES DELEGATED TO IT BY THE BOARD FROM TIME TO TIME. THE NOMINATING COMMITTEE IS OBLIGATED TO REPORT ITS ACTIVITIES AND DECISIONS AT THE NEXT REGULARLY-SCHEDULED MEETING OF THE FULL BOARD.
FORM 990, PART VI, SECTION A, LINE 2	FAMILY OR BUSINESS RELATIONSHIPS DR. CHHABRA AND DR. SIMONS HAVE A BUSINESS RELATIONSHIP. DR. LAUFER AND DR. SIMONS HAVE A BUSINESS RELATIONSHIP. DR. COLLER AND DR. SIMONS SHARE A BUSINESS RELATIONSHIP.
FORM 990, PART VI, SECTION A, LINE 8B	CONTEMPORANEOUS DOCUMENTATION THE FOUNDATION ADOPTED POLICIES PURSUANT TO WHICH THE BOARD AND ALL COMMITTEES OF THE BOARD (EXCEPT THE EXECUTIVE COMMITTEE) WILL CONTEMPORANEOUSLY DOCUMENT IN MINUTES THE MEETINGS HELD (OTHER THAN IN EXECUTIVE SESSION) AND WRITTEN ACTIONS UNDERTAKEN.
FORM 990, PART VI, SECTION B, LINE 11B	ORGANIZATION'S PROCESS USED TO REVIEW FORM 990 THE FORM 990 WAS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM IN CONJUNCTION WITH THE ORGANIZATION'S FINANCIAL DEPARTMENT. THE FORM 990 IS THEN FORWARDED TO THE EXECUTIVE COMMITTEE FOR REVIEW, COMMENT AND FINAL APPROVAL. THE FINAL VERSION IS CIRCULATED TO THE BOARD OF TRUSTEES.
FORM 990, PART VI, SECTION B, LINE 12C	ENFORCEMENT OF CONFLICT OF INTEREST POLICY PURSUANT TO THE FOUNDATION'S BYLAWS (ARTICLE IV, SECTION 11), ALL TRUSTEES, OFFICERS AND KEY PERSONS ARE REQUIRED TO COMPLETE AN ANNUAL CONFLICT OF INTEREST CERTIFICATION. THE ANNUAL CERTIFICATION REQUIRES EACH TRUSTEE, OFFICER AND KEY EMPLOYEE OF THE FOUNDATION TO DISCLOSE IN WRITING THE EXISTENCE OF ANY POTENTIAL CONFLICTS OF INTEREST, TO CERTIFY COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY AND TO AGREE TO ABIDE BY IT. THE SIGNED CERTIFICATIONS ARE REVIEWED BY THE CHAIR OF THE AUDIT COMMITTEE. IF AN INDIVIDUAL BECOMES AWARE THAT HE OR SHE MAY BE INVOLVED IN A POTENTIALLY

Return Reference	Explanation
	CONFLICTED TRANSACTION, HE OR SHE WILL IMMEDIATELY DISCLOSE THE EXISTENCE AND MATERIAL FACTS OF HIS OR HER INTEREST IN THE CONFLICTED TRANSACTION TO THE EXECUTIVE DIRECTOR OF THE FOUNDATION, WHO WILL REPORT THE MATTER TO THE CHAIR OF THE AUDIT COMMITTEE. BOARD DISCUSSIONS PERTAINING TO THE CONFLICT (AND ITS RESOLUTION) ARE DOCUMENTED IN THE BOARD MINUTES.
FORM 990, PART VI, SECTION B, LINE 15	LINE 15A: PROCESS FOR DETERMINING COMPENSATION THE COMPENSATION PAID TO THE FOUNDATION'S EXECUTIVE DIRECTOR IS DETERMINED BY AN UNRELATED THIRD PARTY: THE STATE OF NEW YORK. THE STATE HAS ESTABLISHED COMPENSATION GUIDELINES WHEREBY COMPENSATION IS CAPPED AT A SPECIFIC LEVEL. THE FOUNDATION HAS NO DISCRETION TO MODIFY THE COMPENSATION THRESHOLDS ESTABLISHED BY THE STATE; HOWEVER, THE FOUNDATION MAY APPROVE A REQUEST FROM THE UNIVERSITY TO PROVIDE ADDITIONAL COMPENSATION IN AN EFFORT TO ATTRACT TALENT AND PAY THESE INDIVIDUALS AT A MARKET RATE RENDERING SERVICES TO THE FOUNDATION. SUCH ADDITIONAL COMPENSATION IS THEN APPROVED BY THE FOUNDATION BOARD. THE COMPENSATION IS MEMORIALIZED IN AN EMPLOYMENT CONTRACT NOTING THAT A PORTION OF SALARY WILL COME FROM STONY BROOK FOUNDATION AND ANOTHER PORTION FROM THE UNIVERSITY, CAUSING CERTAIN EMPLOYEES TO RECEIVE TWO W-2'S. LINE 15B: PROCESS FOR DETERMINING COMPENSATION THE COMPENSATION PAID TO THE FOUNDATION'S OTHER OFFICERS (COO, CFO AND CIO) IS RECOMMENDED BY THE FOUNDATION'S EXECUTIVE DIRECTOR, AND IS REVIEWED BY AN UNRELATED THIRD PARTY TAX-EXEMPT ORGANIZATION TO DETERMINE IF COMPENSATION IS APPROPRIATE AND WITHIN THE GUIDELINES OF INDUSTRY STANDARDS. THE APPROVED COMPENSATION IS THEN MEMORIALIZED IN AN EMPLOYMENT CONTRACT.
FORM 990, PART VI, SECTION C, LINE 19	AVAILABILITY OF DOCUMENTS TO THE PUBLIC STONY BROOK FOUNDATION, INC. MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE. THE FORM 990 IS LIKEWISE PUBLISHED ON THE INTERNET AT WWW.GUIDESTAR.ORG. THE ORGANIZATION'S FINANCIAL STATEMENTS ARE MADE AVAILABLE ON THE ORGANIZATION'S WEBSITE. THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT ORDINARILY AVAILABLE TO THE PUBLIC, BUT, IF REQUESTED, WILL BE PROVIDED AT MANAGEMENT'S DISCRETION.
FORM 990, PART VII:	COMPENSATION IN THE INTEREST OF CLARITY, THE FOUNDATION IS PROVIDING CONTEXT ON THE COMPENSATION REPORTED IN BOTH PART VII AND SCHEDULE J OF THE FORM 990. DR. MAURIE MCINNIS, EX-EFFICIO TRUSTEE, IS A NY STATE UNIVERSITY EMPLOYEE. IN 2009, THE STONY BROOK FOUNDATION WAS ASKED BY THE SUNY CHANCELLOR AND SUNY BOARD OF TRUSTEES TO SUPPLEMENT THE PRESIDENT'S COMPENSATION. CONSISTENT WITH ITS MISSION TO HELP ADVANCE THE MISSION OF THE UNIVERSITY, THE STONY BROOK FOUNDATION BOARD APPROVED THIS EXPENSE AND CONTINUES TO PROVIDE ANNUAL SALARY SUPPORT. THIS COMPENSATION ARRANGEMENT IS REPORTED IN THE INDIVIDUAL'S ANNUAL CONFLICT OF INTEREST DISCLOSURE THAT IS SHARED WITH THE FOUNDATION'S BOARD OF DIRECTORS TO ENSURE ABSOLUTE TRANSPARENCY. DR. MCINNIS'S COMPENSATION, AS REPORTED ON THE FORM 990, PART VII, REPRESENTS THE AMOUNT PAID BY THE FOUNDATION; TO THE EXTENT DR. MCINNIS IS COMPENSATED BY SUNY, IT IS NOT DISCLOSED ON THIS FORM 990 AS SUNY IS NOT A RELATED PARTY AND THE SERVICES FOR WHICH SHE WAS COMPENSATED WERE NOT RENDERED TO THE FOUNDATION. FINALLY, IT SHOULD BE NOTED THAT DR. MCINNIS IS DIRECTLY INVOLVED IN FUNDRAISING ON THE FOUNDATION'S BEHALF, HOWEVER, THE COMPENSATION REPORTED ON THE FORM 990 IS NOT SPECIFICALLY TIED TO THOSE FUNDRAISING EFFORTS. FORMER CFO & COO, JASON HSUEH, CURRENT CFO & COO KACY BULLARD, AND CIO, DAVID MARCUS SPEND 100% OF THEIR TIME ENGAGED IN ACTIVITIES THAT SUPPORT THE FOUNDATION; HOWEVER, THEIR COMPENSATION IS PAID BY AN UNRELATED THIRD PARTY TAX-EXEMPT ORGANIZATION AND NOT DIRECTLY BY THE FOUNDATION. COMPENSATION PAID BY AN UNRELATED ORGANIZATION FOR SERVICES RENDERED TO THE FOUNDATION IS REQUIRED TO BE DISCLOSED IN PART VII, COLUMN (D) AS THOUGH IT HAD BEEN PAID BY THE FOUNDATION. HIGHLY COMPENSATED EMPLOYEES, JO-ANN DANIELS, DEBORAH LOWEN-KLEIN, TARA STENZEL-FLEMING, AND DANIELLE HOLTON, LIKEWISE, RECEIVE THEIR COMPENSATION FROM AN UNRELATED THIRD PARTY TAX-EXEMPT ORGANIZATION. THERE IS A SALARY CAP FOR STATE UNIVERSITY EMPLOYEE: MS. GOMES. IN RESPONSE TO THE UNIVERSITY'S OCCASIONAL REQUEST, THE STONY BROOK FOUNDATION'S BOARD DOES REVIEW AND APPROVE FUNDS FOR ADDITIONAL COMPENSATION TO THE UNIVERSITY EMPLOYEES SO THAT THE UNIVERSITY CAN RECRUIT THE BEST PEOPLE FOR THE JOB. INDIVIDUAL EMPLOYEES' CONTRACTS OUTLINE THE PORTION OF THEIR SALARY THAT WILL COME FROM STONY BROOK FOUNDATION AND ANOTHER PORTION FROM THE UNIVERSITY, CAUSING CERTAIN EMPLOYEES TO RECEIVE TWO W-2'S. BENEFITS ARE PROVIDED BY THE STATE UNIVERSITY OF STONY BROOK. CURRENT CFO & COO, KACY BULLARD, COMMENCED SERVICE WITH THE FOUNDATION IN OCTOBER OF 2021 AS THE ASSISTANT VICE PRESIDENT FOR ADVANCEMENT. THE SALARY REPORTED FOR MR. BULLARD REPRESENTS COMPENSATION IN CALENDAR YEAR 2021 FOR SERVING THAT ROLE. MR. BULLARD ASCENDED TO THE ROLE OF CFO & COO IN APRIL OF 2022.
FORM 990, PART XI, LINE 9:	RESCINDED GRANT -30,000.

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
STONY BROOK FOUNDATION INC

Employer identification number
11-6077945

Part I **Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II **Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(1) STONY BROOK FOUNDATION REALTY 230 ADMINISTRATION STONY BROOK, NY 11794 11-2622814	REAL ESTATE	NY	501(C)(3)	LINE 12A, I	SBF	Yes	
(2) LONG ISLAND HIGH TECH INCUBATOR INC 25 EAST LOOP ROAD STONY BROOK, NY 11790 11-3059018	DEVELOP TECH	NY	501(C)(3)	LINE 10	N/A		No

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	**(b)** Primary activity	**(c)** Legal domicile (state or foreign country)	**(d)** Direct controlling entity	**(e)** Predominant income(related, unrelated, excluded from tax under sections 512-514)	**(f)** Share of total income	**(g)** Share of end-of-year assets	**(h)** Disproprtionate allocations?		**(i)** Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	**(j)** General or managing partner?		**(k)** Percentage ownership
							Yes	**No**		**Yes**	**No**	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	**(b)** Primary activity	**(c)** Legal domicile (state or foreign country)	**(d)** Direct controlling entity	**(e)** Type of entity (C corp, S corp, or trust)	**(f)** Share of total income	**(g)** Share of end-of-year assets	**(h)** Percentage ownership	**(i)** Section 512(b)(13) controlled entity?	
								Yes	**No**

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved
(1) STONY BROOK FOUNDATION REALTY INC	D	68,434	COST

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	**(b)** Primary activity	**(c)** Legal domicile (state or foreign country)	**(d)** Predominant income (related, unrelated, excluded from tax under sections 512-514)	**(e)** Are all partners section 501(c)(3) organizations?		**(f)** Share of total income	**(g)** Share of end-of-year assets	**(h)** Disproprtionate allocations?		**(i)** Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	**(j)** General or managing partner?		**(k)** Percentage ownership
				Yes	**No**			**Yes**	**No**		**Yes**	**No**	

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference	Explanation

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