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AMENDED RETURN

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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning JUL 1, 2010 and ending JUN 30, 2011

B Check if applicable:
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Termin-ated
- [X] Amended return
- [ ] Applica-tion 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) | Room/suite
230 ADMINISTRATION

City or town, state or country, and ZIP + 4
STONY BROOK, NY 11794

F Name and address of principal officer RICHARD L. GELFOND
SAME AS C ABOVE

D Employer identification number
11-6077945

E Telephone number
631-632-6536

G Gross receipts $ 54,406,949.

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.SUNYSB.EDU

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1965 M State of legal domicile: NY

Part I Summary

1	Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
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	29
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	28
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	29
6	Total number of volunteers (estimate if necessary)	6	34
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	627,058.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	626,058.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	22,283,930.	25,170,085.
9	Program service revenue (Part VIII, line 2g)	1,221,783.	1,442,176.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	677,090.	2,620,844.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	530,103.	409,374.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	24,712,906.	29,642,479.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,317,189.	4,555,990.
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)	8,223,765.	8,641,474.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	65,000.	65,000.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,230,590.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	31,132,452.	28,742,520.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	45,738,406.	42,004,984.
19	Revenue less expenses Subtract line 18 from line 12	<21,025,500.>	<12,362,505.>

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	230,299,401.	227,608,002.
21	Total liabilities (Part X, line 26)	39,691,711.	36,852,332.
22	Net assets or fund balances. Subtract line 21 from line 20	190,607,690.	190,755,670.

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OGDEN, UT

SCANNED OCT 30 2013

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 10/4/13

▶ LYLE GOMES, CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: PATRICK YU, CPA, PARTNER	Preparer's signature	Date: 09/25/13	Check [ ] if self-employed; PTIN
Firm's name ▶ BAKER TILLY VIRCHOW KRAUSE, LLP			Firm's EIN ▶
Firm's address ▶ 125 BAYLIS ROAD, MELVILLE, NY 11747-3823			Phone no. (631) 752-7400

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

918-21-50 24

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission
SEE 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 [X] 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 [X] No
If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 38,110,467. including grants of $ 4,560,202.) (Revenue $ 3,747,043.)
RECEIVE, HOLD, ADMINISTER AND DISPOSE OF GIFTS AND GRANTS, FINANCE THE CONDUCT OF STUDIES AND RESEARCH IN ALL FIELDS OF INTELLECTUAL INQUIRY, GRANT AND ADMINISTER SCHOLARSHIPS AND FELLOWSHIPS AND ENGAGE IN EXPERIMENTAL EDUCATION ACTIVITIES AND RESEARCH PROJECTS, ALL IN KEEPING WITH THE EDUCATIONAL PURPOSES AND OBJECTIVES OF STONY BROOK UNIVERSITY.

4b (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4c (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4d Other program services (Describe in Schedule O)
(Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4e **Total program service expenses** ▶ 38,110,467.

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		X
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	X	
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 Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8	X	
9	Did the organization report an amount in Part X, line 21, 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	X	
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
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	X	
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	X	
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		X
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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		X
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, XII, and XIII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		X
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*	17	X	
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	X	
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		X
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
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	X	
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 25*	24a		X
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) and 501(c)(4) 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		X
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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26	X	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a	X	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c	X	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
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		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
a	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* ☐ Yes ☒ No			
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		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V [X]

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	8		
b	Enter the number of Forms W-2G included in 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	X	
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	29		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b	X	
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	X	
b	If "Yes," enter the name of the foreign country ▶ SEE SCHEDULE O				
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
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?		6a		X
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	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
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		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	X	
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the 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?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O				
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		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

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

Check if Schedule O contains a response to any question in this Part VI [X]

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	1a	29		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	28		
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	X	
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders?		6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
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		X

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
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	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in 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		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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 ▶ AK, AZ, CA, FL, GA, KS, KY, MD, MA, MI, MN, NH

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

[ ] Own website [ ] Another's website [X] Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

JASON HSUEH - 631-632-6536

230 ADMINISTRATION, STONY BROOK, NY 11794

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

Check if Schedule O contains a response to any question 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 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 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and 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.

List persons in the following order individual trustees or directors; institutional trustees; officers, key employees, highest compensated employees; and former such persons

☐ 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 (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
RICHARD L. GELFOND CHAIR	4.00	X		X				0.	0.	0.
MR. DAVID E. ACKER VICE CHAIR	2.00	X		X				0.	0.	0.
DR. JAMES H. SIMONS CHAIR EMERITUS	2.00	X		X				0.	0.	0.
CARY F. STALLER SECRETARY	2.00	X		X				0.	0.	0.
MATTHEW CODY TREASURER	0.10	X		X				0.	0.	0.
DR. SAMUEL ARONSON TRUSTEE	0.50	X						0.	0.	0.
EVELYN BEREZIN TRUSTEE	0.50	X						0.	0.	0.
DONALD BLAKE, SR. TRUSTEE	0.50	X						0.	0.	0.
DR. STUART B. CHERNEY TRUSTEE	0.50	X						0.	0.	0.
DR. BARRY COLLER TRUSTEE	0.50	X						0.	0.	0.
DR. NANCY RAUCH DOUZINAS TRUSTEE	0.50	X						0.	0.	0.
BARRY M. FOX, ESQ. TRUSTEE	0.50	X						0.	0.	0.
STUART GOLDSTEIN TRUSTEE	0.50	X						0.	0.	0.
DR. LEO GUTHART TRUSTEE	0.50	X						0.	0.	0.
DR. JAMES A. HAYWARD TRUSTEE	0.50	X						0.	0.	0.
WALTER KISSINGER TRUSTEE	0.50	X						0.	0.	0.
WILLIAM L. KNAPP TRUSTEE	0.50	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 (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DR. HENRY LAUFER TRUSTEE	0.50	X						0.	0.	0.
DOROTHY LICHTENSTEIN TRUSTEE	0.50	X						0.	0.	0.
MICHAEL MANOUSSOS, ESQ. TRUSTEE	0.50	X						0.	0.	0.
DAVID MAYER TRUSTEE	0.50	X						0.	0.	0.
RICHARD T. NASTI, ESQ. TRUSTEE	0.50	X						0.	0.	0.
ADAM SHERMAN TRUSTEE	0.50	X						0.	0.	0.
LEONARD A. SPIVAK, ESQ. TRUSTEE	0.50	X						0.	0.	0.
ERWIN P. STALLER TRUSTEE	0.50	X						0.	0.	0.
DR. JEROME SWARTZ TRUSTEE	0.50	X						0.	0.	0.
1b Sub-total						▶		0.	0.	0.
c Total from continuation sheets to Part VII, Section A						▶		710,500.	0.	0.
d Total (add lines 1b and 1c)						▶		710,500.	0.	0.

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

		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*		X
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*	X	
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*		X

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

(A) Name and business address	(B) Description of services	(C) Compensation
EW HOWELL CO LLC, 245 NEWTOWN ROAD, SUITE 600, PLAINVIEW, NY 11803	CONSTRUCTION CONTRACTOR	7,918,155.
BDC ADVISORS LLC, 1221 BRICKELLE AVENUE, SUITE 1470, MIAMI, FL 33131	BUSINESS STRATEGY CONSULTANTS	586,621.
NANCY S BOLAND DBA FINI HOME 4 NORTH ROAD, EAST SETAUKET, NY 11733	RENOVATION DESIGN	457,880.
ADAPTIVE BUILDING INITIATIVE, 40 WORTH STREET, SUITE 1680, NEW YORK, NY 10013	CONSTRUCTION CONTRACTOR	255,300.
INVESTMENT FUND MANAGER (FURTHER DETAIL TO C/O STONY BROOK FOUNDATION, 230 ADMINISTRAT	INVESTMENT CONSULTANT	154,757.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 7

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CHARLES B. WANG TRUSTEE	0.50	X						0.	0.	0.
DR. ASHVIN B. CHHABRA TRUSTEE	0.50	X						0.	0.	0.
DR. SAMUEL L. STANLEY JR. EX-OFFICIO: VOTING	1.00	X						250,000.	0.	0.
DR. ERIC KALER EX-OFFICIO: NON-VOTING	1.00	X						48,000.	0.	0.
KAROL KAIN GRAY CFO	1.00			X				0.	0.	0.
ERIC DOEPEL FORMER EXECUTIVE DIRECTOR	1.00			X				0.	0.	0.
DEXTER BAILEY EXECUTIVE DIRECTOR	1.00			X				0.	0.	0.
DR. KENNETH KAUSHANSKY EX-OFFICIO: NON-VOTING	1.00					X		412,500.	0.	0.
Total to Part VII, Section A, line 1c								710,500.		

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	2,814,822.			
	d Related organizations	1d				
	e Government grants (contributions)	1e	11,231.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	22344032.			
	g Noncash contributions included in lines 1a-1f $ 730,566.					
	h **Total.** Add lines 1a-1f	▶	25170085.			
Program Service Revenue		Business Code				
	2a AGENCY FEES	711300	999,180.	999,180.		
	b RENT INC FRM UNAFF NFP	531190	409,421.	409,421.		
	c MUSEUM ADMISSION	711300	33,575.	33,575.		
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f	▶	1,442,176.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	299,277.			299,277.
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	▶				
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	26441662				
	b Less: cost or other basis and sales expenses	24119774	321.			
	c Gain or (loss)	2321888.	<321.>			
	d Net gain or (loss)	▶	2,321,567.			2321567.
	8a Gross income from fundraising events (not including $ 2,814,822. of contributions reported on line 1c) See Part IV, line 18	a 367,791.				
	b Less direct expenses	b 568,775.				
	c Net income or (loss) from fundraising events	▶	<200,984.>			<200,984.>
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
	10a Gross sales of inventory, less returns and allowances	a 41,450.				
	b Less cost of goods sold	b 75,600.				
	c Net income or (loss) from sales of inventory	▶	<34,150.>	<34,150.>		
	Miscellaneous Revenue	Business Code				
	11a EDS DE HOLDINGS LLC (E	900099	208,728.		208,728.	
	b AAS DE HOLDINGS LLC (E	900099	203,295.		203,295.	
	c NHS DE HOLDINGS LLC (E	900099	198,239.		198,239.	
	d All other revenue	900099	34,246.	17,450.	16,796.	
	e **Total.** Add lines 11a-11d	▶	644,508.			
	12 **Total revenue.** See instructions.	▶	29642479.	1,425,476.	627,058.	2419860.

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) but are not required to complete columns (B), (C), and (D)

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 governments and organizations in the U.S. See Part IV, line 21	2,850,553.	2,850,553.		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	896,841.	896,841.		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	808,596.	808,596.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	710,500.	630,500.		80,000.
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	6,382,954.	4,316,433.	956,301.	1,110,220.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	1,384,426.	583,466.	367,974.	432,986.
10 Payroll taxes	163,594.	152,288.	5,289.	6,017.
11 Fees for services (non-employees)				
a Management				
b Legal	95,702.	25,000.	70,702.	
c Accounting	71,000.		71,000.	
d Lobbying	1,176,740.	1,176,740.		
e Professional fundraising services. See Part IV, line 17	65,000.			65,000.
f Investment management fees	1,278,514.	1,278,493.	21.	
g Other	9,330,145.	9,324,514.	1,059.	4,572.
12 Advertising and promotion	352,841.	349,038.		3,803.
13 Office expenses	1,265,922.	1,058,306.	72,337.	135,279.
14 Information technology	260,875.	258,574.	78.	2,223.
15 Royalties				
16 Occupancy				
17 Travel	1,113,948.	1,082,349.	2,070.	29,529.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	155,654.	152,855.		2,799.
20 Interest	142,034.	142,034.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	615,381.	612,774.	2,607.	
23 Insurance	153,258.	78,531.	74,727.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a REPAIRS AND MAINTENANCE	8,741,185.	8,737,573.	714.	2,898.
b EQUIPMENT AND RENTALS	1,574,977.	1,551,130.	11,845.	12,002.
c PRINTING & DUPLICATION	456,891.	284,870.	2,510.	169,511.
d POSTAGE AND SHIPPING	125,553.	60,198.	3,671.	61,684.
e				
f All other expenses	1,831,900.	1,698,811.	21,022.	112,067.
25 **Total functional expenses.** Add lines 1 through 24f	42,004,984.	38,110,467.	1,663,927.	2,230,590.
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	2,849,938.	1	11,196,263.
	2	Savings and temporary cash investments	17,981,235.	2	747,217.
	3	Pledges and grants receivable, net	63,602,687.	3	48,174,210.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	900,000.
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net	459,576.	7	459,576.
	8	Inventories for sale or use	98,928.	8	28,198.
	9	Prepaid expenses and deferred charges	71,372.	9	98,039.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 18,787,138.			
	b	Less accumulated depreciation — 10b: 6,380,716.	11,710,994.	10c	12,406,422.
	11	Investments - publicly traded securities	9,339,617.	11	9,448,344.
	12	Investments - other securities See Part IV, line 11	124,032,783.	12	143,933,115.
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	152,271.	15	216,618.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	230,299,401.	16	227,608,002.
Liabilities	17	Accounts payable and accrued expenses	9,462,510.	17	4,786,358.
	18	Grants payable		18	
	19	Deferred revenue		19	1,377,167.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D	27,405,104.	21	27,996,866.
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	2,285,000.	23	2,135,000.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	539,097.	25	556,941.
	26	**Total liabilities.** Add lines 17 through 25	39,691,711.	26	36,852,332.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	9,792,701.	27	9,631,679.
	28	Temporarily restricted net assets	101,091,689.	28	101,599,124.
	29	Permanently restricted net assets	79,723,300.	29	79,524,867.
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	190,607,690.	33	190,755,670.
	34	Total liabilities and net assets/fund balances	230,299,401.	34	227,608,002.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI [X]

1	Total revenue (must equal Part VIII, column (A), line 12)	1	29,642,479.
2	Total expenses (must equal Part IX, column (A), line 25)	2	42,004,984.
3	Revenue less expenses Subtract line 2 from line 1	3	<12,362,505.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	190,607,690.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	12,510,485.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	190,755,670.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII [ ]

			Yes	No
1	Accounting method used to prepare the Form 990 [ ] Cash [X] Accrual [ ] Other _____			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both			
	[ ] Separate basis [X] Consolidated basis [ ] Both consolidated and separate basis			
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		X
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		

SCHEDULE A
(Form 990 or 990-EZ)

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. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization	Employer identification number
STONY BROOK FOUNDATION, INC.	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 11, 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.)

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 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)

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

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col. (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of support
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

032021 12-21-10

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 fails to qualify under the tests listed below, please complete Part III)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	19728551.	51131349.	82838093.	22283390.	25170085.	201151468
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	19728551.	51131349.	82838093.	22283390.	25170085.	201151468
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)						134484178
6 **Public support.** Subtract line 5 from line 4						66667290.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	19728551.	51131349.	82838093.	22283390.	25170085.	201151468
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	743,176.	953,618.	2151096.	412,541.	299,277.	4559708.
9 Net income from unrelated business activities, whether or not the business is regularly carried on				470,658.	627,058.	1097716.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	13,223.	4,824.	39,937.	19,740.	17,450.	95,174.
11 **Total support.** Add lines 7 through 10						206904066

12 Gross receipts from related activities, etc (see instructions) 12 5,177,338.

13 **First five 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 2010 (line 6, column (f) divided by line 11, column (f)) 14 32.22 %

15 Public support percentage from 2009 Schedule A, Part II, line 14 15 37.18 %

16a **33 1/3% support test - 2010.** 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 - 2009.** 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 - 2010.** 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 IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2009.** 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 IV 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 9 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 in 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 IV)						
13 **Total support** (Add lines 9, 10c, 11, and 12)						

14 **First five 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 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2009** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2010.** 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 - 2009.** 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 **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12 Also complete this part for any additional information (See instructions)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

SCHEDULE C
(Form 990 or 990-EZ)

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.
▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

If the organization answered "Yes," to 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," to 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," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of 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
2 Political expenditures ▶ $ _____
3 Volunteer hours _____

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-

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

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)	966,240.	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	210,500.	
c Total lobbying expenditures (add lines 1a and 1b)	1,176,740.	
d Other exempt purpose expenditures	40,828,244.	
e Total exempt purpose expenditures (add lines 1c and 1d)	42,004,984.	
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000.	
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	
h Subtract line 1g from line 1a If zero or less, enter -0-	716,240.	
i Subtract line 1f from line 1c If zero or less, enter -0-	176,740.	

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

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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount			1,000,000.	1,000,000.	2,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					3,000,000.
c Total lobbying expenditures			165,839.	1,176,740.	1,342,579.
d Grassroots nontaxable amount			250,000.	250,000.	500,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					750,000.
f Grassroots lobbying expenditures				966,240.	966,240.

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)).**

		(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? If "Yes," describe in Part IV			
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 carryover 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) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if 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**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

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" to Form 990, Part IV, line 6

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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" to 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)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of an historically important land area
- ☐ Preservation of a certified historic structure

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 Tax 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 8/17/06, 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, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, 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 XIV, 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" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (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) Revenues included in Form 990, Part VIII, line 1 ▶ $ 17,000.

(ii) Assets included in Form 990, Part X ▶ $ 3,043,036.

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 SFAS 116 (ASC 958) relating to these items

a Revenues included in 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 [X] Public exhibition
b [X] Scholarly research
c [X] 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 XIV

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 [X] No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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 [X] No

b If "Yes," explain the arrangement in Part XIV 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? [X] Yes [ ] No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	101,139,144.	95,436,421.	102,498,646.		
b	Contributions	5,121,378.	3,448,947.	8,964,342.		
c	Net investment earnings, gains, and losses	9,640,817.	4,663,291.	<15,153,505.>		
d	Grants or scholarships					
e	Other expenditures for facilities and programs	4,188,270.	1,788,928.			
f	Administrative expenses	1,428,869.	620,587.	873,062.		
g	End of year balance	110,284,200.	101,139,144.	95,436,421.		

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ 1.47 %
b Permanent endowment ▶ 72.01 %
c Term endowment ▶ 26.52 %

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)	X
(ii)	related organizations	3a(ii)	X
b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10

	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land		3,260,754.		3,260,754.
b	Buildings		5,855,051.	1,389,226.	4,465,825.
c	Leasehold improvements				
d	Equipment		6,115,141.	4,932,117.	1,183,024.
e	Other		3,556,192.	59,373.	3,496,819.
Total.	Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)*			▶	12,406,422.

Part VII Investments - Other Securities. 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) INVESTMENTS IN		
(B) CORE-PROPERTY FUNDS	1,645,967.	END-OF-YEAR MARKET VALUE
(C) INVESTMENTS IN		
(D) DIVERSIFIED FIXED INCOME		
(E) FUNDS	5,145,151.	END-OF-YEAR MARKET VALUE
(F) INVESTMENTS IN GLOBAL		
(G) EQUITY FUNDS	18,664,416.	END-OF-YEAR MARKET VALUE
(H) INVESTMENTS IN		
(I) MULTI-STRATEGY FUNDS	99,083,765.	END-OF-YEAR MARKET VALUE
Total (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	143,933,115.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶		

Part X Other Liabilities. See Form 990, Part X, line 25

1.	(a) Description of liability	(b) Amount
(1)	Federal income taxes	0.
(2)	ANNUITIES PAYABLE	556,941.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶		556,941.

2. FIN 48 (ASC 740) Footnote In Part XIV, 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)

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	29,642,479.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	42,004,984.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<12,362,505.>
4	Net unrealized gains (losses) on investments	4	12,510,609.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	<124.>
9	Total adjustments (net) Add lines 4 through 8	9	12,510,485.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	147,980.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	42,555,533.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	12,510,609.		
b	Donated services and use of facilities	2b	402,445.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	12,913,054.
3	Subtract line **2e** from line **1**			3	29,642,479.
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 XIV)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	29,642,479.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	42,407,553.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	402,445.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	124.		
e	Add lines **2a** through **2d**			2e	402,569.
3	Subtract line **2e** from line **1**			3	42,004,984.
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 XIV)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total expenses Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	42,004,984.

Part XIV Supplemental Information

Complete this part to 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, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

PART III, LINE 4: 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, AND JOURNAL COLLECTIONS.

PART IV, LINE 2B: THE FOUNDATION HOLDS FUNDS AS A TRUSTEE/DISBURSING

Part XIV Supplemental Information *(continued)*

AGENT FOR AUXILIARY AGENCIES OF STONY BROOK UNIVERSITY, WHICH AMOUNTED TO $27,996,866 AS OF JUNE 30, 2011. SUCH AMOUNTS ARE INCLUDED IN CASH AND CASH EQUIVALENTS AND OTHER INVESTMENTS IN THE ACCOMPANYING COMBINED STATEMENTS OF FINANCIAL POSITION. THE FOUNDATION CHARGES FEES TO THESE AGENCIES FOR ADMINISTRATIVE COSTS, BASED UPON NEGOTIATED RATES, WHICH AMOUNTED TO $999,180 FOR FISCAL YEARS 2011, WHICH IS INCLUDED IN CONTRACTS AND OTHER SUPPORT IN THE COMBINED STATEMENT OF ACTIVITIES.

PART V, LINE 4: UTILIZED TO FUND ITS PROGRAMS WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS.

PART X, LINE 2: AS OF JUNE 30, 2011, THE FOUNDATION EVALUATED THE TAX POSITIONS AND CONCLUDED THAT THE FOUNDATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE COMBINED FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF ASC NO. 740, "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES". GENERALLY, THE FOUNDATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR THE YEARS BEFORE 2008, WHICH IS THE STANDARD STATURE OF LIMITATIONS LOOK-BACK PERIOD.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

MISC ADJUSTMENT	-124.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

MISC ADJUSTMENT	124.

Part XIV Supplemental Information *(continued)*

Part VII Investments - Other Securities. 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
INVESTMENTS IN PRIVATE EQUITY FUNDS	570,625.	FMV
INVESTMENTS IN U.S. EQUITY FUNDS	18,823,191.	FMV

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. ▶ See separate instructions.

OMB No 1545-0047

2010

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" to Form 990, Part IV, line 14b

1 **For grantmakers.** 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? [X] Yes [ ] No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities 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 region	(d) Activities conducted in region (by type) (e g , 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 region	(f) Total expenditures for and investments in region
CENTRAL AMERICA & CARIBBEAN	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION.		19,006.
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION.		7,707.
EUROPE	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION.		4,400.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION.		47,001.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION.		730,482.
3 a Sub-total	0	0			808,596.
b Total from continuation sheets to Part I	0	0			0.
c **Totals** (add lines 3a and 3b)	0	0			808,596.

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule F (Form 990) 2010**

032071
12-20-10

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000 Check this box if no one recipient received more than $5,000 ▶ X

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	GRANTS TO RECIPIENTS LOCATED IN THE REGION.	730,482.	WIRE	0.		BOOK
		SUB-SAHARAN AFRICA	GRANTS TO RECIPIENTS LOCATED IN THE REGION.	29,350.	WIRE	0.		BOOK
		SUB-SAHARAN AFRICA	GRANTS TO RECIPIENTS LOCATED IN THE REGION.	9,877.	WIRE	0.		BOOK
		CENTRAL AMERICA	GRANTS TO RECIPIENTS LOCATED IN THE REGION.	12,410.	WIRE	0.		BOOK
		NORTH AMERICA	GRANTS TO RECIPIENTS LOCATED IN THE REGION.	7,500.	CHECK	0.		BOOK
		EUROPE	GRANTS TO RECIPIENTS LOCATED IN THE REGION.	5,400.	WIRE	0.		BOOK

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 ▶ 0

3 Enter total number of other organizations or entities ▶ 6

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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 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)*	☐ 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, 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 file Form 5713, International Boycott Report (see Instructions for Form 5713)*	☐ Yes	☒ No

Schedule F (Form 990) 2010

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method), 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

SCHEDULE F, PART I, LINE 2: A CASH PAYMENT VOUCHER IS PREPARED BY THE DEPARTMENT PROVIDING THE GRANT. IT IS SUBMITTED WITH SUPPORTING DOCUMENTATION TO THE PROCUREMENT DEPARTMENT. REQUESTS GREATER THAN $5,000 ARE FORWARDED TO THE STONY BROOK FOUNDATION BUSINESS OFFICE FOR REVIEW AND APPROVAL. INCLUDED IN THE REVIEW PROCEDURES IS A JUSTIFICATION FOR THE DISBURSEMENT. A DETAILED JUSTIFICATION OF THE EXPENDITURE IS REQUIRED, INCLUDING REASON FOR PURCHASE OF GOODS / REQUEST FOR SERVICE. AT THE END OF THE PROJECT, A FINAL PROJECT REPORT IS PREPARED AND SUBMITTED BY THE GRANTEE.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to 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. ▶ See separate instructions.

OMB No 1545-0047

2010

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" to 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 [X] Mail solicitations
b [X] Internet and email solicitations
c [X] Phone solicitations
d [X] In-person solicitations
e [X] Solicitation of non-government grants
f [X] Solicitation of government grants
g [X] Special fundraising events

2 a 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? [X] Yes [ ] No

b If "Yes," list the ten 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	(iii) 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
EVENT ASSOCIATES, INC - 162 WEST 56TH STREET, NEW YORK,	EVENT PLANNING		X	2,203,295.	65,000.	2,138,295.
Total			▶	2,203,295.	65,000.	2,138,295.

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

SEE PART IV FOR CONTINUATIONS

Part II Fundraising Events. Complete if the organization answered "Yes" to 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 STONY BROOK GALA 2010 (event type)	(b) Event #2 NATIONAL PEDIATRIC MS (event type)	(c) Other events 17 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	2,198,295.	255,199.	729,119.	3,182,613.
	2 Less Charitable contributions	2,087,215.	205,114.	522,493.	2,814,822.
	3 Gross income (line 1 minus line 2)	111,080.	50,085.	206,626.	367,791.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	302,254.	66,082.	200,439.	568,775.
	10 Direct expense summary Add lines 4 through 9 in column (d)			▶	(568,775.)
	11 Net income summary Combine line 3, column (d), and line 10			▶	<200,984.>

Part III Gaming. Complete if the organization answered "Yes" to 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				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d)			▶	( )
	8 Net gaming income summary Combine line 1, column d, and line 7			▶	

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate 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 operate 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 operated in

a The organization's facility 13a %

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 ▶

Address ▶

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 ▶

Gaming manager compensation ▶ $ _____

Description of services provided ▶

☐ 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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Complete this part to 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 complete this part to provide any additional information (see instructions)

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: EVENT ASSOCIATES, INC

(I) ADDRESS OF FUNDRAISER: 162 WEST 56TH STREET, NEW YORK, NY 10019

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" to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

OMB No 1545-0047

2010

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? [X] 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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000 Check this box if no one recipient received more than $5,000 Part II can be duplicated if additional space is needed ▶ [ ]

1 (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 non-cash assistance	(h) Purpose of grant or assistance
RESEARCH FOUNDATION -STONY BROOK UNIVERSITY - S5422 FRANK MELVILLE JR. MEMORIAL LIBRARY-STONY BROOK UNIV - STONY BROOK, NY 11794	14-1368361	501(C)3	1,140,565.	0.	BOOK		RESEARCH AWARDS
STONY BROOK UNIVERSITY BURSARS OFFICE - 261 ADMINISTRATION BLDG STONY BROOK UNIVERSITY - STONY BROOK, NY 11794	14-6013200	GOVERNMENT	1,439,460.	0.	BOOK		SCHOLARSHIPS FOR STUDENTS
NATIONAL MERIT SCHOLARSHIP CORP. P.O. BOX 99389 CHICAGO, IL 60693	36-2307745	N/A	28,000.	0.	BOOK		SCHOLARSHIPS FOR STUDENTS
BARNES AND NOBLE - STONY BROOK MELVILLE LIBRARY - BASEMENT STONY BROOK, NY 11794	13-2536119	N/A	5,550.	0.	BOOK		SCHOLARSHIPS FOR STUDENTS

2 Enter total number of section 501(c)(3) and government organizations ▶ 1.

3 Enter total number of other organizations ▶ 3.

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule I (Form 990) (2010)

032101 01-13-11

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS FOR STUDENTS	1	10,000.	0.	BOOK	
PRIZES AND AWARDS	14	597,229.	0.	BOOK	

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information

SCHEDULE I, PART I, LINE 2: A CASH PAYMENT VOUCHER IS PREPARED BY THE DEPARTMENT PROVIDING THE GRANT. IT IS SUBMITTED WITH SUPPORTING DOCUMENTATION TO THE PROCUREMENT DEPARTMENT. REQUESTS GREATER THAN $5,000 ARE FORWARDED TO THE STONY BROOK FOUNDATION BUSINESS OFFICE FOR REVIEW AND APPROVAL. INCLUDED IN JUSTIFICATION OF THE EXPENDITURE IS REQUIRED, INCLUDING REASON FOR PURCHASE OF GOODS/REQUEST FOR SERVICE. AT THE END OF THE PROJECT, A FINAL PROJECT REPORT IS PREPARED AND SUBMITTED BY THE GRANTEE.

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" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

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 appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ 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	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☒ Written employment contract ☐ Independent compensation consultant ☒ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee		
4	During the year, did any person listed in 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 from the organization or a related organization?	4a	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		
5	For persons listed in 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	X
b	Any related organization?	5b	X
	If "Yes" to line 5a or 5b, describe in Part III		
6	For persons listed in 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	X
b	Any related organization?	6b	X
	If "Yes" to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X
8	Were any amounts reported in Form 990, Part VII, paid or accrued 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	X
9	If "Yes" to 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 in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

	(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
			(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	DR. SAMUEL L. STANLEY JR.	(i)	250,000.	0.	0.	0.	0.	250,000.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
2	DR. KENNETH KAUSHANSKY	(i)	387,500.	25,000.	0.	0.	0.	412,500.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
3		(i)							
		(ii)							
4		(i)							
		(ii)							
5		(i)							
		(ii)							
6		(i)							
		(ii)							
7		(i)							
		(ii)							
8		(i)							
		(ii)							
9		(i)							
		(ii)							
10		(i)							
		(ii)							
11		(i)							
		(ii)							
12		(i)							
		(ii)							
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 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. ▶ See separate instructions.

OMB No 1545-0047

2010

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) and section 501(c)(4) 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) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on 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, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) Loan to or from the organization? From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) In default? No	(f) Approved by board or committee? Yes	(f) Approved by board or committee? No	(g) Written agreement? Yes	(g) Written agreement? No
DEXTER BAILEY		X	300,000.	300,000.		X	X		X	
KENNETH KAUSHANSK		X	600,000.	600,000.		X		X	X	
Total			▶ $	900,000.						

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 and type of assistance

SEE PART V FOR CONTINUATIONS

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	(e) Sharing of organization's revenues? No
DR. JAMES H. SIMONS	BOARD MEMBER	40,364,387.	INVESTMENT		X
DR. LEO A. GUTHART	BOARD MEMBER	298,900.	INVESTMENT		X
WALTER B. KISSINGER	BOARD MEMBER	271,725.	INVESTMENT		X
EVELYN BEREZIN	BOARD MEMBER	278.	TRAVEL REIM		X
DR. JAMES H. SIMONS	BOARD MEMBER	148,783.	INVESTMENT		X
DR. LEO A. GUTHART	BOARD MEMBER	5,481.	INVESTMENT		X
WALTER B. KISSINGER	BOARD MEMBER	12,389.	INVESTMENT		X

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: KENNETH KAUSHANSKY

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: DR. JAMES H. SIMONS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER

(C) AMOUNT OF TRANSACTION $ 40,364,387.

(D) DESCRIPTION OF TRANSACTION: INVESTMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: DR. LEO A. GUTHART

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER

(C) AMOUNT OF TRANSACTION $ 298,900.

(D) DESCRIPTION OF TRANSACTION: INVESTMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: WALTER B. KISSINGER

Part V **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER

(C) AMOUNT OF TRANSACTION $ 271,725.

(D) DESCRIPTION OF TRANSACTION: INVESTMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: EVELYN BEREZIN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER

(C) AMOUNT OF TRANSACTION $ 278.

(D) DESCRIPTION OF TRANSACTION: TRAVEL REIMBURSEMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: DR. JAMES H. SIMONS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER

(C) AMOUNT OF TRANSACTION $ 148,783.

(D) DESCRIPTION OF TRANSACTION: INVESTMENT FEES

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: DR. LEO A. GUTHART

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER

(C) AMOUNT OF TRANSACTION $ 5,481.

(D) DESCRIPTION OF TRANSACTION: INVESTMENT FEES

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: WALTER B. KISSINGER

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER

(C) AMOUNT OF TRANSACTION $ 12,389.

(D) DESCRIPTION OF TRANSACTION: INVESTMENT FEES

(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE L, PART II, COLUMN (F):

LOANS TO AND/OR FROM INTERESTED PERSONS:

KENNETHY KAUSHANSKY'S LOAN IS NEGOTIATED BY WRITTEN CONTRACT.

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.

OMB No 1545-0047

2010

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	X	7	13,300.	APPRAISAL
8	Intellectual property				
9	Securities - Publicly traded	X	13	468,416.	MARKET VALUE
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 ▶ (SOFTWARE/HARD)	X	1	224,350.	NEW/FMV
26	Other ▶ (RESEARCH NOTE)	X	1	17,000.	APPRAISAL
27	Other ▶ (PIANO)	X	1	7,500.	APPRAISAL
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: 0

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b	If "Yes," describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b	If "Yes," describe in Part II		
33	If the organization did not 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.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33 Also complete this part for any additional information

SCHEDULE M, LINE 32B: THE FOUNDATION USES BROKERS TO SELL STOCKS GIFTED TO THE FOUNDATION.

SCHEDULE O
(Form 990 or 990-EZ)

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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

STONY BROOK FOUNDATION, INC.

Employer identification number

11-6077945

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE STONY BROOK FOUNDATION INC., A NON-PROFIT, "NO-MEMBER" CORPORATION WAS CHARTERED BY THE EDUCATION DEPARTMENT OF THE STATE OF NEW YORK IN 1965. ITS EXEMPT PURPOSE IS TO ASSIST IN DEVELOPING AND INCREASING THE RESOURCES OF THE STATE UNIVERSITY OF NEW YORK AT STONY BROOK (" SUNY STONY BROOK") 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 SUNY STONY BROOK.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE STONY BROOK FOUNDATION INC., A NON-PROFIT, "NO-MEMBER" CORPORATION WAS CHARTERED BY THE EDUCATION DEPARTMENT OF THE STATE OF NEW YORK IN 1965. ITS EXEMPT PURPOSE IS TO ASSIST IN DEVELOPING AND INCREASING THE RESOURCES OF THE STATE UNIVERSITY OF NEW YORK AT STONY BROOK (" SUNY STONY BROOK") 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 SUNY STONY BROOK.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

BERMUDA, CAYMAN ISLANDS, BAHAMAS, CANADA,
IRELAND, NETHERLANDS ANTILLES, SWEDEN, OTHER COUNTRY

FORM 990, PART VI, SECTION A, LINE 2: MR. CARY F. STALLER AND MR. ERWIN P. STALLER, BOARD MEMBERS - FATHER & SON RELATIONSHIP.

Name of the organization: STONY BROOK FOUNDATION, INC.

Employer identification number: 11-6077945

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED BY STONY BROOK FOUNDATION MANAGEMENT AND IT IS THEN FORWARDED TO THE EXECUTIVE COMMITTEE FOR REVIEW AND COMMENT.

FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT OF INTEREST - BOARD MEMBERS HAVING A CONFLICT OF INTEREST MUST DISCLOSE THE ISSUE TO THE BOARD. A CONFLICT MAY BE WAIVED BY A VOTE OF TWO-THIRDS. THE BOARD MEMBER WITH THE CONFLICT MAY NOT VOTE. ANY BOARD MEMBER WHO HAS NOT COMPLETED A NEW CONFLICT OF INTEREST STATEMENT ON THE FIRST DAY OF THE NEW FISCAL YEAR MAY NOT VOTE AT ANY MEETINGS OF THE BOARD UNITL THE STATEMENT IS SUBMITTED.

FORM 990, PART VI, SECTION B, LINE 15: BUDGET COMMITTEE REVIEWS AND PROVIDES RECOMMENDATIONS TO THE BOARD. THE BOARD APPROVES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AK,AZ,CA,FL,GA,KS,KY,MD,MA,MI,MN,NH,NJ,NY,OK,OR,SC,UT,WV,WI,OH

FORM 990, PART VI, SECTION C, LINE 19: THE FOUNDATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS:	12,510,609.
MISC ADJUSTMENT	-124.
TOTAL TO FORM 990, PART XI, LINE 5	12,510,485.

FORM 990- PART I

AMENDMENT STATEMENT

Name of the organization: STONY BROOK FOUNDATION, INC.

Employer identification number: 11-6077945

THE ORGANIZATION IS AMENDING ITS FORM 990 IN ORDER TO PROPERLY REPORT THE AMOUNT OF UNRELATED BUSINESS INCOME REPORTED TO THE ORGANIZATION FROM VARIOUS PARTNERSHIP INVESTMENTS. THESE INVESTMENTS ISSUE SCHEDULE K-1S TO THE ORGANIZATION EACH YEAR AND THEY DISCLOSE THE AMOUNT OF UNRELATED BUSINESS INCOME.

THE AMOUNTS DISCLOSED TO THE ORGANIZATION BY THESE INVESTMENTS FOR 2010 WERE REVISED DURING LATE 2012, THEREFORE THE ORGANIZATION IS HEREBY AMENDING FORM 990 TO REPORT THE ADJUSTED AMOUNTS.

THE FOLLOWING ARE THE CHANGES BY LINE:

FORM 990 - PART I - LINE 7A - TOTAL GROSS UNRELATED BUSINESS REVENUE

AMENDED AMOUNT 627,058

ORIGINAL AMOUNT 4,170

THE AMENDED RETURN IS NOW REPORTING THE CORRECT AMOUNT OF GROSS UNRELATED BUSINESS REVENUE REPORTED TO THE ORGANIZATION FROM VARIOUS PARTNERSHIP INVESTMENTS. SEE FORM 990, PART VIII, LINE 11 FOR DETAILS ON THE COMPONENTS OF THIS AMOUNT.

FORM 990 - PART I - LINE 7B - NET UNRELATED BUSINESS TAXABLE INCOME

AMENDED AMOUNT 627,058

ORIGINAL AMOUNT 4,170

THE AMENDED RETURN IS NOW REPORTING THE CORRECT AMOUNT OF UNRELATED BUSINESS TAXABLE INCOME REPORTED TO THE ORGANIZATION FROM VARIOUS PARTNERSHIP INVESTMENTS. THE AMOUNT ON THIS LINE IS ALSO BEING REPORTED ON THE ORGANIZATION'S AMENDED FORM 990-T.

Name of the organization: STONY BROOK FOUNDATION, INC.

Employer identification number: 11-6077945

FORM 990- PART I - LINE 11 - OTHER REVENUE

AMENDED AMOUNT 409,374

ORIGINAL AMOUNT (217,684)

THIS ADJUSTMENT RELATES TO THE SAME UNRELATED BUSINESS INCOME REPORTED TO THE ORGANIZATION FROM VARIOUS PARTNERSHIP INVESTMENTS.

FORM 990- PART I - LINE 19 - REVENUE LESS EXPENSES

AMENDED AMOUNT (12,362,505)

ORIGINAL AMOUNT (12,989,563)

FORM 990- PART VI - SECTION C, LINE 17

AMENDED AK,AZ,CA,FL,GA,KS,KY,MD,MA,MI,MN,NH,NJ,NY,OH,OK,OR,SC,UT,WV,WI

ORIGINAL NY

THIS LINE WAS AMENDED TO PROPERLY DISCLOSE THE STATES WHERE A COPY OF THE FORM 990 IS FILED WITH.

FORM 990- PART VII- SECTION A, LINE 1A

AS AMENDED MR. DAVID E. ACKER # OF HOURS = 2 HOURS

DR. JAMES H. SIMONS # OF HOURS = 2 HOURS

MR. CARY F. STALLER # OF HOURS = 2 HOURS

MR. MATTHEW CODY # OF HOURS = .10 HOURS

AS ORIGINALLY REPORTED MR. DAVID E. ACKER # OF HOURS = 1 HOUR

DR. JAMES H. SIMONS # OF HOURS = 1 HOUR

MR. CARY F. STALLER # OF HOURS = 1 HOUR

MR. MATTHEW CODY # OF HOURS = 1 HOUR

THE AVERAGE HOURS PER WEEK ARE BEING AMENDED TO MORE ACCURATELY REPORT THE NUMBER OF HOURS EACH INDIVIDUAL DEVOTED TO THEIR BOARD POSITIONS.

Name of the organization: STONY BROOK FOUNDATION, INC.

Employer identification number: 11-6077945

FORM 990- PART VII- SECTION B, LINE 1

AS AMENDED

EW HOWELL CO, LLC $7,918,155-CONSTRUCTION CONTRACTOR

BDC ADVISORS LLC $586,621-BUSINESS STRATEGY CONSULTANTS

NANCY S BOLAND DBA FINI HOME $457,880-RENOVATION DESIGN

ADAPTIVE BUILDING INITIATIVE $255,300-CONSTRUCTION CONTRACTOR

INVESTMENT FUND MANAGER(DETAIL UPON REQUEST)-$154,757-INVEST CONSULTANT

AS ORIGINALLY REPORTED

ASGK PUBLIC STRATEGIES $866,240-PROFESSIONAL SRVCS

POPULOUS INC. $315,644-PROFESSIONAL SERVICES

PRAXIS INSIGHTS, LLC $234,500-PROFESSIONAL SERVICES

MITCHELL GIURGOLA ARCHITECTS LLP $219,459-PROFESSIONAL SRVCS

FINI HOME $175,446-PROFESSIONAL SERVICES

THIS SECTION WAS AMENDED TO PROPERLY REPORT THE INDEPENDENT CONTRACTORS ON A CALENDAR YEAR BASIS RATHER THAN ON A ON A FISCAL YEAR BASIS AS SHOWN ON THE ORIGINALLY FILED 990.

FORM 990- PART VIII - LINE 7D - NET GAIN (LOSS) FROM SALES OTHER THAN INVENTORY

NO CHANGE TO THE AMOUNT ORIGINALLY REPORTED, HOWEVER THE GAIN WAS MOVED FROM COLUMN (B) TO COLUMN (D) AS PROVIDED FOR IN THE INSTRUCTIONS.

FORM 990- PART VIII - LINE 11 - MISCELLANEOUS REVENUE

AMENDED AMOUNT 644,508

ORIGINAL AMOUNT 17,450

THIS LINE WAS AMENDED TO INCLUDE THE UNRELATED BUSINESS INCOME REPORTED FROM VARIOUS PARTNERSHIP INVESTMENTS TO THE ORGANIZATION. THESE AMOUNTS

WERE ADJUSTED DURING 2012.

FORM 990- PART X - LINE 21 - COLUMN B - ESCROW OR CUSTODIAL ACOUNT LIABILITY

AMENDED AMOUNT 27,405,104

ORIGINAL AMOUNT 0

THIS LINE WAS AMENDED TO PROPERLY RECLASS THE ACCOUNTS HELD IN TRUST FROM OTHER LIABILITIES ON LINE 25 TO ESCROW OR CUSTODIAL ACCOUNT LIABILITY ON LINE 21.

FORM 990- PART X - LINE 25 - COLUMN B - OTHER LIABILITIES

AMENDED AMOUNT 556,941

ORIGINAL AMOUNT 27,996,886

THIS LINE WAS AMENDED TO PROPERLY RECLASS THE ACCOUNTS HELD IN TRUST FROM OTHER LIABILITIES ON LINE 25 TO ESCROW OR CUSTODIAL ACCOUNT LIABILITY ON LINE 21.

FORM 990- SCHEDULE D, PART IV, ESCROW AND CUSTODIAL ARRANGEMENTS, LINE 2A AND 2B

AMENDED - BOX CHECK "YES" WITH EXPLANATION OF ARRANGEMENT IN PART XIV OF SCHEDULE D.

ORIGINAL - BOX CHECK "NO"

THIS LINE WAS AMENDED TO PROPERLY REPORT THE ACCOUNTS HELD IN TRUST ALONG WITH AN EXPLANATION OF THE ARRANGEMENT.

FORM 990- SCHEDULE D - PART XI - LINE 4 - NET UNREALIZED GAIN(LOSS) ON INVESTMENTS

AMENDED AMOUNT 12,510,609

Name of the organization: STONY BROOK FOUNDATION, INC.

Employer identification number: 11-6077945

ORIGINAL AMOUNT 13,137,667

THIS LINE WAS MODIFIED FOR THE AMOUNT OF UNRELATED BUSINESS INCOME THAT WAS ORIGINALLY REPORTED BY THE ORGANIZATION AS UNREALIZED GAIN. THE ORGANIZATION RECEIVED NOTIFICATION DURING LATE 2012 THAT THE AMOUNTS ORIGINALLY REPORTED TO THEM AS UNRELATED BUSINESS INCOME ON THE PARTNERSHIP INVESTMENTS' SCHEDULE K-1S WERE NOT CORRECT. THE ORGANIZATION IMMEDIATELY DECIDED TO FILE AN AMENDED RETURN TO REPORT THE CORRECTED AMOUNTS AS PROVIDED BY THE PARTNERSHIP INVESTMENTS' ACCOUNTANTS.

THE PARTNERSHIP INVESTMENTS' ORIGINAL SCHEDULE K-1S AND THE UPDATED SUMMARY WITH THE REVISED UNRELATED BUSINESS INCOME ARE ATTACHED TO THIS RETURN.

BDO USA LLC (THE PARTNERSHIP INVESTMENTS' ACCOUNTANTS) HAS STATED THAT NO AMENDMENT WILL BE FILED FOR THESE INVESTMENTS AS THE SECTION THAT INCLUDES THE UBTI DISCLOSURE IS ONLY AN INFORMATIONAL ITEM THAT DOES NOT AFFECT ANY OTHER ITEMS ON THE ORIGINALLY FILED SCHEDULE K-1S.

FORM 990-SCHEDULE J, PART I, LINE 3: COMPENSATION INFORMATION

AMENDED BOX CHECKED FOR WRITTEN EMPLOYMENT CONTRACT

ORIGINAL BOX WAS LEFT BLANK FOR WRITTEN EMPLOYMENT CONTRACT

THIS FIELD WAS UPDATED SINCE NOW THE ORGANIZATION HAS MORE ACCURATE INFORMATION REGARDING THIS ITEM.

FORM 990-SCHEDULE L, PART II, COLUMN (F): LOANS TO AND/OR FROM INTERESTED PERSONS

AMENDED CHANGED KENNETH KAUSHANSKY TO "NO"

Name of the organization: STONY BROOK FOUNDATION, INC.

Employer identification number: 11-6077945

ORIGINALLY REPORT KENNETH KAUSHANSKY AS "YES"

THIS LINE IS UPDATED TO REFLECT THE ORGANIZATION HAVING MORE ACCURATE INFORMATION TO CHECK THE BOX.

SCHEDULE R (Form 990)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047
2010
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" to Form 990, Part IV, line 33)

(a) Name, address, and EIN 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" to 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	(g) Section 512(b)(13) controlled entity? No
STONY BROOK FOUNDATION REALTY - 11-2622814 230 ADMINISTRATION STONY BROOK, NY 11794	FACILITATING THE DEVELOPMENT & OPERATION OF A CONFERENCE CENTER/HOTEL	NEW YORK	501(C)(3)	LINE 9	N/A		X
STONY BROOK FOUNDATION DELAWARE - 13-3550753 230 ADMINISTRATION STONY BROOK, NY 11794	MANAGE DONATED PROPERTY	DELAWARE	501(C)(3)	LINE 9	N/A		X
LONG ISLAND HIGH TECHNOLOGY INCUBATOR, INC - 11-3059018, 25 EAST LOOP ROAD, STONY BROOK, NY 11790	DEVELOP HIGH TECHNOLOGY COMPANIES ON LONG ISLAND	NEW YORK	501(C)(3)	LINE 9	N/A		X

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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) Disproportionate allocations? Yes	(h) Disproportionate allocations? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36)

			Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				
1	During the tax year, did the organization 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		X
b	Gift, grant, or capital contribution to other organization(s)	1b		X
c	Gift, grant, or capital contribution from other organization(s)	1c		X
d	Loans or loan guarantees to or for other organization(s)	1d		X
e	Loans or loan guarantees by other organization(s)	1e		X
f	Sale of assets to other organization(s)	1f		X
g	Purchase of assets from other organization(s)	1g		X
h	Exchange of assets	1h		X
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l		X
m	Sharing of facilities, equipment, mailing lists, or other assets	1m		X
n	Sharing of paid employees	1n		X
o	Reimbursement paid to other organization for expenses	1o		X
p	Reimbursement paid by other organization for expenses	1p		X
q	Other transfer of cash or property to other organization(s)	1q		X
r	Other transfer of cash or property from other organization(s)	1r		X

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 other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproportionate allocations? Yes	(f) No	(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Unrelated Business Taxable Income

Entities	Taxable Year			
	2008	2009	2010	2011
AAS	(2,703)	140,733	203,295	445,936
EDS	(2,768)	156,147	208,728	458,140
NHS	(2,776)	166,662	198,239	422,855
	(6,239)	465,551	612,272	1,328,942

** As provided by BDO USA, LLP on November 7, 2012.