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Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

▶ Information about Form 990 and its instructions is at <u>www IRS gov/form990</u>

Interr	al Re	venue	Servic	re						Inspection
A F	or t	ne 201	l5 ca	lendar year, or tax year begii	nning 07-01-2015 , and ending	06-30-20 :	L6			
B Ch	ieck i	fapplic	able	C Name of organization Stony Brook Foundation Inc				D Empl	oyer ide	entification number
_		s chang		% JASON HSUEH				11-6	07794	15
		change)	Doing business as						
F		return						F Telen	hone nur	mher
		ninated		Number and street (or P O box 230 Administration	If mail is not delivered to street address	ss) Room/su	ııte			
		ed retu			1770			(631)632-	6536
Ap	oplica	tion per	ndıng	City or town, state or province, Stony Brook, NY 11794	country, and ZIP or foreign postal code	9		G Gross	receipts	\$ 192,119,151
				F Name and address of pri	ncıpal officer		H(a) I	s this a grou	p returi	n for
				Dexter Bailey 230 Administration				ubordinates	7	Yes 🗸
				Stony Brook, NY 11794				No Are all subord	dinates	
I Ta	ax-ex	empt s	tatus	√ 501(c)(3)	◄ (insert no)	<u>527</u>	11	ncluded?		l les l Mo
J W	/ebs	ite: ▶	wwv	v stonybrook edu/foundation/	,			f "No," attac Group exemp		: (see instructions) imber ►
K For	m of	organiz	zation	✓ Corporation Trust Ass	sociation Other >			of formation 1		M State of legal domicile N
Pa	ΤÜ			mary						
ıce	1	To ad	İvanc		sion or most significant activitie uny Stony brook (also referred t		Brook Ur	niversity) by	facilita	ting, accepting and
Governance										
ver	2	Che	ck th	ıs box ▶ □ ıf the organizatio	n discontinued its operations or	disposed	of more th	nan 25% of it	ts net a	essets
					··					
> ঠ √^	3	Num	ber c	of voting members of the gove	erning body (Part VI, line 1a)				3	21
ntie	4	Num	ber c	of independent voting membe	rs of the governing body (Part V	/I, line 1b)			4	19
Activities &					ın calendar year 2015 (Part V,	•			5	9
٩				•	ıf necessary)				6	0
					n Part VIII, column (C), line 12				7a	1,465,060
	D	net u	nreia	ited business taxable income	e from Form 990-T, line 34 .			Prior Year	7b	1,210,03
	8	C	ontri	butions and grants (Part VII	I, line 1h)			39,770	183	Current Year 49,531,609
<u>g</u>	9			im service revenue (Part VII				2,681	-	2,529,06
ën uë Aë	10		_	•	umn (A), lines 3, 4, and 7d)			6,280		13,198,500
ã	11				(A), lines 5, 6d, 8c, 9c, 10c, and			1,243	,192	2,014,806
	12		otal r 2)	revenue—add lines 8 through	11 (must equal Part VIII, colu	mn (A), lın	e	49,975	,784	67,273,982
	13			and similar amounts paid (P	art IX, column (A), lines 1-3)			32,075	,089	21,283,15
	14	В	enefi	ts paid to or for members (Pa	art IX, column (A), line 4)				0	-
"	15				loyee benefits (Part IX, column	(A), lines		8,796	.077	9,209,28
Expenses	۱.,		-10)							
b ed	16			ssional fundraising fees (Part	•	0.5	,000	70,000		
ă	1.5			ndraising expenses (Part IX, column	n (D), line 25) ►3,990,490 A), lines 11a-11d, 11f-24e) .			20,198	210	20,560,636
	17			expenses (Part IX, Column (A		61,134				
	19			ue less expenses Subtract l		-11,158		16,150,91		
Net Assets or Fund Balances							Beginn	ing of Current		End of Year
Set	20	Т	otal a	assets (Part X, line 16) .				432,581	,906	440,523,703
A A	21			iabilities (Part X, line 26) .				49,313	,188	39,951,500
ξŽ	22	N	et as	sets or fund balances Subtr	383,268	,718	400,572,193			
Unde my k	now	naltıe ledge	s of p		examined this return, including complete Declaration of prepar	•				,
			****	* *				2017-05-15		
Sig	n			iture of officer				Date		
Her			DEXT	ER BAILEY Managing Director						
_				or print name and title						
				rınt/Type preparer's name cott Thompsett	Preparer's signature Scott Thompsett		oate 1017-05-15	Check ıf	PTIN P0074	
Pai				·	<u> </u>		05 15	self-employed	1 100/4	
Pre			-	irm's name ► GRANT THORNTON irm's address ► 757 THIRD AVE 3R				Firm's EIN ► Phone no (21	2) 500.7	 0100
Use	• 0	nly	- ['	2 add. coc F 707 THEND AVE SIX	- · - ·			, none no (21	, _,_,	,100

NEW YORK, NY 100172013

. ✓Yes No

Institute, an academic base for scientific research and training in paleontology and paleoanthropology

11,837,204

endowed professorships, aid in curriculum enhancement as well as equip classrooms and laboratories with the latest technology

3,665,559

including grants of \$ 39.297.948

including grants of \$

including grants of \$ Stony Brook Foundation provided support to SUNY Stony Brook in its efforts to maintain their reputation as a public research university that thrives on the forefront of discovery As such, Stony Brook Foundation provides funding to support various areas of research including cancer research (Stony Brook Cancer Center), Parkinson disease research (The Thomas Hartman Center for Parkinson's Research), environmental and sustainability research (Shinnecock Bay Restoration Program), Chemical biology research, mercury exposure through the consumption of marine fish, research in New conjugated Materials and many other various

Stony Brook Foundation provided funding to support various SUNY Stony Brook academic programs, Centers and Institutes in order to nurture academic achievement among SUNY Stony Brook students and faculty by providing funds to attract and retain exceptional faculty through the use of endowed chairs and

5,011,591) (Revenue \$

960.515) (Revenue \$

3,965,646) (Revenue \$

) (Expenses \$

) (Expenses \$

5,773,899

Other program services (Describe in Schedule O)

Total program service expenses ▶

(Code

(Code

research efforts See Additional Data

(Expenses \$

4b

4c

4d

Page 2

✓No

282,107)

2,529,065)

Form 990 (2015)

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

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Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24 c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Pait I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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	28 c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . \ref{Main}	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Pait I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes." complete Schedule R. Part I	33		No

34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

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 🗦 🕏 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

37

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

34

35a

35b

36

37

38

Yes

Yes

Yes

Yes

Form 990 (2015)

Νo

Nο

С	to defease any tax-exempt bonds?
d	Did the organization act as an "on behalf of" issue
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) org Did the organization engage in an excess benefit complete Schedule L, Part I
b	Is the organization aware that it engaged in an expear, and that the transaction has not been report of "Yes," complete Schedule L, Part I
26	Did the organization report any amount on Part X or former officers, directors, trustees, key employ If "Yes," complete Schedule L, Part II
27	Did the organization provide a grant or other assi

Part V Statements Regarding Other IRS Filings and Tax Complian
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Par	Part V Statements Regarding Other IRS Filings and T Check if Schedule O contains a response or note to	•			_
	Check if Schedule o contains a response of note to	any me m uns rait v	<u> </u>	Yes	No
1a	1a Enter the number reported in Box 3 of Form 1096 Enter -0 - if not a	pplicable 1a	3	103	110
	b Enter the number of Forms W-2G included in line 1a Enter -0 - if no	· ·	1		
	c Did the organization comply with backup withholding rules for repor		renortable		
·	gaming (gambling) winnings to prize winners?	• •	1c	Yes	
2a	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	e year covered 2a	9		
.	by this return			Yes	
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be		.cuiiio	103	
3a	3a Did the organization have unrelated business gross income of \$1,0	00 or more during the year? .	За	Yes	
ь	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, pi	ovide an explanation in Schedule () 3b	Yes	
4a	4a At any time during the calendar year, did the organization have an	nterest in, or a signature or other	er authority		
	over, a financial account in a foreign country (such as a bank acco	unt, securities account, or other	financial 4a		
	account)?		44	Yes	
b	If ites, enter the hame of the foreign country P	,UC,EI,SW			
	See instructions for filing requirements for FinCEN Form 114, Repo (FBAR)	or foreign bank and Financial	Accounts		
5a	5a Was the organization a party to a prohibited tax shelter transaction	at any time during the tax year	? 5a		No
	b Did any taxable party notify the organization that it was or is a part				No
		,	5b		-110
С	c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	6a Does the organization have annual gross receipts that are normally	greater than \$100,000, and di	d the 6a		No
	organization solicit any contributions that were not tax deductible	as charitable contributions? .			
b	b If "Yes," did the organization include with every solicitation an exp were not tax deductible?	ress statement that such contri	butions or gifts 6b		
7					
	a Did the organization receive a payment in excess of \$75 made par	• •	or goods and 7a	Yes	
-	services provided to the payor?				
b	$oldsymbol{b}$ If "Yes," did the organization notify the donor of the value of the go	ods or services provided? .	7b	Yes	
c	c Did the organization sell, exchange, or otherwise dispose of tangible		was required to 7c		No
а	file Form 8282?	1 1	/		NO
u	a 11 Test, indicate the number of forms 62.62 filed during the year				
е	$oldsymbol{e}$ Did the organization receive any funds, directly or indirectly, to pay	premiums on a personal benefi			NI -
	f Did the organization, during the year, pay premiums, directly or ind	restly on a norsenal henefit so	7e ntract? 7f		No No
	g If the organization received a contribution of qualified intellectual p	,, ,			NO
9	required?	· · · · · ·	7g		
h	h If the organization received a contribution of cars, boats, airplanes	, or other vehicles, did the orgar			
	Form 1098-C?		<u>7h</u>	Yes	
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizatio	n have excess husiness holding	s at any time		
	during the year?		8		
9a	9a Did the sponsoring organization make any taxable distributions und	der section 4966?	9a		
b	b Did the sponsoring organization make a distribution to a donor, dor	or advisor, or related person?	9b		
10	10 Section 501(c)(7) organizations. Enter				
а	a Initiation fees and capital contributions included on Part VIII, line	12 10 a			
b	b Gross receipts, included on Form 990, Part VIII, line 12, for public	use of club 10b			
	facilities		I	1	
	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	 			
	against amounts due or received from them)	11b			
12a	12a Section 4947(a)(1) non-exempt charitable trusts.Is the organization	on filing Form 990 in lieu of Form	1041? 12a		
	b If "Yes," enter the amount of tax-exempt interest received or accri	1 1	120		
-	year	12b			
13	13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
2	2. Is the organization licensed to issue qualified health plans in more	than one state? Note See the im	structions for		
а	a Is the organization licensed to issue qualified health plans in more additional information the organization must report on Schedule O	than one state (Note. See the If	13a		
b	b Enter the amount of reserves the organization is required to mainta	' 451			
	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 servi	•	14a		No
b	b If "Yes," has it filed a Form 720 to report these payments? If "No,"	provide an explanation in Schedul	e O 14b		

orm	990 (2015)					Page
	For each "Yes" response to lines 2 through 7b below, and for a "No describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	See ii	nstructions.			w, .
Se	ction A. Governing Body and Management				l	l
	ı				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	21			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1 b	19			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			2	Yes	
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co			3		No
4	Did the organization make any significant changes to its governing documents since filed?	the p	rior Form 990 was	4		No
5	Did the organization become aware during the year of a significant diversion of the o	rganız	ation's assets? .	5		No
6	Did the organization have members or stockholders?			6		No
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?			7a		No
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?		* 1	7b		No
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons ui	ndertaken during the			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A,	who c	annot be reached at the			

organization's mailing address? If "Yes," provide the names and addresses in Schedule O $\,$. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes

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

Section C. Disclosure

List the States with which a copy of this Form 990 is required to be filed▶

 ${\tt AK\,,CA\,,CO\,,FL\,,GA\,,HI\,,KS\,,KY\,,MD\,,MA\,,MI\,,MN\,,NH}$, NJ , NY , OH , OK , OR , SC , UT , WV , WI

16b

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

participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the

organization's exempt status with respect to such arrangements?

- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, address, and telephone number of the person who possesses the organization's books and records ▶JASON HSUEH 230 ADMINISTRATION Stony Brook, NY 11794 (631) 632-6536

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

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

 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	Name and Title A verage hours per week (list any hours al							(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	indradual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table										

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	SC) 2/1099-MISC)	organization and related organizations
See Additional Data Table										
1b Sub-Total			٠.			. ▶				
c Total from continuation s	· · · · · · · · · · · · · · · · · · ·					. •		1,683,892	0	221,161
d Total (add lines 1b and 1d	<u> </u>		•	•	•			1,003,092	0	221,161

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual			
	mulvidual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person	5	Yes	
			162	

4	For any individual listed on line 1a, is the sum of reportable compensation and other coorganization and related organizations greater than \$150,000? If "Yes," complete Sche individual		4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated or services rendered to the organization 2 If "Yes," complete Schedule 3 for such person .	_	5	Yes	
Se	ection B. Independent Contractors				
1	Complete this table for your five highest compensated independent contractors that recompensation from the organization. Report compensation for the calendar year ending			ax year	
	(A) Name and business address	(B) Description of services		(C) Compen	
25 EA	SON SCARBOROUGH LLC, ST BROADWAY ANDRIA, VA 22314	Branding Services		1	,428,148
SIMO	CAFE LLC, NS CENTER 100 Nicolls Road Y BROOK, NY 11794	Academic Activities			933,818
230 A	tment Manager CO SBF, dministration Y BROOK, NY 11794	INVESTMENT Manag			732,080
230 A	tment Manager CO SBF, dministration Y BROOK, NY 11794	INVESTMENT Manag			579,771
230 A	tment Manager CO SBF, dministration Y BROOK, NY 11794	INVESTMENT Manag			445,573
	Total number of independent contractors (including but not limited to those listed above \$100,000 of compensation from the organization ► 31) who received more than			
			F	orm 990	(2015)

orm 99								Page S
Part V	***	Statement of						_
		Check if Sched	ule O contains a respoi	nse or note to any lir	ne in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
0	1a	Federated cam	paigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership du	ıes 1b	334,100				
ور ت	С	Fundraising ev	ents 1c	2,552,347				
fts. F A	d	Related organiz	zations 1d					
i <u>5</u> [2]	e	Government grant		12,500				
Sin				46,632,658				
utic Ter	f	similar amounts no						
를	g	Noncash contributi 1a-1f \$	ons included in lines	1,027,834				
Son	h	Total. Add line	s 1a-1f		49,531,605			
				Business Code				
Program Service Revenue	2a	CONTRACTUAL AG	ENCY FEES	711300	2,529,065	2,529,065		
₹ ₹	b				, ,			
<u>ب</u>	С							
j.	d		_					
S E	е							
grai	f	All other progra	am service revenue					
P	g	Total. Add line	s 2a-2f	▶	2,529,065			
	3		ome (including dividen		2 404 522		1 465 060	1 020 47
			ar amounts) stment of tax-exempt bond	F	2,494,532		1,465,060	1,029,472
	4 5	Royalties .		proceeds •	52,758			52,758
		Royaleles :	(ı) Real	(II) Personal	·			
	6a	Gross rents	309,195	, ,				
	b	Less rental						
	_	expenses Rental income	309,195	0				
		or (loss)			309,195			309,19
	a	Net rental inco	me or (loss)	▶ (II) O ther	309,193			309,19.
	7a	Gross amount from sales of assets other than inventory	135,057,995	(II) O the				
	ь	Less cost or other basis and sales expenses	124,346,702	7,319				
	С	Gaın or (loss)	10,711,293	-7,319				
	d	- '	ss)		10,703,974			10,703,974
Other Revenue	8a	Gross income fevents (not inc \$ 2,552 of contributions See Part IV, lir	luding 2,347 s reported on line 1c)					
<u>-</u>			a	239,552				
Ě			penses b	456,095	-216,543			-216,54
0	C Qa		(loss) from fundraising from gaming activities	events ▶	-210,343			-210,34.
	90		ne 19					
			а	20,650				
			penses b	2,765	47.005			47.00
	С	Net income or	(loss) from gamıng actı	vities	17,885			17,885
	10a	Gross sales of returns and allo		25,859				
	ь	Less cost of g	oods sold b	32,288				
	С	Net Income or	(loss) from sales of inv	entory 🕨	-6,429			-6,429
		Miscellaneou	s Revenue	Business Code				
	11a	CONTRACTED		900099	1,509,332			1,509,33
	Ь		TICS REVENUE	900099	241,664	241,664		
	С	MUSEUM ADM PK HOUSE	IISSION TO THE	900099	40,443	40,443		
	d	All other reven	ue		66,501			66,50
	e	Total. Add line	s 11a-11d	•	1,857,940			
	12	Total revenue.	See Instructions .	🕨	67,273,982	2,811,172	1,465,060	13,466,14
	1				3,,2,3,302	-,011,1/2	1,-100,000	20,100,14

BUILDING ALTERATIONS

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ If following SOP 98-2 (ASC 958-720)

All other expenses

25

26

Form 990 (2015) Page **10** Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 15,871,048 15,871,048 Grants and other assistance to domestic individuals See Part IV, line 22 2,887,079 2,887,079 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 2,525,024 2,525,024 and 16 Benefits paid to or for members 0 Compensation of current officers, directors, trustees, and 1,236,742 582,279 350,500 303,963 key employees . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 0 Other salaries and wages 5,823,734 3,792,413 1,174,776 856,545 Pension plan accruals and contributions (include section 401(k) 0 and 403(b) employer contributions) . . . Other employee benefits . . 2,061,657 1,084,070 516.894 460.693 10 Payroll taxes 87,150 78,838 8,312 11 Fees for services (non-employees) Management . 89,539 89,539 Legal . . 131,100 131,100 Accounting c 180,000 d Lobbying . 180.000 Professional fundraising services See Part IV, line 17 70.000 70,000 Investment management fees 5,223,370 5,223,370 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . 3,311,285 2,389,692 167,939 753,654 12 Advertising and promotion . 2,388,108 1,678,551 709,557 13 Office expenses . 1,561,805 1,434,170 29,786 97,849 . 14 214,592 183,189 17,347 Information technology . 14,056 15 Royalties . . 0 16 Occupancy . 620,218 619,926 292 17 1,432,867 1,358,377 5,463 69,027 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 2.314.360 15,162 266.208 Conferences, conventions, and meetings . 2.032.990 20 Interest 84.614 84,614 21 Payments to affiliates . . . O 22 329,676 327,594 Depreciation, depletion, and amortization . 2.082 77,978 23 136,096 58,118 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 18,261 305,202 **EQUIPMENT AND RENTALS** 872,306 548,843 FEDERAL/STATE TAXES(UBIT) 513,485 513,485 REPAIRS AND MAINTENANCE

Form	990 (2	2015)				Page 11				
Par	t X	Balance Sheet								
		Check if Schedule O contains a response or note to any line in this P	Part X							
				(A) Beginning of year		(B) End of year				
	1	Cash-non-interest-bearing		12,160,380	1	13,800,330				
	2	Savings and temporary cash investments	gs and temporary cash investments							
	3	Pledges and grants receivable, net	and grants receivable, net							
	4	Accounts receivable, net	cervable, net							
	5	Loans and other receivables from current and former officers, directrustees, key employees, and highest compensated employees Co II of Schedule L		180,000	5	20,000				
ets	6	Loans and other receivables from other disqualified persons (as desection 4958(f)(1)), persons described in section 4958(c)(3)(B), a contributing employers and sponsoring organizations of section 50 voluntary employees' beneficiary organizations (see instructions) of the contribution o	100,000		25,660					
Assets				0	6	0				
Ä	7	Notes and loans receivable, net	[411,419	7	368,434				
	8	Inventories for sale or use	[38,317	8	25,889				
	9	Prepaid expenses and deferred charges	[526,001	9	548,922				
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a	14,867,859							
	b	Less accumulated depreciation 10b	2,805,699	12,182,759	10 c	12,062,160				
	11	Investments—publicly traded securities		33,388,912	11	33,927,685				
	12	Investments—other securities See Part IV, line 11	vestments—other securities See Part IV, line 11							
	13	Investments—program-related See Part IV, line 11	. [3,000,000	13	3,000,000				
	14	Intangible assets	[0	14	0				
	15	Other assets See Part IV, line 11	[34,975	15	26,231				
	16	Total assets. Add lines 1 through 15 (must equal line 34)		432,581,906	16	440,523,703				
	17	Accounts payable and accrued expenses		8,245,153	17	7,120,746				
	18	Grants payable	[0	18	0				
	19	Deferred revenue	[67,295	19	124,653				
	20	Tax-exempt bond liabilities	[1,435,000	20	1,230,000				
	21	Escrow or custodial account liability Complete Part IV of Schedule	e D	38,977,041	21	30,853,857				
_iabilities	22	Loans and other payables to current and former officers, directors, key employees, highest compensated employees, and disqualified	trustees,							
ā		persons Complete Part II of Schedule L		0	22	0				
Ë	23	Secured mortgages and notes payable to unrelated third parties	[0	23	0				
	24	Unsecured notes and loans payable to unrelated third parties .		0	24	0				
	25	Other liabilities (including federal income tax, payables to related t and other liabilities not included on lines 17-24) Complete Part X of Schedule D	third parties,							

588,699

49,313,188

25,714,317

201,923,774

155,630,627

383,268,718

432,581,906

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31

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33

34

622,250 39,951,506

27,506,141

207,648,692

165,417,364

400,572,197

440,523,703 Form 990 (2015)

Net Assets or Fund Balances

26

27

28

29

30

31

32

33

34

Total liabilities.Add lines 17 through 25 .

lines 27 through 29, and lines 33 and 34.

Unrestricted net assets .

complete lines 30 through 34.

Total net assets or fund balances

Temporarily restricted net assets

Permanently restricted net assets .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Organizations that follow SFAS 117 (ASC 958), check here ▶ 🕡 and complete

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

1	Total revenue (must equal Part VIII, column (A), line 12)	1		67.7	273,982
2	Total expenses (must equal Part IX, column (A), line 25)	-		07,2	.,,,,,,
_	Total expenses (must equal full etx), column (x), mic 25 / 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2		51,1	23,070
3	Revenue less expenses Subtract line 2 from line 1	3		16,1	.50,912
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		383,2	268,718
5	Net unrealized gains (losses) on investments	5		1,1	.52,567
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		400,5	572,197
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. [
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O	_			- -
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed on			

Column (B))		400,	1/2,19/
Part XII Financial Statements and Reporting			
Check if Schedule O contains a response or note to any line in this Part XII			. [
		Yes	No
Accounting method used to prepare the Form 990			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed or a separate basis, consolidated basis, or both	١		
Separate basis Consolidated basis Both consolidated and separate basis			
b Were the organization's financial statements audited by an independent accountant?	2b	Yes	

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis ✓ Consolidated basis Both consolidated and separate basis

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

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c Yes If the organization changed either its oversight process or selection process during the tax year, explain in

Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

Single Audit Act and OMB Circular A-133?

Νo

Form **990** (2015)

3a

3b

Page **12**

Additional Data

Software ID: Software Version:

EIN: 11-6077945

Name: Stony Brook Foundation Inc.

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$	3,007,053	ıncludıng grants of \$	1,307,044)
Dublic Serv	Admin Sunn & Student Sunnort			

) (Revenue \$

2.766.846

(Code) (Expenses \$ including grants of \$ 2,658,602) (Revenue \$ Fin Aid

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ including grants of \$) (Revenue \$ 2,529,065)

Fiscal Agent

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) A verage hours per week (list any hours for related	m unle:	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
Mr Richard L Gelfond	4 0									
Trustee, Chair	0 1	Х		×				0	0	0
Mr David E Acker	1 0									
Trustee, Vice Chair	0 0	X		×				0	0	ľ
Dr James H Simons	1 0			,						
Trustee, Chair Emeritus	0 1	X		X				0	0	
Mr Cary F Staller Trustee, Secretary	1 0	x		×				0	0	C
Dr Nancy Rauch Douzinas Trustee, Treasurer	1 0	×		×				0	0	C
Dr Ashvin B Chhabra Trustee	0 5	x						0	0	(
Dr Barry S Coller Trustee	0 5	×						0	0	C
				_	-	_	_			

0 5

0 0 0.5

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Mr Guy-Max Delphin

Mr Barry M Fox Esq

Mr Stuart D Goldstein

Trustee

Trustee

Trustee

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Inde	pendent co	iiliac	.tor:	3				i	i	ı
(A) Name and Title	(B) A verage hours per week (list any hours for related	unles	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
Ms Karen Keogh Trustee	0 5	×						0	0	0
Mr William L Knapp Trustee	0 5	×						0	0	C
Dr Laune Landeau Trustee	0 5	×						0	0	C
Dr Henry B Laufer Trustee	0 5	×						0	0	C
Ms Dorothy Lichtenstein Trustee	0 5	x						0	0	C
Dr Nirmal Mattoo Trustee	0 5	x						0	0	C
Mr Richard T Nasti Esq	0 5									

0 0 0.5

0 0

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Ms Louise Phanstiel CPA

Mr Leonard A Spivak Esq.

Ms Susan Steinhardt Esq

Trustee

Trustee

Trustee

Trustee

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

compensated Employees, and Inde	pendent Co	ntrac	TOR	5				ì	i	i	
(A) Name and Title	(B) A verage hours per week (list any hours for related	unles	ore tl ss pe	han ersoi icer	not one on is and			(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	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated employee	Former				
Dr Samuel L Stanley Jr Ex-Officio Trustee (Voting)	3 0	х						250,000	0	C	
Mr Dexter A Bailey Jr Executive Director	4 0			×				186,497	0	C	
Mr Lyle Gomes CFO (Thru 3/2016)	0 3			x				9,744	. 0	5,493	
Mr Jason W Hsueh CFO & COO	37 5			×				236,385	0	102,233	
Ms Enn Abouzaid	37 5			х				262,268	0	113,431	

0 0 0.0

0 0 0.0

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236,965

141,720

360,313

CIO (Thru 4/2016)

Dr Dionissios Assanis

Prvost & SVP (thru 6/16)

Dr Kenneth Kaushansky

Dean, School of Medicine

CEO & VP for Health Systems

Dr Lewis Pasternak

efile GRAPHIC print - DO NOT PROCESS SCHEDULE A

hospital's name, city, and state

(i)

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

Total

As Filed Data -DLN: 93493135083807 OMB No 1545-004

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.

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

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

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

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

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

Open to Public Inspection

Employer identification number

11-6077945

Treasury Internal Revenue Service Name of the organization Stony Brook Foundation Inc

(Form 990 or

990EZ)

Part I

1

2

3

Department of the

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other listed in your governing organization monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes No

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2015

414,784,241

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.)

through 10

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	175,716,151	77,940,808	55,707,361	39,770,483	49,531,605	398,666,408
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	175,716,151	77,940,808	55,707,361	39,770,483	49,531,605	398,666,408
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)						188,894,146
6 Public support. Subtract line 5 from line 4						209,772,262

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a)2011	(b) 2012	(c) 2013	(c)2013 (d)2014		(f) ⊤otal
7 Amounts from line 4	175,716,151	77,940,808	55,707,361	39,770,483	49,531,605	398,666,408
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,870,515	743,646	747,772	748,823	1,391,425	5,502,181
9 Net income from unrelated business activities, whether or not the business is regularly carried on	1,341,237	1,437,650	1,014,445	1,215,610	1,465,060	6,474,002
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	515,464	312,244	382,357	1,069,691	1,861,894	4,141,650
11 Total support. Add lines 7		·				414 784 241

10,458,824 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

Gross receipts from related activities, etc (see instructions)

14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	50 574 %
15	Public support percentage for 2014 Schedule A, Part II, line 14	15	48 157 %

16a 33 1/3% support test - 2015. 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-2014. 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 - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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.)

Se	ction A. Public Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) ⊤otal
•	iscal year beginning in) ▶	(-)	(-)	(0)_00	(-)	(-)	(1)
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 Total. Add lines 1 through 5						
6	Amounts included on lines 1, 2,						
/a	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 Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
٥	from line 6)						
Se	ction B. Total Support		•	•	•		•
	Calendar year						7.5.
(or f	iscal year beginning in) ▶	(a)2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
b	and income from similar sources Unrelated business taxable						
U	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
C	Add lines 10a and 10b						
L1	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						
	VI)						
L3	Total support. (Add lines 9, 10c, 11, and 12)						
L4	First five years.If the Form 990 is	cor the organizati	n's first, second	, third, fourth, or	I fifth tax vear as a	section 501(c)(3) organization
	check this box and stop here		,	,,,	,		▶ □
Se	ction C. Computation of Pub	lic Support P	ercentage				-
15	Public support percentage for 2015			13 column (f))		45	
		•		15, column (1))		15	
L6	Public support percentage from 20		<u> </u>			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge			
L7	Investment income percentage for	2015 (line 10c, c	olumn (f) dıvıded	by line 13, colun	nn (f))	17	
18	Investment income percentage from	n 2014 Schedule	A, Part III, line	17		18	
L9a	33 1/3% support tests—2015.If the				l line 15 is more t		nd line 17 is not
-	more than 33 1/3%, check this box	=					▶ □
b	33 1/3% support tests—2014.If the	•				-	•
_	18 is not more than 33 1/3%, check	-					
20	Private foundation If the organizat						

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and Complete Part V, D

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section	2		
3a	509(a)(1) or (2) Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3 c		
4 a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?	4b		
_	If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under	15		
C	organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
9 a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9 c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10 a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10 b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
_	A 3.5% controlled entity of a person described in (a) or (b) above 2.16 "Vee" to a bioric provide detail in Part VI	116		1

Part IV	Supporting	Organizations	(continued

I GIC IV		аррог	9	Oi guilleu	LIOIIS	(continue	ч,
Section	n R	Tyne	T Si	innorting	Orga	nization	_

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

Section C. Type II Supporting Organization	Section	C.	Type	II	Supporting	Organization	s
--	---------	----	------	----	------------	--------------	---

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

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satis	fy the Integral Part Test during the year (see instructions)

- The organization satisfied the Activities Test Complete line 2 below
- The organization is the parent of each of its supported organizations. Complete line 3 below

С		i ne orga instructi	nization supported a governmental entity. Describe in Part VI now you supported a government entity (see ons)	эe
2	<u>A ctivit</u>	ies Test	_Answer (a) and (b) below.	Y
а			all of the organization's activities during the tax year directly further the exempt purposes of the	

	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a	
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b	
3	Parent of Supported Organizations Answer (a) and (b) below.		

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3a each of the supported organizations? Provide details in Part VI
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
i	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
,	Other expenses (see instructions)	7		
;	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
	Aggregate fair market value of all non-exempt-use assets (see	1		
_	instructions for short tax year or assets held for part of year)	—		
a L	A verage monthly value of securities	1a 1b		
b	A verage monthly cash balances			
C	Fair market value of other non-exempt-use assets	1c 1d		+
d	Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors	10		
e	(explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting	organization (see

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (c	ontinued)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomp	olish exempt purposes		
2 Amounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp			
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	uured)		
6 Other distributions (describe in Part VI) See instru			
·	ic tions		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a .			
b c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			-
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013			
d From 2014			
e From 2015			
		Schodulo A	/Form 990 or 990-F7) /2015

DLN: 93493135083807

Employer identification number

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

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. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Service If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-区, 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

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

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

	ny Brook Foundation Inc			Employer idei	itii itation number
	Commission if the ou			11-6077945	
Pali	t I-A Complete if the or	ganization is exempt unde	r section 501(c) or is a section 52	organization.
1	Provide a description of the org	tivities in Part IV			
2	Political expenditures			>	\$
3	Volunteer hours				
Par	t I-B Complete if the or	ganization is exempt unde	r section 501 ((c)(3).	
1	Enter the amount of any excise	e tax incurred by the organization u	inder section 495	5	\$
2	Enter the amount of any excise	e tax incurred by organization mana	agers under sectio	on 4955 >	\$
3	If the organization incurred a s	ection 4955 tax, did it file Form 47	720 for this year?		☐ Yes ☐ No
4a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt unde	r section 501(c), except section 50)1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for s	section 527 exem	pt function activities 🕨	\$
2	Enter the amount of the filing o exempt function activities	rganization's funds contributed to	other organization	s for section 527	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter her	e and on Form 112	20-POL, line 17b ►	\$
4	Did the filing organization file F	orm 1120-POL for this year?			⊤ Yes
5	organization made payments f amount of political contribution	nd employer identification number (For each organization listed, enter in this received that were promptly and political action committee (PAC)	the amount paid fr directly delivered	om the filing organization's I to a separate political orga	funds Also enter the anization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
2					
3					
4					
5					
6					
For F	Paperwork Reduction Act Notice, se	e the instructions for Form 990 or 9	90-EZ.	Cat No 500845 Schedule C	Form 000 or 000-F7) 2015

Subtract line 1g from line 1a If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, 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	>	Г	$\bar{}$ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,
				expenses, and share of excess lobbying expenditures)

		oying Expenditures means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a b	Total lobbying expenditures to influence public lobbying) Total lobbying expenditures to influence a legi	180,000		
c	Total lobbying expenditures (add lines 1a and	1b)	180,000	
d	Other exempt purpose expenditures		50,963,858	
e	Total exempt purpose expenditures (add lines	51,143,858		
f	Lobbying nontaxable amount Enter the amoun	t from the following table in both columns	1,000,000	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000			

reporting section 4911 tax for this year? ┌ Yes ☐ No

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720

	4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)										
	Lobbying Expend	itures During	4-Year Avera	ging Period							
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total					
2a	Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000					
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000					
c	Total lobbying expenditures	228,200	180,000	180,000	180,000	768,200					

Return Reference

University

Schedule C, Part II-A, Line 1(B)

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N filed Form 5768 (election under section 501(h)).	ОТ				
or e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)	,	(b)	
ctiv		V	No		A mour	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local	Yes		7		
•	legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	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?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912			1		
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?					
Par	t III-A Complete if the organization is exempt under section $501(c)(4)$, section $501(c)(6)$.	01 (c)(5),	or s	ectio	n
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Par	rt III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "I 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).	3-	 			
a	Current year	2a	<u> </u>			
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				
	art IV Supplemental Information					
	ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group	n lie+\	Dart I	T_ ^ !	inec 1	and
	isee instructions), and Part II-B, line 1. Also, complete this part for any additional information	ין אפוו ק	, rait 1	ı-∧, I	mes 1	and

Explanation

The Foundation does not engage in any direct lobbying activity itself, the foundation hires AN outside

lobbying consultant to advocate on behalf of educational and budget issues impacting Stony Brook

Schedule C (Form 990 or 990EZ) 2015

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DLN: 93493135083807

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public

Name	Revenue Service e of the organization	· · · · · · · · · · · · · · · · · · ·	Empl	oyer identification number
Stony	Brook Foundation Inc		11-6	077945
Pari	Organizations Maintaining Donor Complete if the organization answere	r Advised Funds or Other Simila ed "Yes" on Form 990, Part IV, line	r Funds o	
		(a) Donor advised funds		Funds and other accounts
L	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
1	Aggregate value at end of year			
	Old the organization inform all donors and donor a unds are the organization's property, subject to t	=		sed Yes No
(Old the organization inform all grantees, donors, a ised only for charitable purposes and not for the conferring impermissible private benefit?	benefit of the donor or donor advisor, or f	or any other	Yes No
Part	III Conservation Easements. Comple	ete if the organization answered "Ye	s" on Forn	n 990, Part IV, line 7.
L I	Purpose(s) of conservation easements held by th	ne organization (check all that apply)		
	Preservation of land for public use (e g , recreducation)		of an histor	ically important land area
,	Protection of natural habitat	<u>'_</u>		d historic structure
	Preservation of open space	Treservation	or a certific	a matoric structure
	' '	hold a gualified concentration contribution	un tha farm	of a conservation
	Complete lines 2a through 2d if the organization easement on the last day of the tax year	nera a quannea conservation contribution	i in the form	Held at the End of the Year
a -	otal number of conservation easements		2a	neid at the End of the Year
_	otal acreage restricted by conservation easeme	ents	2b	
	Number of conservation easements on a certified		2c	
d 「	Number of conservation easements included in (one structure listed in the National Register	• • •	2d	
3 [- Number of conservation easements modified, trai	nsferred, released, extinguished, or termi	nated by the	e organization during the
t	ax year ▶			
1 [Number of states where property subject to cons	ervation easement is located ▶		
5 I	Does the organization have a written policy regar riolations, and enforcement of the conservation e	ding the periodic monitoring, inspection,	handling of	┌ Yes
5	Staff and volunteer hours devoted to monitoring, rear		forcing cons	' '
i	-			
,	Amount of expenses incurred in monitoring, inspe ▶\$	ecting, handling of violations, and enforci	ng conserva	tion easements during the year
	Does each conservation easement reported on lii B)(i) and section 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirements of	f section 17	0(h)(4) Yes No
ŀ	n Part XIII, describe how the organization repor balance sheet, and include, if applicable, the text he organization's accounting for conservation ea	of the footnote to the organization's finar		•
art		ctions of Art, Historical Treasure		er Similar Assets.
١ ١	f the organization elected, as permitted under Si vorks of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footi	FAS 116 (ASC 958), not to report in its r rassets held for public exhibition, educat	evenue stat ion, or resea	arch in furtherance of public
_ \	f the organization elected, as permitted under SI works of art, historical treasures, or other similar ervice, provide the following amounts relating to	assets held for public exhibition, educat		
(i)	Revenue included on Form 990, Part VIII, line 3	1	> \$	120,652

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

Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

6,911,618

▶ \$ __

Par	t IIII	Organizations Maintaining (continued)	g Collections of A	rt, His	toric	al Tr	easures, c	r Ot	her Similar As	sets
3		g the organization's acquisition, acc ction items (check all that apply)	cession, and other rec	ords,ch	eck a	n y of th	ne following ti	nat are	e a sıgnıfıcant use	ofits
а	✓	Public exhibition		d		Loan	or exchange	progra	ams	
b	~	Scholarly research		e	Г	Other				
c	√	Preservation for future generations	;							
4	Provi Part :	de a description of the organization XIII	n's collections and exp	plaın how	they	further	the organiza	ition's	exempt purpose i	n
5		ng the year, did the organization so ts to be sold to raise funds rather t								√ No
Par	rt IV	Escrow and Custodial Arr Complete if the organization Part X, line 21.		Form 9	990, 1	Part I\	/, line 9, or	repo	<u>'</u>	
1a		e organization an agent, trustee, cu ded on Form 990, Part X?	ıstodıan or other ınter	mediary	for co	ntribut	ions or other	asset	ts not Yes	 ✓ No
b	If'	"Yes," explain the arrangement in I	Part XIII and complet	e the foll	lowing	table			A mo	unt
c	Ве	ginning balance			-			1 c		
d	A d	ditions during the year						1d		
e	Dis	stributions during the year						1e		
f	En	ding balance						1f		
2 a	Dıd tl	he organization include an amount	on Form 990, Part X, I	lıne 21, f	for es	crow or	custodial ac	count	liability? 🗸 Yes	☐ No
b	If"Ye	es," explain the arrangement in Pai	t XIII Check here if t	the expla	natio	n has b	een nrovided	l in Pa	urt XIII	✓
Pa	rt V	Endowment Funds. Compl								
			(a)Current year	(b) Prior	year	b (c) Two years ba	ck (d)Three years back	(e)Four years back
1 a	Begir •	nning of year balance	207,914,116	196	5,350,9	90	154,681,2	21	125,375,578	110,284,200
b	Cont	ributions	18,280,843	ć	9,873,9	199	40,858,6	11	28,743,981	22,681,138
c	Net i losse	nvestment earnings, gains, and es	9,985,414	17	7,610,9	064	15,404,0	60	14,566,320	5,096,804
d		ts or scholarships • • • •								
e		r expenditures for facilities programs 	11,064,534	Ġ	9,727,C	041	9,094,8	39	8,183,308	10,060,290
f	A dmi	inistrative expenses	5,458,964	(5,194,7	'96	5,498,0	63	5,821,350	2,626,274
g		of year balance	219,656,875	207	7,914,1	.16	196,350,9	90	154,681,221	125,375,578
2	Provi	de the estimated percentage of the	e current year end bala	ance (lin	e 1g,	column	(a)) held as			
а	Board	d designated or quasi-endowment 🖠	2 180 %							
b	Perm	anent endowment ► 75 250 %								
c		oorarily restricted endowment > percentages on lines 2a, 2b, and 20	22 570 % should equal 100%							
3a	A re t	here endowment funds not in the po	ossession of the organ	nızatıon t	:hat aı	re held	and administ	ered f	for the	
	_	nization by	-							Yes No
		related organizations			•				3a(
		elated organizations							3I	
ь 4		es" on 3a(II), are the related organi ribe in Part XIII the intended uses						•		<u> </u>
	rt VI	Land, Buildings, and Equi								
		Complete if the organization		Form 99	90, Pa	art IV,		ee Fo		
		Description of property			a) st or ot (invest)	her basis	(b) Cost or othe (other		Accumulated (c) depreciation	(d)Book value
1 a	Land						1,1	22,854		1,122,854
b	Buildir	ngs 					6,7	76,168	2,369,226	4,406,942
c	Leasel	hold improvements								
d	Equipr	ment		·			1	34,483	88,177	46,306
e	Other						6.0	34 354	240 206	6,486,058
Tota	ıl. A dd	lines 1a through 1e (Column (d) mu		t X. colun	nn (B)	. line 1i		34,354	348,296	12.062.160

(a) Description of security or categor (including name of security)	ту	(b)Book value	(c)Method of valuation Cost or end-of-year market va
1)Financial derivatives			cost of cita of year market va
(2)Closely-held equity interests (3)Other			
A) INVESTMENTS IN MULTI-STRATEGY		99,249,619	F
B) INVESTMENTS IN US EQUITY FUNDS		84,398,919	F
C) INVESTMENTS IN PRIVATE EQUITY		17,247,990	F
D) INVESTMENTS IN GLOBAL EQUITY		9,200,756	F
E) INVESTMENTS IN CORE-PROPERTY		2,241,525	F
F) INVESTMENTS IN DIVERSIFIED FIX		635,750	F
otal. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related.	<u> </u>	212,974,559	
Complete if the organization answere (a) Description of investment	ed 'Yes' on Form 990, I 	Part IV, line 11c. _{See}	Form 990, Part X, line 13.
(a) bescription of investment		(b) Book value	Cost or end-of-year market val
	tion answered 'Yes' on For	m 990, Part IV, line 1:	Ld See Form 990, Part X, line 15
		m 990, Part IV, line 11	Ld See Form 990, Part X, line 15 (b) Book value
Part IX Other Assets. Complete if the organizat		m 990, Part IV, line 11	
Part IX Other Assets. Complete if the organizat		m 990, Part IV, line 1:	
Part IX Other Assets. Complete if the organizat		m 990, Part IV, line 11	
Part IX Other Assets. Complete if the organizat		m 990, Part IV, line 11	
Part IX Other Assets. Complete if the organizat		m 990, Part IV, line 11	
Part IX Other Assets. Complete if the organizat		m 990, Part IV, line 11	
Part IX Other Assets. Complete if the organizat		m 990, Part IV, line 1:	
Part IX Other Assets. Complete if the organizat		m 990, Part IV, line 11	
Other Assets. Complete if the organizate (a) Des	cription	m 990, Part IV, line 11	
Other Assets. Complete if the organizate (a) Des (a) Des otal. (Column (b) must equal Form 990, Part X, col (B) line	e 15)		(b) Book value
otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organizate Other Liabilities. Complete if the organizate See Form 990, Part X, line 25.	e 15)		(b) Book value
otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the ore See Form 990, Part X, line 25. (a) Description of liability	e 15) ganization answered '\ (b) Book value		(b) Book value
Other Assets. Complete if the organizate (a) Des otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organizate	e 15) ganization answered '\ (b) Book value		(b) Book value
Other Assets. Complete if the organizate (a) Des Otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organizate organizate (a) Description of liability ederal income taxes	e 15) ganization answered '\ (b) Book value		(b) Book value
Other Assets. Complete if the organizate (a) Des Otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organizate organizate (a) Description of liability ederal income taxes	e 15) ganization answered '\ (b) Book value		(b) Book value
Other Assets. Complete if the organizate (a) Des Otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organizate organizate (a) Description of liability ederal income taxes	e 15) ganization answered '\ (b) Book value		(b) Book value
Other Assets. Complete if the organizate (a) Des otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organizate of the property of the part X, line 25. (a) Description of liability ederal income taxes	e 15) ganization answered '\ (b) Book value		(b) Book value
Other Assets. Complete if the organizate (a) Des Otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organizate See Form 990, Part X, line 25. (a) Description of liability ederal income taxes	e 15) ganization answered '\ (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the ore See Form 990, Part X, line 25. (a) Description of liability ederal income taxes	e 15) ganization answered '\ (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the ore See Form 990, Part X, line 25. (a) Description of liability Gederal income taxes	e 15) ganization answered '\ (b) Book value		(b) Book value
Fotal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the ore See Form 990, Part X, line 25.	e 15) ganization answered '\ (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the ore See Form 990, Part X, line 25. (a) Description of liability Gederal income taxes	e 15) ganization answered '\ (b) Book value		(b) Book value

Schedule D (Form 990) 2015

1	Total revenue, gains, and other	support per audited financial statements				1	68,979,043
2	Amounts included on line 1 but	not on Form 990, Part VIII, line 12					
а	Net unrealized gains (losses) o	n investments	2a		1,152,567		
b	Donated services and use of fac	cilities	2b		72,846		
c	Recoveries of prior year grants		2c				
d	Other (Describe in Part XIII)						
			2d				
e	Add lines 2a through 2d					2e	1,225,413
3	Subtract line ${f 2e}$ from line ${f 1}$.					3	67,753,630
4	Amounts included on Form 990	, Part VIII, line 12, but not on line 1					
а	Investment expenses not inclu	ded on Form 990, Part VIII, line 7b .	4a				
b	Other (Describe in Part XIII)		4b		-479,648		
c	Add lines 4a and 4b					4c	-479,648
5	Total revenue Add lines 3 and	4c. (This must equal Form 990, Part I, lin	e 12)			5	67,273,982
Par		penses per Audited Financial S				s per	Return.
		zation answered 'Yes' on Form 990,					
1	·	audited financial statements				1	51,675,564
2	A mounts included on line 1 but	not on Form 990, Part IX, line 25					
а	Donated services and use of fa	cilities	2a		72,846		
b	Prior year adjustments		2b				
c	Other losses		2c				
d	Other (Describe in Part XIII)		. 2d		479,648		
e	Add lines 2a through 2d				•	2e	552,494
3	Subtract line ${f 2e}$ from line ${f 1}$.					3	51,123,070
4	Amounts included on Form 990	, Part IX, line 25, but not on line 1:					
а	Investment expenses not inclu	ded on Form 990, Part VIII, line 7b .	. 4a				
b	Other (Describe in Part XIII)		. 4b				
c	Add lines 4a and 4b					4c	
5	Total expenses Add lines 3 and	d 4c. (This must equal Form 990, Part I,	ine 18)		5	51,123,070
Par	Supplemental Info	ormation					
Part		Part II, lines 3, 5, and 9, Part III, lines 1 lines 2d and 4b, and Part XII, lines 2d ar					de any additional
	Return Reference	Explanation					
OF A	,	SCHEDULE D, Part III, Line 4 The found center operates as a museum and library attract scholars, students and researche	The	extensive res	earch collec	tions c	developed at the center

the interior has designated it as a national historic landmark. The foundation also owns various books, photographs, journal collections, and fine arts used to further the mission of suny stony brook

by nurturing academic instruction, research, library and public service

Schedule D (Form 990) 2015

Return Reference	Explanation
ENDOWNMENT FUNDS	SCHEDULE D, Part V, Line 4 The Foundation's endowment is intended to subsidize its charitable mission of supporting Stony Brook University's educational programs. Although the Foundations adopted policies allow for the appropriation for expenditure of the principal of endowment funds in certain cases where doing so is deemed prudent, the Foundation generally leaves the endowment assets untouched, while using investment income therefrom to fund various charitable programs and initiatives.
ASC 740 FOOTNOTE	SCHEDULE D, Part X, Line 2 The Foundation follows guidance that clarifies the accounting for uncertainty in tax positions taken or expected to be taken in a tax return, including issues relating to financial statement recognition and measurement. This guidance provides that the tax effects from an uncertain tax position can only be recognized in the financial statements if the position is "more-likely-than-not" to be sustained if the position were to be challenged by a taxing authority. The assessment of the tax position is based solely on the technical merits of the position, without regard to the likelihood that the tax position may be challenged. The Foundation is exempt from federal income tax under IRC section 501(c)(3), though it is subject to tax on income unrelated to its exempt purpose, unless that income is otherwise excluded by the Code. The Foundation has processes presently in place to ensure the maintenance of its respective tax-exempt status, to identify and report unrelated income, to determine its filing and tax obligations in jurisdictions for which it was nexus, and to identify and evaluate other matters that may be considered tax positions. The tax years ending June 30, 2013, 2014, 2015, and 2016 are still open to audit for both federal and state purposes. The Foundation has determined that there are no material uncertain tax positions that require recognition or disclosure in the financial statements.
RECONCILIATION OF REVENUE WITH AFS	SCHEDULE D, Part XI, Line 4b Special Events Expenses Reclassed to Revenue (\$456,095) Gaming ACTIVITIES RELATED TO FUNDRAISING ACTIVITIES reclassed to Revenue (2,765) Cost of Goods Sold Reclassed to Revenue (20,788) Total (\$479,648) =========
RECONCILIATION OF EXPENSES WITH AFS	SCHEDULE D, Part XII, Line 4b Special Events Expenses Reclassed to Revenue \$456,095 Gaming ACTIVITIES RELATED TO FUNDRAISING ACTIVITIES reclassed to Revenue 2,765 Cost of Goods Sold Reclassed to Revenue 20,788 Total \$479,648 ===========

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SCHEDULE F (Form 990)	Statement of	Activities (Outside the Unit	ed States	OMB No 1545-0047
Denartment of the Treasury		Part IV, line ► Attach t	on answered "Yes" to Form 14b, 15, or 16. to Form 990. and its instructions is at <i>w</i>		2015 Open to Public Inspection
Name of the organization Stony Brook Foundation Inc				Employer ider 11-6077945	tification number
			he United States. orm 990, Part IV, line	14b.	
 For grantmakers. Does and other assistance, the used to award the grant For grantmakers. Description assistance outside the latest Activities per Region (The 	ne grantees' eligibi ts or assistance? ribe in Part V the o United States	lity for the grai	nts or assistance, and	the selection criteria	√ Yes No nts and other
(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 program service, describe specific type of service(s) in region	a (f) Total expenditures for and investments in region
(1) See Add'l Data		, agion	. og.e,		
(2)					
(3)					
(4)					
(5)					
3a Sub-total b Total from continuation sh to Part I c Totals (add lines 3a and 3					145,314,336
For Paperwork Reduction Act Notic	·	for Form 990.	Cat	No 50082W Sche	dule F (Form 990) 2015

organization 	section and EIN (if applicable)		grant	cash grant	cash disbursement	of non-cash assistance	of non-cash assistance	valuation (book, FMV, appraisal, other)
(1)		Sub-Saharan Africa	General support	1,223,289	WIRE			
(2)		Sub-Saharan Africa	Construction/O perations	1,281,735	WIRE			
(3)		Europe (Including Iceland and Greenland)	Support News Literacy	20,000	WIRE			
(4)								

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

	ther Assistance duplicated if addit			ed States. Complete	if the organization a	nswered "Yes" to Form	990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							

(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
(12)				
(42)				

(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
(12)				
(13)				
(14)				
(15)				
(16)				
(17)				
(18)				
			Schedu	lle F (Form 990) 2015

(9)				
(10)				
(11)				
(12)				
(13)				
(14)				
(15)				
(16)				,
(17)				
(18)				
			Schedu	ıle F (Form 990) 2015

8621)

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 Yes

Yes

Nο

▽ (see Instructions for Form 8865) 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, do not file with Form 990) Yes Νo

Part V

Supplemental Information

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

Return Reference	Explanation
ORGANIZATIONS PROCEDURES FOR MONITORING THE USE OF GRANTS OUTSIDE US	SCHEDULE F, Part I, Line 2 The foundation makes grants outside of the U S only to organiza tions affiliated with stony brook university. In the case of a grant from funds of the fou indation designated for a particular purpose, the designated account manager submits a requisition for the grant, together with supporting documentation, to the foundation's procure ment department. A detailed justification for the grant is required, including the purpose of the grant. The grant request is reviewed, including for compliance with the terms of it instrument designating the funds for a particular purpose, and approved in the case of air equest for more than \$5,000, review, approval and manual check signature by the foundation. If it is business office is required. In the case of grants from the foundation's unrestricted funds, a grantee submits a request, together with supporting documentation. A detailed just if fication for the grant is required, including the purpose of the grant. The budget commit tee, together with the foundation's executive director, reviews and approves grant request from the foundation's unrestricted funds. In all cases, at the end of the grant term, a fundal report regarding the use of the grant funds is submitted by the grantee to the foundation.

990 Schedule F, Supplemental Information

Return Reference

	ip
FOREIGN FORMS	Schedule F, Part IV STONY BROOK FOUNDATION, INC INVESTS IN DOMESTIC AND FOREIGN LIMITED P
	ARTNERSHIPS THAT MAY OWN AN INTEREST IN A FOREIGN CORPORATION, PASSIVE FOREIGN INVESTMENT
	COMPANY, OR FOREIGN PARTNERSHIP NEVERTHELESS, THE FOUNDATION'S INVESTMENT ACTIVITIES MAY
	NOT REACH THE THRESHOLDS REQUIRED FOR FILING THE FORMS 926, 5471, 8621 OR 8865 TO THE EXT
	ENT SUCH A FORM WAS COMPLETED. IT HAS BEEN FILED WITH THE ORGANIZATION'S FORM 990-T

Explanation

Additional Data

East Asia and the Pacific

Software ID: Software Version:

EIN: 11-6077945

Name: Stony Brook Foundation Inc

Education

5,100

Form 990 Schedule F Part T - Activities Outside The United States

of the 550 Schedule 1 Part 1 - Activities Outside The Officed States								
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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 region			
Sub-Saharan Africa			Grantmaking		2,505,024			
Europe (Including Iceland and Greenland)			Grantmaking		20,000			

Program Services

(b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (a) Region (d) Activities offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, service, describe agents in region specific type of service region program services, grants to recipients (s) in region located in the region) Central America and the Program Services lResearch 21,140 Caribbean Sub-Saharan Africa Research Program Services 27.150

lInvestments

Program Related Loan

3,000,000

Form 990 Schedule F Part I - Activities Outside The United States

Sub-Saharan Africa

(b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (a) Region (d) Activities offices in the employees or conducted in region (by (d) is a program for region type) (i e , fundraising, agents in service, describe region specific type of service region program services. grants to recipients (s) in region located in the region) Central America and the Multiple Managers 139,735,922 Investments

Form 990 Schedule F Part I - Activities Outside The United States

Carıbbean

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DLN: 93493135083807

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

Attach to Form 990 or Form 990-EZ ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990

Name of the organization Stony Brook Foundation Inc

Employer identification number

✓Yes No

11-6077945

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

- Indicate whether the organization raised funds through any of the following activities. Check all that apply
- ✓ Mail solicitations **▼** Internet and email solicitations
- **▼** Solicitation of non-government grants
- ∇ Solicitation of government grants **▼** Special fundraising events

- ▼ Phone solicitations
 - 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?

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	fundrais custo cont	Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization	
		Yes	No				
Event Associates Inc 162 W 56th	Fundraising Event		No	2,045,600	70,000	1,975,600	
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total	ı		•	2,045,600	70,000	1,975,600	

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

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

Part II	Fundraising	Events

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

		(a) Event #1	(b) Event #2	(c)Other events	(d)
		SB GALA 2016 (event type)	LISVH Golf (event type)	(total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	1,990,600	180,276 141,949	621,023 483,423	2,791,899 2,552,347
	Gross income (line 1 minus	63,625	38,327	137,600	239,552
	4 Cash prizes				
S e	6 Rent/facility costs	9,971		3,621	13,592
Expenses	7 Food and beverages	149,722	26,354	149,122	325,198
ă	8 Entertainment		14,100	10,571	24,671
ਜ਼•ਪ ਜ਼•ਪ	9 Other direct expenses	1,432	8,514	82,688	92,634
ā	10 Direct expense summary Add lines			►	456,095
25.0	11 Net income summary Subtract line 1 t III Gaming.	10 from line 3, column (d)	•	-216,543
re:	Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on F	Form 990, Part IV, line	e 19, or reported more	e than \$15,000 on
Revenue		(a) Bıngo	(b) Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))
Re	1 Gross revenue			20,650	20,650
တ္	2 Cash prizes			2,000	2,000
Expenses	Z Cash prizes			2,000	,
Ä	3 Noncash prizes			561	561
Direct	4 Rent/facility costs				
	5 Other direct expenses			204	204
	6 Volunteer labor	│ Yes <u>%</u> │ No	☐ Yes %	Yes% √ Nο	
	7 Direct expense summary Add lines	2 through 5 ın column (d)		2,765
	8 Net gaming income summary Subtra	act line 7 from line 1, col	umn (d)		17,885
9	Enter the state(s) in which the organiza	tion conducts gaming ac	tivities <u>NY</u>		
a	Is the organization licensed to conduct	gaming activities in eac	h of these states?		√Yes No
b	If "No," explain				
.0a	Were any of the organization's gaming l	ıcenses revoked, suspe	nded or terminated during	the tax year?	
b	If "Yes," explain				

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493135083807 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) 2015 Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number Stony Brook Foundation Inc 11-6077945 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient Part II that received more than \$5,000 Part II can be duplicated if additional space is needed (d) A mount of cash (a) Name and address of **(b)** EIN (c) IRC section (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance or government (book, FMV, assistance appraisal, other) See Additional Data Table Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Schedule I (Form 990) 2015

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

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance			
(1) ACADEMIC STIPENDS AND GRADUATE STUDENT FELLOWSHIPS	185	601,119						
(2) A cademic Prizes and A wards	555	482,932						
(3) Student Aıd	159	131,630	7,841	Book	Educational support			
(4) Scholarships	886	1,663,557						
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.								
Pakum Pafausus								

Part IV Supplementa	al Information. Provide the infor	mation required in Pa	art I, line 2, Part III,	column (b), and any other	additional information.
Return Reference	Explanation				
ORGANIZATIONS PROCEDURES FOR MONITORING THE USE OF GRANTS IN U S	required, including the purpose of the for a particular purpose, and approvious foundation's business office is requisupporting documentation. A detail payment, As applicable. The budge	ith supporting document ne grant The grant reque ed When the Foundatior ired When the Foundatio ed justification for the gr t committee, together wi ne type of grant and the g	ation, to the foundation est is reviewed, includir is reviewed, includir is sues a grant for more is sues a grant from urant or direct payment, it the foundation's exegrant recipient, at the ele	's procurement department A ng for compliance with the term e than \$5,000, Review, approv inrestricted funds, A grantee s As applicable, is required inclu cutive director, reviews and ap nd of the grant term, a final rep	detailed justification for the grant is as of instrument designating the funds and manual check signature by the ubmits a request, Together with adding the purpose of the grant or direct proves requests from the foundation's port regarding the use of the grant funds

Additional Data

HAUPPAUGE, NY 11788

Software ID: Software Version:

EIN: 11-6077945

Name: Stony Brook Foundation Inc

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	, (3)	(h) Purpose of grant or assistance		
RESEARCH FOUNDATION - STONY BROOK UNIV S5422 FRANK MELVILLE Stony Brook, NY 11794	14-1368361	501(C)(3)	1,280,242				Research Awards		
STONY BROOK UNIVERSITY OFFICE 261 ADMIN BLDG Stony Brook,NY 11794	14-6013200	GOVERNMENT	13,252,869	1,057,497	book	Equipment	Educational Supplies		
CARDIOVASCULAR & IMAGING RES FOUND OF NY 50 DAVIDS DRIVE	20-2597925	501(C)(3)	90,458				Research Awards		

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization if applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 501(C)(3) 31,000 Operation Support ALUMNI ASSOC OF THE 51-0160098 StUNIV OF NY at stony brook 1315 FM IRMEMITER Stony Brook, NY 11794 rch A wards

12,500

Prizes & Awards

Stony Brook, III 11731					
FACULTY STUDENT	11-1986378	501(C)(3)	104,906		Researc
ASSOCIATION					
250 STUDENT UNION					
Stony Brook, NY 11794					

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

47-4216997

IMMUNOMATRIXIIC 25 HEALTH SCIENCES DR Stony Brook, NY 11794

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Schedule J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

DLN: 93493135083807 OMB No 1545-0047

2015

eas		► Information about Schedule J (Fo	orm 990) and its instructions is at <u>www.irs.</u>			o Pul ectio	
Νa	nal Revenue Service me of the organiz			Employer identification	on nur	nber	
Sto	ny Brook Foundation	Inc		11-6077945			
Pa	rt I Questi	ons Regarding Compensation		11 00,7313			
						Yes	No
La			rided any of the following to or for a person l				
	_ `	•	to provide any relevant information regardii —				
	<u>. </u>	s or charter travel	Housing allowance or residence fo	· i		 	
	•	companions	Payments for business use of pers	i		 	
		nification and gross-up payments	Health or social club dues or initia	i		 	
	Discretion	nary spending account	Personal services (e g , maid, chai	ıffeur, chef) 		 	
b	,		ganization follow a written policy regarding p scribed above? If "No," complete Part III t	· ·	1b		No
2		,	embursing or allowing expenses incurred by	· '			
	directors, trust	ees, officers, including the CEO/Exec	utive Director, regarding the items checked	in line 1a?	2		Νo
3	organization's oused by a relation Compensation Independent	CEO/Executive Director Check all the ed organization to establish compensa ation committee ent compensation consultant	ization used to establish the compensation at apply Do not check any boxes for metho ation of the CEO/Executive Director, but ex Written employment contract Compensation survey or study	ds plain in Part III			
	Form 990	of other organizations	Approval by the board or compens	ation committee		 	
1	During the year or a related org		Part VII, Section A, line 1a with respect to	the filing organization			
а	Receive a seve	erance payment or change-of-control p	payment?		4a		No
b	Participate in, o	or receive payment from, a supplemen	tal nonqualified retirement plan?		4b		Νo
c	Participate in, o	or receive payment from, an equity-ba	sed compensation arrangement?		4c		Νo
	If "Yes" to any	of lines 4a-c, list the persons and pro	vide the applicable amounts for each item i	n Part III			
	Only 501(c)(3)	, 501(c)(4), and 501(c)(29) organizat	ions must complete lines 5-0				
5	For persons list		line 1a, did the organization pay or accrue	any			
а	The organization	on?			5a		No
b	Any related org				5b		No
	If "Yes," on line	e 5a or 5b, describe in Part III					
5	•	ted on Form 990, Part VII, Section A, contingent on the net earnings of	line 1a, did the organization pay or accrue	any			
а	The organization	on?			6a		Νo
b	Any related org	ganızatıon?			6b		Νo
	If "Yes," on line	e 6a or 6b, describe in Part III					
7	•	ted on Form 990, Part VII, Section A , described in lines 5 and 67 If "Yes," do	line 1a, did the organization provide any no escribe in Part III	n-fixed	7		Νo
3	•		aid or accured pursuant to a contract that v Regulations section 53 4958-4(a)(3)? If "		8		No
9	If "Yes" on line	8. did the organization also follow the	rebuttable presumption procedure describ	ed in Regulations			

section 53 4958-6(c)?

Page 2

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	J	(B) Breakdown o'	of W-2 and/or 1099-MIS	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
		Base (1) compensation	(II) Bonus & Incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column(B) reported as deferred on prior Form 990
1 Dr Samuel L Stanley Jr Ex-Officio Trustee (Voting)	(i)	250,000	0	0	0	0	250,000	0
	(ii)	<u> </u>	0	0	0	0	0	0
2 Mr Dexter A Bailey Jr Executive Director	(i)	6,000	40,400	140,097	0	0	186,497	0
	(ii)			<u>. </u>				
3 Mr Jason W Hsueh CFO & COO	(i)	236,385	0	0	0	102,237	338,622	0
	(ii)	1	1	1	1	Í		1
4 Ms Erin Abouzaid CIO (Thru 4/2016)	(i)	232,268	30,000	0	0	113,431	375,699	0
	(ii)	1	1	1	1	ſ		ı
5 Dr Dionissios Assanis Prvost & SVP (thru 6/16)	(i)	110,000	0	126,965	0		236,965	0
	(ii)	1	1	1	1	1		1
6 Dr Lewis Pasternak CEO & VP for Health Systems	(i)	200.000	160,313	0	0	0	360,313	0
	(ii)	1		<u></u> ,	!	<u></u>		<u>-</u> · · · · · · · · · · · · · · ·

	Tage •					
Part IIII Supplemental Infor	Part III Supplemental Information					
Provide the information, explanation, o	Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information					
Return Reference	Explanation					
TAX INDEMNIFICATION AND GROSS-UP PAYMENTS	SCHEDULE J, Part I, Line 1a The following individuals received a tax gross-up payment for their loan forgiveness, which was included in taxable income on their Form W-2 and is reported in Form 990, Schedule J, Part II, column (b)(iii) Executive Director, Dexter Bailey \$80,098 Provost & SVP for Academic Affairs, Dionissios Assanis \$66,965					
METHOD OF ESTABLISHING COMPENSATION OF THE	SCHEDULE J, Part I, Line 3 The Foundations Executive Director is a State University Employee, and as such, the State (an unrelated government entity) determines appropriate compensation for the Executive Director and requests that the Foundation agree to bear a portion of the compensation. The					

Page 3

Schedule J (Form 990) 2015

Schedule 1 (Form 990) 2015

Form 990, Schedule J. Question 3 is left blank

payment of a portion of the compensation by the Foundation Accordingly, since the Foundation does not establish the Executive Directors compensation,

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Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

DLN: 93493135083807 OMB No 1545-0047

2015

Department of the Treasury		Pinformation a	idout Sche		ov /form990.) and its instru	ctions	is at			n to P specti	
Internal Revenue Se Name of the or	ganızatıon						Er	nploye	er identi	fication	numbe	r
Stony Brook Found	dation Inc						1	1-607	7945			
		t Transaction	•)(29)	organ	izations			
		ganization answer					_					
1 (a) Nan	ne of disquali	nea person	(b) Re	•	tween disqualif organization	ned person and	1 (•	cription saction	or	(d) Corr	No No
											163	NO
							+					
							+			-		
							+					
2 Enterthe a	amount of tax	: incurred by orgai	nızatıon m	anagers or di	squalified pers	ons during the	year	under	section			
4958 .									> \$			
3 Enter the a	amount of tax	, if any, on line 2,	above, re	imbursed by	the organizatio	n	•		▶ \$			
Part III Lo	ans to an	d/or From Int	erested	Persons.								
		organization ansv oorted an amount				line 38a, or Fo	rm 99	0, Pa	rt IV , lın	ie 26, d	r ıf the	
(a) Name of	(b) Relation	nship (c)	(d) Loar	n to	(e)O riginal	(f)Balance	(a)) In	(h)	<u> </u>	(i)Wr	itten
interested	with	Purpose of	or from	the	principal	due		ult?	Appro	ved	agreer	
person	organizat	ion Ioan	organizat	ion?	amount				by boa			
			То	From			Yes	No	Yes	No	Yes	No
Dionissios	Provost & S	SVP Housing		Х	300,000	20,000		No		No	Yes	
(1) Assanıs											+	
											+	
									1		+	
											+	
											+	
Total	Į	<u> </u>	ļ.			20,000						
Part III Gra		sistance Bene				•						
(a) Name of i		e organization a			orm 990, Par nt of assistance			ctanc	0 (0)	Durnas	e of ass	ıctanca
(a) Name of the person		interested perso	on and the		icui assistailee	(u) Type C	л a551	SIGNIC	c (e)	r ui pos	C UI d55	istalice
				1		<u>'</u>						

Schedule L (Form 990 or 990-EZ) 2015

(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh organiz reven	f zatıon's
				Yes	No
(1) Dr James Simons	Board member	39,137,489	Investments Held		Νo
(2) Dr James Simons	Board member	1,291,840	Investment Fee		No
Part V Supplemental Inform	ation on for responses to questions				

\$1,291,840 in investment management fees

Explanation

Schedule L, Part IV The Foundation holds investments with an investment firm where Dr. James Simons is the Chairman of the Board. The value of the Foundations holdings with the firm is

\$39,137,489, for the year ending June 30, 2016, the Foundation paid the investment firm

BUSINESS TRANSACTIONS INVOLVING INTERESTED

Return Reference

PERSONS

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DLN: 93493135083807

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

(Form 990)

OMB No 1545-0047

2015

Treas	rtment of the ury nal Revenue Service		out Schedi	lle M (Form 990) and its ins	tructions is at <u>www.irs.go</u>	ov/fori		oen to Inspe		
	e of the organiza					Emplo	yer identificat	ion nu	mber	
stony	Brook Foundation I	inc				11-60	77945			
Pa	rt 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 1q	no	(d Method of d oncash contrib	etermı	_	ts
1	Art—Works of a	rt	X	5	120,652	FMV				
2	Art—Historical	treasures .			,					
3	Art—Fractional	interests								
4	Books and publ	ications								
5	Clothing and ho									
6	Cars and other	vehicles								
7	Boats and plane	es								
8	Intellectual pro	perty								
9	Securities—Pub	olicly traded .	Х	21	903,048	FMV				
10	Securities—Clo	sely held stock .								
11	Securities—Par or trust interes									
12	Securities—Mis	cellaneous								
13	Qualified consecontribution—H structures .	ıstorıc								
14	Qualified consecontribution—O									
15	Real estate—Re	esidential .								
		ommercial				<u> </u>				
	Real estate—O									
	Collectibles .					<u> </u>				
	Food inventory									
	Drugs and medi	• •				<u> </u>				
	Taxidermy .					<u> </u>				
		icts								
	Scientific speci									
	Archeological a Other ► (iitiiacts		1	2,500	EM1/				
	and drinks)		_ ^	<u> </u>	2,300	" "				
26	Other ▶ (Х	9	1,634	FMV				
supp	olies)									
27	O ther ▶ ()								
	O ther ▶ (<u> </u>				
29				inization during the tax yea 283, Part IV, Donee Ackno		29				2
30a	During the yea	r, dıd the organıza	ition receiv	e by contribution any prope	rty reported in Part I, lines	1 thro	ough 28, that		Yes	No
	ıt must hold fo	r at least three ye	ars from th	e date of the initial contribu	tion, and which is not requ	red to	be used			1
	for exempt pur	poses for the enti	re holding p	period?				30a		No
b		ribe the arrangeme								\ <u> </u>
31	-	_	·	ce policy that requires the r				31	Yes	
32a	=	nization hire or us	-	les or related organizations	to solicit, process, or sell	noncas	sh 	372	Vac	

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

b If "Yes," describe in Part II

describe in Part II

Schedule M (Form 990) (2015)

Return Reference Explanation Third Party Assistance of Noncash Sch M. Part I. Line 32b To the extent the Foundation receives donations of securities, IT employs its

OWN INVESTMENT BROKER TO liquidate those securities into cash for use in carrying out its

Page 2

Schedule M (Form 990) (2015)

Contributions Icharitable mission. Occasionally, the Foundation receives unique non-cash donations (e.g. of boats, letc), in those instances, the Foundation uses a third party vendor to dispose of the assets

have a Business relationship

DLN: 93493135083807

SCHEDULE O (Form 990 or 990-EZ)

Department of the

Internal Revenue

Treasury

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.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

3493135083807 OMB No 1545-0047

> Open to Public Inspection

Name of the o Stony Brook Four	dation Inc	Employer identification number
cony brook rou	dadon inc	11-6077945
Return Reference	Explanation	
AMOUNTS REPORTED ON LINE 15	FORM 990, PART I, LINE 15 Salaries, other compensation, AND employee benefits are corprograms, administrative offices and fundraising offices. For fiscal year 2016, the total st \$5,537,599 related to campus programs, \$2,042,170 related to administrative offices and offices. Other Program Services Form 990, Part III, line 4d Public Serv., Admin. Supp. & Stalso aids in SUNY Stony Brook's firm commitment to providing a dedicated educational and their students to thrive, by providing funding to improve student, administrative and public. Fin. Aid. Stony Brook Foundation provided various student financial support to SUNY. Stor Brooks students to assist in their effort of delivering a world-class education at remarkab recruiting the best young minds and future leaders from across the socioeconomic spectifunds as a trustee/disbursing agent for auxiliary agencies of stony brook university, which 30, 2016. Such amounts are included in cash and cash equivalents and other investments statements of financial position. The foundation charges fees to these agencies for admir \$2,529,065 for fiscal year 2016, which is included in contracts and other support in the collegation of AUTHORITY Form 990, part VI, section A, line 1. The following committees of have been delegated authority by the Board of Trustees. The Foundation's executive comor the Foundation's Board ("Board") when the Board is not in session, except for the auth any board committee, fix, if any, compensation for board trustees (none is presently paid, amend, repeal or adopt new foundation bylaws. The Executive committee is responsible accounting and financial reporting processes, administering the foundation's conflict of in reviewing compensation of all conflicts of interest, procurement or termination and overse officers insurance coverage and will also carry out any other responsibilities and duties delegated to it by foundation's governance committee develops, review and recommends to the board. Foundation's order and will also carry out any other responsibil	apport of \$9,209,283 includes \$1,629,514 related to fundraising udent Support Stony Brook Foundation of social support system that enables all services across SUNY Stony Brook by Brook as well as to SUNY Stony Brook by Brook as well as to SUNY Stony Brook by Brook as well as to SUNY Stony Brook as well as to

Dr Simons have a Business relationship Dr chhabra and Dr Simons have a Business relationship Dr laufer and Dr Simons

Return Reference	Explanation
	Form 990, part VI, section A, line 8b The foundation adopted policies pursuant to which the board and all committees of the board will contemporaneously document in minutes the meetings held (other than in executive
	session) And written actions undertaken

Return Reference	Explanation
USED TO REVIEW FORM 990	Form 990, Part VI, section B, Line 11 THE FORM 990 WAS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM IN CONJUNCTION WITH THE ORGANIZATION'S FINANCIAL DEPARTMENT THE FORM 990 IS THEN FORWARDED TO THE EXECUTIVE COMMITTEE FOR REVIEW, COMMENT AND FINAL APPROVAL THE FINAL VERSION IS CIRCULATED TO THE BOARD OF TRUSTEES

Return Reference	Explanation
ENFORCEMENT OF CONFLICT OF INTEREST POLICY	Form 990, Part VI, Section B, Line 12c Pursuant to the Foundation's bylaw's (article IV, Section 11), all Board of Trustees Members, officers and key employees are required to complete an annual conflict of interest certification. The Internal Revenue Service requires that the Foundation disclose relationships among current and certain former members of the Board of Trustees, officers, certain employees, family members, certain independent contractors and entities in which these individuals have an ownership interest. The Annual Certification requires each Trustee, officer and key employee of the Foundation to disclose in writing the existence of any potential conflicts of interest, to certify compliance with the conflict of interest policy and to agree to abide by it. The signed Certifications shall be maintained by the CFO & COO of the Foundation. If an individual becomes aware that he or she may be involved in a potentially conflicted transaction, he or she will immediately disclose the existence and material facts of his or her interest in the conflicted transaction to the Audit Committee or the Board of Trustees, as applicable. Board discussions pertaining to the conflict (and its resolution) are documented in the Board Minutes.

Return Reference	Explanation
PROCESS FOR DETERMINING COMPENSATION	Form 990, Part VI, Section B, Lines 15A The compensation paid to the Foundations top management official (the Executive Director) is determined by an unrelated third party the State of New York The State has established compensation guidelines whereby compensation is capped at a specific level. The Foundation has no discretion to modify the compensation thresholds established by the State, however, the Foundation may APPROVE A REQUEST FROM THE UNIVERSITY TO PROVIDE additional compensation in an effort to attract talent and pay these individuals at a market rate rendering services to the Foundation SUCH ADDITIONAL COMPENSATION IS THEN APPROVED BY THE FOUNDATION BOARD. The compensation is memorialized in an employment contract noting that a portion of salary will come from Stony Brook Foundation and another portion from the University, causing certain employees to receive two W-2s. Form 990, Part VI, Section B, Line 15B The compensation paid to the Foundations other officers (COO, CFO and CIO) is recommended by the Foundations Executive Director, and is reviewed by an unrelated third party tax-exempt organization to determine if compensation is appropriate and within the guidelines of industry standards. The approved compensation is then memorialized in an employment contract.

Return Reference	Explanation
AVAILABILITY OF	Form 990, Part VI, Line 19 STONY BROOK FOUNDATION, INC. MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC ON
DOCUMENTS TO	THE ORGANIZATION'S WEBSITE The Form 990 is likew ise published on the internet at www guidestar org THE
THE PUBLIC	ORGANIZATION'S FINANCIAL STATEMENTS ARE MADE AVAILABLE ON THE ORGANIZATION'S WEBSITE THE
	ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT ORDINARILY AVAILABLE
	TO THE PUBLIC, BUT, IF REQUESTED, WILL BE PROVIDED AT MANAGEMENT'S DISCRETION

Return Reference	Explanation
Form 990, Part VII	In the interest of clarity, the Foundation is providing context on the compensation reported in both Part VII and Schedule J of the Form 990. The Foundation's Executive Director, Dexter Bailey, is a State University employee who undertakes two different job responsibilities. SENIOR VICE PRESIDENT FOR UNIVERSITY ADVANCEMENT at the State University of Stony Brook and as Executive Director of the foundation. Mr. Bailey's compensation reported on Part VII of the Form 990 represents compensation paid by the Foundation for services rendered by Mr. Bailey in his capacity as Executive Director and not for any services he renders to the State University of Stony Brook BENEFITS NOT DISCLOSED ON SCHEDULE J ARE PROVIDED BY THE STATE UNIVERSITY OF STONY BROOK. The funding to support State employee compensation is approved by the Foundations Board of Directors. Dr. Samuel Stanley, Ex-Officio Trustee, is a State University employee that participates in fundraising on behalf of the Foundation. Dr. Stanley's compensation reported on Part VII of the Form 990 is a PORTION OF HIS TOTAL COMPENSATION. PACKAGE. DR. STANLEY'S TOTAL COMPENSATION IS ESTABLISHED AND APPROVED BY THE SUNY CHANCELLOR. BENEFITS ARE PROVIDED BY THE STATE UNIVERSITY OF STONY BROOK. The funding to support THE State employee compensation is approved by the Foundations Board of Directors. CFO & COO, Jason Hsueh, and ClO, Erin Abouz'aid, spend 100% of their time engaged in activities that support the Foundation, how ever, their compensation is paid by an unrelated third party tax-exempt organization and not directly by the Foundation. Compensation paid by an unrelated organization for services rendered to the Foundation is required to be disclosed in Part VII, Column (d) as though it had been paid by the Foundation. CHIEF FINANCIAL OFFICER, LYLE GOMES, Is A STATE UNIVERSITY EMPLOYEE WHO OCCASIONALLY RENDERS SERVICE TO THE FOUNDATION HIS COMPENSATION THAT IS ATTRIBUTABLE TO SERVICES RENDERED TO THE FOUNDATION SEQUIRED TO BE DISCLOSED IN PART VII, COLUMN (D) AS THOU

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Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2015

Open to Public

Department of the Treasury Internal Revenue Service

SCHEDULE R

(Form 990)

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Inspection **Employer identification number** Name of the organization Stony Brook Foundation Inc 11-6077945 Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33. Part I (f) Name, address, and EIN (if applicable) of disregarded entity Legal domicile (state Total income Direct controlling Primary activity End-of-year assets or foreign country) Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (a) (b) (c) (d) (e) (f) (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) (13) controlled entity entity? Yes No (1)Stony Brook Foundation Realty Real Estate NY 501(c)(3) 11-I SBF Yes 230 Administration Stony Brook, NY 11794 11-2622814 (2)Stony Brook Foundation Delaware NY 501(c)(3) Real Estate 11-I SBF Yes 230 Administration Stony Brook, NY 11794 13-3550753 (3)Long Island High Tech Incubator Inc Develop Tech NY 501(c)(3) NA No 25 east loop road Stony Brook, NY 11790 11-3059018

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form	990, Pa	art IV, I	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)	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 Disprop alloca) rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
] 3117			Yes	No	1	Yes	No	
											\vdash	
Part TV Identification of Polated Organizations Tayable					I.		<u> </u>					

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

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

Part V Transactions With Related Organizations Complete if the organization answ	vered "Yes" on Form	990. Part IV. line	. 34. 35b. or 36.		1 4	age 3
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	Tered res errorni	330) Tare 11, mic	. 3 17 3357 61 361		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more	related organizations li	sted in Parts II-IV?	i			\vdash
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	•			1a		No
b Gift, grant, or capital contribution to related organization(s)				1b		No
c Gift, grant, or capital contribution from related organization(s)				1c		No
d Loans or loan guarantees to or for related organization(s)				1d		No
e Loans or loan guarantees by related organization(s)				1e		No
e Loans of loan guarantees by refaced organization(s)				-		
f Dividends from related organization(s)				1f		No
g Sale of assets to related organization(s)				1 g		No
h Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)				1i		No
j Lease of facilities, equipment, or other assets to related organization(s)				1j		No
, Essential transfer of the second transfer o						+
k Lease of facilities, equipment, or other assets from related organization(s)				1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)				11		No
m Performance of services or membership or fundraising solicitations by related organization(s)				1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes	\vdash
• Sharing of paid employees with related organization(s)				10	Yes	\vdash
o sharing of para employees with related organization(s) i.						\vdash
p Reimbursement paid to related organization(s) for expenses				1 p		No
\boldsymbol{q} Reimbursement paid by related organization(s) for expenses				1 q		No
\boldsymbol{r} . Other transfer of cash or property to related organization(s)				1r		No
${f s}$ Other transfer of cash or property from related organization(s)				1 s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete	te this line, including co	overed relationships	and transaction thresholds	<u> </u>		
(a)	(b)	(c)	(d)			
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining an	nount ir	nvolve	1

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

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

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships																			
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	section 501(c)(3) organizations?		501(c)(3) organizations?		501(c)(3) organizations?		501(c)(3) income organizations?		income assets		(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No							
												1 I							
													<u> </u>						

