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### Form **990**

Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

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

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

2016 Open to Public

OMB No 1545-0047

Open to Publ Inspection

Information about Form 990 and its instructions is at www.lrs.gov/form990. A For the 2016 calendar year, or tax year beginning C Name of organization D Employer identification number Check if THOMAS EDISON STATE UNIVERSITY Address change FOUNDATION, INC. Name change 22-2117814 Doing business as E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ <u>(609)984-1588</u> 111 WEST STATE STREET termin-ated 6,693,170. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended TRENTON, NJ 08608 H(a) Is this a group return Applica-F Name and address of principal officer: CHRISTOPHER STRINGER for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? I Tax-exempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 527 If "No," attach a list (see instructions) J Website: ► WWW.TESUFOUNDATION.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Year of formation: 1976 M State of legal domicile: NJ Part I | Summary SCANNED MAY 0 2 201 Briefly describe the organization's mission or most significant activities: TO SUPPORT THE PROGRAMS AND ACTIVITIES OF THOMAS EDISON STATE UNIVERSITY 2 Check this box \( \bigs \) if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 27 4 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** 721,096. 876,165. Contributions and grants (Part VIII, line 1h) О. 0. Program service revenue (Part VIII, line 2g) 605,159 151,611. Investment income (Part VIII, column (A), lines 3, 4, and 7d) <u><16,235</u> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <u><16,067.</u>> 1,310,020. 011,709. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 618,503. 538,332. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line 4) 0 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 19,639. 13,884. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line-25)-153,950. 123,678 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) CFVED 681,649 786,337. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 225,372. 628,371. Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year End of Year 9,883<u>,</u>737. <u>9,486,878.</u> 20 Total assets (Part X, line 16) OGDEN, UT 738,957 Total liabilities (Part X, line 26) 847*.*351 Net assets or fund balances Subtract line 21 from line 20 639,527. 144,780 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign CHRISTOPHER STRINGER, COMPTROLLER Here Type or print name and title PTIN Print/Type preparer's name Prepare signature 3/23/17 P01231129 Paid KYLE A. NEELD, CPA Preparer Firm's name MERCADIEN, P.C. Firm's EIN 22-3271712 Firm's address  $\triangleright$  P.O. BOX 7648 Use Only Phone no. 609 - 689 - 9700 PRINCETON, NJ 08543-7648

14

X Yes

May the IRS discuss this return with the preparer shown above? (see instructions)

•		
	THOMAS EDISON STATE UNIVERSITY	_
orm	n 990 (2016) FOUNDATION, INC. 22-2117814 Page	2
Pai	statement of Program Service Accomplishments	$\neg$
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission	
	THE THOMAS EDISON STATE UNIVERSITY FOUNDATION, INC., OPERATES	_
	EXCLUSIVELY FOR THE BENEFIT, SUPPORT AND PROMOTION OF THE UNIVERSITY	
	AND ITS EDUCATIONAL ACTIVITIES.	
2	Did the organization undertake any significant program services during the year which were not listed on the	_
	prior Form 990 or 990-EZ?	10
	If "Yes," describe these new services on Schedule O	_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	10
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported	
4a		_ )
	THE FOUNDATION EXISTS EXCLUSIVELY TO SUPPORT THE PROGRAMS AND	
	ACTIVITIES OF THOMAS EDISON STATE UNIVERSITY IN THE ACHIEVEMENT OF ITS	
	MISSION AS AN INSTITUTE OF HIGHER LEARNING.	
4b	(Code) (Expenses \$	_ )
4c	(Code) (Expenses \$	_ )
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ► 639,730 •	

632002 11-11-16

Form **990** (2016)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3_		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II			x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		_X_
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	_X_	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
a	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			77
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		
f	the organization's separate of consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	. 1 11		
ızu	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	_124		
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	x	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	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		_X_
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		ĺ	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	_X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u> 2016)

Form 990 (2016)

FOUNDATION, INC.

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Det the organization operate one or more hospital facilities? If "Yes," complete Schedule If 100	Pai	t JV Checklist of Required Schedules (continued)			
20a bt the organization operate one or more hospital facilities? If "Yes," complete Schedule II by If "Yes" to the 28a, diff the organization rate or account of the organization organization or account of the organization organizati				Yes	No
b If "Yes" to line 20th, did the organization attach a copy of its audited financial statements to this return?  20b   21b   Define organization report more than \$5,000 organis or other assistance to any domestic organization or domestic government on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and III  21   Did the organization report more than \$5,000 organis or other assistance to or for domestic individuals on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III  22   Did the organization answer "Yes" to Part VII, Section III, line 3, 4, or \$a bout companisation of the organization's current and former offices, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule III and III an	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
21 bit the organization report more than \$5,000 of grafts or other assistance to any domestic organization or domestic organization report more than \$5,000 of grafts or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III and former officiers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule Is Schedule Is A through I and the organization of the organization o	-				
domestic government on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and if!  21 Did the organization enseme than 55,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and if!  22 J Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former offices, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I and to 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 I. "No", yo to him 25a  b Did the organization minest any proceeds of tax exempt bonds beyond a temporary penid exception?  c Did the organization mest any proceeds of tax exempt bonds beyond a temporary penid exception?  c Did the organization mest any proceeds of tax exempt bonds beyond a temporary penid exception?  d Did the organization mest any proceeds of tax exempt bonds beyond a temporary penid exception?  d Did the organization amental and escore vaccount other than a refunding escrive at any time during the year?  d Did the organization amental and solito(29) organizations. Did the organization engage in an oxcess benefit transaction with a disqualfied person of the proceed of the proceeding transaction with a disqualfied person of a process person of the process of					
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Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III and If III and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part II and 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 245 through 24d and complete Schedule I, "I'n", or yo to line 25s b Dd the organization invest arry proceeds of tax exempt bonds beyond a temporary period exception? C Dd the organization invest arry proceeds of tax exempt bonds beyond a temporary period exception? Dd the organization invest arry proceeds of tax exempt bonds cutstanding at any time during the year of defease any tax exempt bonds? Dd the organization invest arise through 30 to 10 to	22				
23 Did the organization answer "Yes" to Part VII, Section A, Ine 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 I. If "No.," or to line 25s Schedule I. If "No.," or to line 25s Schedule I. If "No.," or to line 25s Schedule II. If "No.," or to line 25s II. If "No., or line			22		х
and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J 23 X 24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes," answer lines 2th through 2td and complete Schedule K. 'Pao', go to line 25a 24b 24c 25b 2b 0th the organization ninest any proceeds of tax exempt bonds beyond a temporary period exception? 24d 3b 2d	23				
Schedule J 24a Dd 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 "Yo", go to line 25a  D off the organization maintain an ascrow account other than a refunding secrow at any time during the year to defease any tax-evempt bonds?  d D dit the organization maintain an ascrow account other than a refunding secrow at any time during the year to defease any tax-evempt bonds?  d D dit the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-evempt bonds?  d D dit the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-evempt bonds?  d D dit the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d D dit the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d D dit the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d D dit the organization with a dequalified person in a prior year, and that the transaction has not been reported on any of 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, or deaqualified persons? If "Yes," complete Schedule L, Part II and the organization approvide 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 \$5% controlled entity or family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV and the organization receive more than \$250.00 in non-cash contributions? If "Yes," complete Schedule L, Part IV and the organization receive more than \$250.00 in non-c		· · · · · · · · · · · · · · · · · · ·			
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 /f "yes," answer lines 24b through 24d and complete Schedule K. /f "No", go to line 25a  b Did the organization ministrain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  Did the organization ministrain an escrow account other than a refunding escrow at any time during the year? to defease any tax-exempt bonds?  24c  25d  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? /f "Yes," complete Schedule L, Part I is is the organization has not been reported on any of the organization's prior Forms 990 or 990-E2? /f "Yes," complete Schedule L, Part I is the transaction 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-E2? /f "Yes," complete Schedule L, Part II is 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, bubstantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of a current or former officer, director, trustee, leve employees, bubstantial contributor or employees thereof, a grant selection committee member, or to a 35% controlled entity or family member of a current or former officer, director, trustee, or key employee or a family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV as the organization face or midder tower's If "Yes," complete Schedule L, Part IV as the organization receive contributions of an, historical treasures, or other similar assets, or qualified c			23	х	
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b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a pnor year, and that the transaction has not been reported on any of the organization's pror Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I    25b	25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 // "Yes," complete Schedule L, Part I // 25b			25a		X
Schedule L, Part I  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	b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
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 and 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 IV instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions or applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions or director, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions or director, director, trustee, or key employee? If "Yes," complete Schedule M in organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M instructions? If "Yes," complete Schedule M in organization receive ontributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I in its organization included te, terminate, or dissolve and cease operations? If "Yes," complete Schedule M, Part I in its organization included te, terminate, or dissolve and cease operations? If "Yes," complete Schedule R, Part I in its organization included te, In its organization organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Ine 1  35 Did the org		that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
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Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  37 X  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O  38 X	36				
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Note. All Form 990 filers are required to complete Schedule O			37		X
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		Note. All Form 990 filers are required to complete Schedule O		•	(0.0 % 5)

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Part,V	Sta	tements	Regar	ding (	Other	IRS	Filings	and	Tax	Comp	oliano	ce

a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		Check if Schedule O contains a response or note to any line in this Part V					
16 Exter the number reported in Box 3 of Form 1096 Enter 0 in not applicable						Yes	No.
b. Enter the number of Forms W.GS included in line 1s. Enter 0-d not applicable.  Od the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winning?  (gambling) winnings to prize winning?  Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements, Idle of the calendar year anding with or within the year covered by this return  In I at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1 and 2a greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a I are the area of the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, accusters account, or other financial account)?  4a A stary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, accusters account, or other financial accounts (FBAR)  5b If Yes, and the organization and a bank account, accusters account, or other financial accounts (FBAR)  5c See instructions for filing requirements for FincQEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  5c See instructions for filing requirements for FincQEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  5c I Yes, "or the filing part yor filty the organization that vax or is a party to a prohibited tax shelter transaction?  5c I Yes, "or the filing party filing the organization shelt with a constitution of party to a prohibited tax shelter transaction or gifts were not tax deductible?  5c Does the organization entity or a prohibited accustion and party for goods and services provided or the payor?  5c Did the organization entity or a payment in excess	1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	8			
Gambling) winnings to prize winners?  A Either the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, led for the calendar year ending with or within the year covered by this return.  A bit of the calendar year ending with or within the year covered by this return.  A bit of the calendar year and die organization file all required federal employment tax returns?  Abot. If the sum of lines I and 2 as greater than 250, you may be required to e-file (see instructions)  A bit organization have unrelated business gross income of \$1,000 or more during the year?  B bit "Yes", and it filed a form 950 of 1 for this year "I" "his," to in the 3pt younded an explanation in Schedule O  A ray time during the calendar year, did the organization thave an interest in, or a signature or other authority over, a financial account, and country (such as a bank account, securities account, or other financial account)?  A bit "Yes," enter the name of the foreign country to be a bank account, securities account, or other financial accounts (FBAR)  B was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  B bit "Yes," and the organization that it was or is a party to a prohibited tax shelter transaction?  B bit "Yes," and the organization in the organization that it was or is a party to a prohibited tax shelter transaction?  B bit "Yes," and the organization in excess or tax deductibles or form 888617  B bit "Yes," and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charitable contributions?  B bit "Yes," and the organization nickly the donor of the value of the goods or servoes provided?  B bit were not tax deductibles or contributions under section 170(c).  B bit the organization have any time the way solicitation and express the property for which it was required to fise form 88282?  B bit "Yes," indicate the number of Forms 82828 lied during the year.  B coll the organization	_	•		0			
2a Cotte the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements. 2a O b lift cleared any series and growth or within the year covered by this return of lead for the cleaned system and growth or within the year covered by this return?  Note. If the sum of lines 1a and 2as greater than 250, you may be required to e-five (see instructions)  3 bit "ress," reparation have vurietized business grows ancome of \$1,000 or more during the year?  3 bit "Yes," has it field a from 990-1 for this year? If "No," to the 3b, provide an explanation in Schedule O  3 bit "Yes," and the during the calendary earl, dat the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  4 bit "Yes," and the financial account in a foreign country (such as a bank account, securities account, or other financial account)?  5 bit "Yes," and granization a party to a prohibeted tax sheller transaction?  5 cit "Yes," to lime 5a or 5b, did the organization that it was or is a party to a prohibeted tax sheller transaction?  6 cit "Yes," to lime 5a or 5b, did the organization that it was or is a party to a prohibeted tax sheller transaction?  6 cit "Yes," to lime 5a or 5b, did the organization that organization that organization have arminal gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c).  7 bit "Yes," and did organization include with every solicitation an expresse statement that such contributions or grits were not tax deductible?  8 contribution start any receive deductible contributions under section 170(c).  9 bit "Yes," indicate the number of Forms 8222 feed during the year.  10 bit the organization receive a payment in excess of \$75 made party as a contribution of an approperty for which it was required to the Forms 8222.  10 bit the organization received a contribu	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming		ſ	
filed for the calendary year andling with or within the year covered by this natura   Za					1c	X	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unnested business gross income of \$1,000 or more during the year?  5a Dif **Pes**, has it filed a Form 990 T for this year? If **Yeo,** to line 3b, provide an explanation in Schedule O  5b If **Yes**, and the did from 990 T for this year? If **Yeo,** to line 3b, provide an explanation in Schedule O  5c If **Yes**, and a foreign country (such as a bank account, securities account, or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR)  5b If **Yes**, and the organization that or services account, or other financial accounts (FBAR)  5c If **Yes**, and the organization that if was or is a party to a prohibited tax shelter transaction?  5c If **Yes**, and the organization that if was or is a party to a prohibited tax shelter transaction?  5c If **Yes**, and the organization mixed with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?  5c If **Yes**, and the organization mixed were not tax deductible contributions under section 170(c).  5d If the organization netwer a payment in excess of \$75 mide party as a contribution and party for goods and services provided to the payor?  5c If **Yes**, and the organization notify the donor of the value of the goods or services provided?  5c If **Yes**, and the organization notify the donor of the value of the goods or services provided?  5c If the organization received a payment in excess of \$75 mide party as a contribution of payment or secure and party for goods and services provided to the payor?  5c If the organization selection organization and party for provide and services provided to the payor?  5c If the organization is an analysis of the payments or service	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year?  If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O  As A tarry time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, or other financial account)?  As B If "Yes," either the name of the foreign country. See instructions for filing requirements for FinceN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  See instructions for filing requirements for FinceN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  See instructions for filing requirements for FinceN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solution any contributions that were not tax deductible form 8886 175.  If "Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solution and very solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contribution or access of \$75 made parity is a contribution and parity for goods and services provided to the payor?  If "Yes," indicate the number of Forms 8282 filed during the year?  If "Yes," indicate the number of Forms 8282 filed during the year.  If "Yes," indicate the number of Forms 8282 filed during the year.  I		filed for the calendar year ending with or within the year covered by this return	2a	0		1	
3.a Dit the organization have unrelated bissness gross income of \$1,000 or more during the year?  b if "Yes," has it field a Form 990-T for this year? if "Mo," to line 3b, provide an explanation in Schedule O  d At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts?  b if "Yes," either the name of the foreign country! ▶  See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  b if any tixeable party notify the organization file Form 8868-T?  b old any tixeable party notify the organization file Form 8868-T?  b old any tixeable party notify the organization file Form 8868-T?  b old it organization include with every solicitation an express statement that such contributions or gifts were not tax deductable?  b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductable?  b if "Yes," did the organization notify the donor of the value of the godo's or services provided?  b if the organization receive a payment in excess of \$75 made partly as a contribution and partly for godos and services provided to the payor?  b if "Yes," did the organization notify the donor of the value of the godo's or services provided?  c old the organization received a contribution of the value of the godo's or services provided?  d if "Yes," indicate the number of Forms 8282 filed during the year  b old the organization file Form 8282 filed during the year  c old the organization or seceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  d if the organization received a contribution of case, boats, any planes, or other vehicles, did the organization file a Form 108-C?  if the organization received a contribution of case, boats, any planes, or other vehicles, did the organization file a	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retui	ns?		2b		
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financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR)  b if "Yes," either the name of the foreign country."  See instructions for filing requirements for FindEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Dd any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b Dd any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c Uniform 114 (Septiment 114)  6c Uniform	b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
b if "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Dd any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a of 5b, did the organization file Form 88861-7?  5b Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6c X  5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contribution include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8d bif "Yes," did the organization notify the donor of the value of the goods or services provided?  7d Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7d If "Yes," did the organization notify the donor of the value of the goods or services provided?  7d If "Yes," did the unimber of Forms 8282 filed during the year  9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7d If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7d If the organization organization and organization for qualified intellectual property, did the organization file a Form 1098-C?  8 Sponsoring organizations an anintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organizations an anintaining donor advised funds.  10 Did the sponsoring	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			ı
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b Did any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction?  6 If "Yes," to line 5 a or 5 b, did the organization file Form 8886.T?  6 Does the organization have annual gioses receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chantable contributions?  6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  8 If "Yes," did the organization notify the donor of the value of the goods or services provided?  9 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  1 If "Yes," indicate the number of Forms 8282 filed during the year  9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9 If the organization, during the year, pay premiums, directly, or pay premiums on a personal benefit contract?  9 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098.C?  1 If the organization received a contribution of cars, boats, anplanes, or other vehicles, did the organization file a Form 1098.C?  1 If the organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under sectio		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	nts (FBAR)			
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Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chantable contributions?  8	b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b		<u> </u>
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b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7a X  7b If "Yes," did the organization notify the donor of the value of the goods or services provided?  b If the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  D Id the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c X  7d If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7f If X  7g If the organization received a contribution of cars, boats, amplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations meintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  8 Sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make any taxable distributions under section 4966?  b If the organization is maintaining donor advised funds.  D If the organization make any taxable distribution to a donor, donor advisor, or related person?  9 b Section 501(c)(12) organizations. Enter:  a initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12; for public use of club facilities  10a	6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne org	anization solicit			l
were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c). a Did the organization set hat may receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," indicate organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12 b Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 601(c)(2) organizations. Enter: a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12b If "Yes," enter the amount of feavewer the relation is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state?  Note. See the instructions for addit		·			6a		<u>_X</u> _
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	<u>b</u>	if "Yes," has it filed a Form /20 to report these payments? If "No," provide an explanation in Schedul	e U			990	(2016)

Form 990 (2016)

FOUNDATION, INC.

22-2117814

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

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
			ı		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	28	<u> </u>		
	If there are material differences in voting rights among members of the governing body, or if the governing				ļ	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
þ	Enter the number of voting members included in line 1a, above, who are independent	1b	27	<u>'</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other			
	officer, director, trustee, or key employee?			2_		_X_
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision		i	
	of officers, directors, or trustees, or key employees to a management company or other person?			3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	is filed?	4	_X	
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		<u>X</u>
6	Did the organization have members or stockholders?			6		<u>X</u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or			
	more members of the governing body?			7a		_X_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or			
	persons other than the governing body?			7b_		_X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ached	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Fi	evenu	e Code )		-	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b		hapter	s, 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 boo	dy befo	ore filing the form?	11a	Х	
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			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	res," a	escnbe			
	ın Schedule O how this was done			12c	X_	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approve		ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?				
а	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a			7,7
	taxable entity during the year?			16a		<u> X</u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organical statements.	anızatıc	on's			
_	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NJ	T (C :				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	1 (2,6C	uon ou r(c)(3)s only)	avallat	л <del>е</del>	
	for public inspection. Indicate how you made these available. Check all that apply	^	hadula (C)			
	Own website Another's website X Upon request Other (explain			. al &	امیما	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict	oi interest policy, ai	ıu imar	icial	
	statements available to the public during the tax year	1:-				
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks a	nu recoras 📂			
	CHRISTOPHER STRINGER - (609)984-1588	_				
	111 WEST STATE STREET, TRENTON, NJ 08608					

90 (2016) FOUNDATION,

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Page 7

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization n	or any related	orga	ınıza	tion	cor	npei	nsat	ed any current officer, c	lirector, or trustee	
(A)	(B)			_ (0	<b>C)</b>			(D)	(E)	(F)
Name and Title	Average	(do			ition more	than	one	Reportable	Reportable	Estimated
	hours per	ьох	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	$\vdash$	cer an	aaa	recto	Trus	100)	from	from related	other
	(list any hours for	recto		1	ĺ	<u> </u>		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	9 01 (	stee			sate		(W-2/1099-MISC)	(***271033***********************************	organization
	organizations	truste	a ta		yee	mper		(11 27 1000 111100)		and related
	below	individual trustee or director	nstitutional trustee	<u></u>	Key employee	est co	le.			organizations
	line)	upuj	Instit	Officer	Key 6	Highest compensated employee	<b>F</b> ormer			
(1) MICHAEL R. TOSCANI, PHARM. D.	0.50									_
FOUNDATION CHAIR		X	<u> </u>	X				0.	0.	0.
(2) FRANK CLYBURN	0.30									
FOUNDATION VICE CHAIR		X		X	<u> </u>			0.	0.	0.
(3) ERIC ROBERT LEAR	0.30									
TRUSTEE REPRESENTATIVE		X		X				0.	0.	0.
(4) AHMED A. AZMY, PH.D., AIA, APA	0.30			1						
DIRECTOR		X_					L	0.	0.	<u>0.</u>
(5) LEE J. BELLARMINO	0.30	l			}	ł				
DIRECTOR		X					L	0.	0.	<u> </u>
(6) ALEX BINDER	0.30									
DIRECTOR		X				_		0.	0.	<u> </u>
(7) STEVEN B. BINDER	0.30							'		
DIRECTOR	<u> </u>	X						0.	0.	0.
(8) DR. JAMES E. CARNES	0.30									
DIRECTOR		X					L_	0.	0.	0.
(9) NICHOLAS L. CARNEVALE	0.30			1		}				
DIRECTOR		X						0.	0.	0.
(10) A. BRUCE DANSBURY	0.30	1				Į			i	
DIRECTOR		X						0.	0.	<u> </u>
(11) RICHARD J. GILLESPIE	0.30									
DIRECTOR		X	<u> </u>			<u> </u>		0.	0.	0.
(12) RONALD A. GIMBEL	0.30									
DIRECTOR		X						0.	0.	0.
(13) AUBREY W. HAINES	0.30							_		
DIRECTOR		X						0.	0.	0.
(14) JOHN T. HARRISON	0.30									
DIRECTOR		X						0.	0.	0.
(14) MARGARET HOISINGTON	0.30		-			1				
DIRECTOR		X						0.	0.	0.
(16) MARIA IMBALZANO, ESQ.	0.30									
DIRECTOR		X		<u> </u>		L	L.	0.	0.	0.
(17) JAMES KILGORE	0.30									
DIRECTOR		Х						0.	0.	0.

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Form 990 (2016)

FOUNDATION, INC.

Part VII Section A. Officers, Directors, True	stees, Key Em	ploy	ees	, and	d Hi	ighe	st C	compensated Employe	es (continued)			
(A)	(B)			((	2)			(D)	(E)		(F)	
Name and title	Average	(do		Pos heck		า ethan	one	Reportable	Reportable		stımat	
	hours per week	box.	, unle	ss pe	rson	is bot	h an	compensation	compensation from related	a	mount other	
	(list any							from the	organizations	cor	npens	
	hours for	r director		İ		8	i	organization	(W-2/1099-MISC)	1	from th	
	related	stee on	ustee			ensat		(W-2/1099-MISC)			ganıza	
	organizations	al trus	onal tr		loyee	lg s					nd rela	
	below line)	Individual trustee or	Institutional trustee	Officer	s emb	Highest compensated employee	Former			org	ganızat	ions
(10) CHRYTHY D. WING	0.30	트	-트	<u>8</u>	32	포함	18	<del></del>		<del>  -</del>		
(18) STEVEN R. KING DIRECTOR	0.30	x						0.	0			0.
(19) BRUCE KRATZ	0.30					+		<u> </u>		1		
DIRECTOR	0.50	x						0.	0			0.
(20) CLARENCE LOCKETT	0.30											
DIRECTOR		Х			<u> </u>			0.	0			0.
(21) AL MAGHAZEHE, PH.D., FACHE	0.30											
DIRECTOR		X				<u> </u>	<u> </u>	0.	0	<u>•</u>		0.
(22) BRIAN T. MALONEY	0.30			1			1					_
DIRECTOR		X					ļ	0.	0	•		0.
(23) GREG MILZCIK	0.30									.		^
DIRECTOR	0.30	X	-			+	$\vdash$	0.	0	+		0.
(24) SEAN MURRAY	0.30	x					1	0.	o			0.
DIRECTOR ADDRESS A DRIVETTE	0.35	₽	<u> </u>			+	1	<u> </u>		•		
(25) DR. GEORGE A. PRUITT	34.65	X		х				0.	361,939	1 1	56.3	80.
PRESIDENT, TESU (26) ROBERT ROSENBAUM, ED.D	0.30	122	<del> </del> -			1	1		302/3	`	<u> </u>	
DIRECTOR	0,00	$\mathbf{x}$		,			ļ	0.	l	١.		0.
1b Sub-total	•			1		-	▶	0.	361,939	. 1!	56,3	80.
c Total from continuation sheets to Part \	/II, Section A						<b></b>	0.	827,819	3.	38,9	94.
d Total (add lines 1b and 1c)							$\blacktriangleright$	0.	1,189,758	. 4	95,3	<u> 74.</u>
2 Total number of individuals (including but	not limited to th	nose	liste	ed a	bov	e) w	ho r	received more than \$100	0,000 of reportable			
compensation from the organization											1	0
											Yes	No
3 Did the organization list any former office			e, ke	ey e	mple	oyee	, or	highest compensated e	mployee on			7.7
line 1a? If "Yes," complete Schedule J for									Al	3	+	X
4 For any individual listed on line 1a, is the s									the organization		x	
and related organizations greater than \$15									idual for convices	4	<b>↑</b> ^	<del> </del>
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," col	•						reia	ted organization or indiv	idual for services	5		x
Section B. Independent Contractors	npiete Schedul	C 0 1	01 3	ucn	per	3011						
Complete this table for your five highest complete.	ompensated in	dep	ende	ent o	ont	tract	ors	that received more than	\$100,000 of compe	nsatior	from	
the organization Report compensation fo												
(A)								(B)			(C)	
Name and busines	s address	N	ON	E				Description of	services	Comp	ensati	on
												-
											_	
2 Total number of independent contractors	(including but r	not li	mite	ed to	tho	ose I	iste	d above) who received r	nore than			
\$100,000 of compensation from the organ	nization 🕨					0						
SEE PART VII. SECTIO		ודיד	NU	ΑТ	ΙŌ	N	SH	EETS		Forr	n <b>990</b>	(2016)

SEE PART VII, SECTION A CONTINUATION SHEETS

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hours per week (list any hours for related organizations below line)  (27) JEFFERY STOKES  DIRECTOR  (28) CHRISTOPHER J. ZIAS  DIRECTOR  (29) CHRISTOPHER STRINGER  (20) JOHN P. THURBER  (30) JOHN P. THURBER  (31) MISTY ISAK  (32) STEVEN D. ALBANO  (32) STEVEN D. ALBANO  (32) STEVEN D. ALBANO  (33) STEVEN D. ALBANO  (34) STEVEN D. ALBANO  (35) STEVEN D. ALBANO  (36) STEVEN D. ALBANO  (37) STEVEN D. ALBANO  (38) COMPENSATION from the the organization from the organization (W-2/1099-MISC)  (W-2/109-MISC)  (W-2/10	Form 990 FOUNDATIO	ON, INC	•						<del></del>	<u> 22-211</u>	7814
(A) Name and title  Name and title  Average hours per week (list any) hours for related organizations below line)  (27) JEFFERY STOKES  DIRECTOR  (28) CHRISTOPHER J. ZIAS  DIRECTOR  (29) CHRISTOPHER STRINGER  (30) JOHN P. THURBER  (31) MISTY ISAN  AVP DIRECTOR OF DEVELOPMENT, TESU  (32) STEVEN D. ALBANO  TREASURER, TESU  (33) NETTIE EDWARDS  (33) NETTIE EDWARDS  (6) CC)  (CD)  (REPORTable compensation from the organization (W-2/1099-MISC)  (W-2/1099-MISC)  Reportable compensation from related organization (W-2/1099-MISC)  (W-2/1099-MISC)  O. O.  O.  O.  216, 375. 88,60  14.00  21.00  X  O. 150,709. 61,71  TREASURER, TESU  (33) NETTIE EDWARDS	Part VII Section A. Officers, Directors, Tru	ustees, Key Ei	mple	oyee	es, a	ınd l	ligh	est	Compensated Employ	ees (continued)	
Week (ist any hours for related organizations below line)   Week (ist any hours for related organizations below line)   Week (ist any hours for related organizations below line)   Week (ist any hours for related organizations below line)   Week (ist any hours for related organizations below line)   Week (ist any hours for related organizations below line)   Week (ist any hours for related organizations (W-2/1099-MISC)   Week (ist any hours for leated or		Average hours	(c		Pos	ition		ıly)	Reportable	Reportable compensation	(F) Estimated amount of
X   0   0   0   0   0   0   0   0   0		week (list any hours for related organizations below line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations	other compensatio from the organization and related organizations
X   0. 0.			X						0.	0.	(
The Finance & Admin, Tesu   29.75   X   0. 216,375. 88,600   230)   John P. Thurber   8.75   X   0. 215,091. 88,080   231)   MISTY ISAK   14.00   X   0. 150,709. 61,710   232)   STEVEN D. ALBANO   1.75   X   0. 133,826. 54,800   233)   NETTIE EDWARDS   8.75   X   0. 133,826. 54,800   330   X   0. 133,826. 5			х						0.	0.	(
The public affairs   Tesu   26.25   X   0. 215,091.   88,08   131   MISTY   ISAK   14.00		29.75			x				0.	216,375.	88,606
32) STEVEN D. ALBANO     1.75       33) NETTIE EDWARDS     33.25         X     0.       1.75     0.       X     0.       1.75     0.       33,826     54,80		26.25			x				0.		88,080
TREASURER, TESU         33.25         X         0.         133,826.         54,80           33) NETTIE EDWARDS         8.75         .         <	AVP DIRECTOR OF DEVELOPMENT, TESU	21.00			х				0.	150,709.	61,71
33) NETTIE EDWARDS 8.75		33.25					х		0.	133,826.	54,802
SSISTANT CONTROLLER, TESU 26.25 X 0. 111,818. 45,79	33) NETTIE EDWARDS										
											l
										-	
											7.1.53
											<del></del>
							,				

Form 990 (2016)

Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response	or note to any line	e in this Part VIII			
	_ <del>-</del>	STOCK II OUTGOOD O COTE	a a 100p01136	S. Hoto to drij ilik	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts si	1 a	Federated campaigns	1a					
ira P		Membership dues	1b					
اڳي		Fundraising events	1c	136,770.				
# i		Related organizations	1d					
S, E		Government grants (contribut						
Sign		All other contributions, gifts, gran						
Per la	-	similar amounts not included abo		739,395.				
	a	Noncash contributions included in lines		19.431.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f		▶	876 165.			
		<u> </u>		Business Code				
9	2 a							
ه څ	b							
Program Service Revenue	С							
le ve	d							
9 E	е							
۾ ا	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f		<b>&gt;</b>				
	3	Investment income (including	dıvıdends, ınter	est, and		•		
		other similar amounts)		▶	194,528.			194,528.
	4	Income from investment of ta	x-exempt bond (	proceeds 🕨				
Ì	5	Royalties		<b>•</b>			1	
			(ı) Real	(ıı) Personal				
	6 a	Gross rents						
	b	Less: rental expenses				!		
	С	Rental income or (loss)						
	d	Net rental income or (loss)	, <del></del>	<b>•</b>				
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	5,513,172					
	b	Less: cost or other basis						
		and sales expenses	5,556,089					
	С	Gain or (loss)	<42,917	.⊳				
	d	Net gain or (loss)		<b></b>	<42,917.	>		<42,917.>
<u>o</u>	8 a	Gross income from fundraisin	g events (not					
en		including \$136	<u>,770.</u> of					
Other Revenu		contributions reported on line	1c) See					
e l		Part IV, line 18	а	109,305.				
		Less direct expenses	þ	125,372.				
		Net income or (loss) from fund	<u>-</u>	<b>•</b>	<16,067.	>		<u>&lt;16,067.</u> >
	9 a	Gross income from gaming ac	tivities See					
		Part IV, line 19	а					
		Less: direct expenses	b					
		Net income or (loss) from gam	-	<b>•</b>				
	10 a	Gross sales of inventory, less	returns			:		
		and allowances	а					1
		Less: cost of goods sold	b	·				
	c	Net income or (loss) from sale		<u> </u>				
		Miscellaneous Revenu	е	Business Code		1		
	11 a							
	b				÷ .			
	С							<del> </del>
	d	All other revenue				ļ		
	е	Total. Add lines 11a-11d		<b>&gt;</b>				<del> </del>
	12	Total revenue. See instructions.		<b></b>	1,011,709.	0.	0	
63200	9 11-1	1-16						Form <b>990</b> (2016)

Form 990 (2016) FOUNDATION, INC.

Part IX | Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must co	mplete column (A)	
	Check if Schedule O contains a respon				
	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	618,503.	618,503.		<del></del>
2	Grants and other assistance to domestic				
_	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16			-	<del></del>
4	Benefits paid to or for members	-			<del></del>
5	Compensation of current officers, directors,				
6	trustees, and key employees Compensation not included above, to disqualified			<del></del>	<u>, , , , , , , , , , , , , , , , , , , </u>
O	persons (as defined under section 4958(f)(1)) and	İ			
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages			<del></del>	
8	Pension plan accruals and contributions (include				
Ū	section 401(k) and 403(b) employer contributions)	ĺ			
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management	47,071.		47,071.	
b	Legal				
С	Accounting	41,556.		41,556.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	13,884.			13,884.
f	Investment management fees	26,198.		26,198.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	21,227.	21,227.		
13	Office expenses	16,800.		6,036.	10,764.
14	Information technology				
15	Royalties			<del></del>	
16	Occupancy			<del></del>	····
17	Travel				<del> </del>
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials		<del></del>	<del></del>	
19 20	Conferences, conventions, and meetings Interest	<del></del>		<del></del>	<del></del>
21	Payments to affiliates	<del></del>		<u></u>	
22	Depreciation, depletion, and amortization				
23	Insurance	1,098.		1,098.	
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.)				
а					
b					
C					
d				<del></del>	
	All other expenses	706 227	620 720	121 050	24 640
25	Total functional expenses. Add lines 1 through 24e	786,337.	639,730.	121,959.	24,648.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Part X	Balance Sheet		
	Check if Schedule O contains a response or note to any line in this Part X		
		(A) Beginning of year	<b>(B)</b> End of year
1	Cash - non-interest-bearing	1	
2	Savings and temporary cash investments	124,861. 2	175,478
3	Pledges and grants receivable, net	560,912. 3	274,000
4	Accounts receivable, net	4	
5	Loans and other receivables from current and former officers, directors,		•
	trustees, key employees, and highest compensated employees. Complete		
	Part II of Schedule L	5	
6	Loans and other receivables from other disqualified persons (as defined under		
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		
İ	employers and sponsoring organizations of section 501(c)(9) voluntary		
ets	employees' beneficiary organizations (see instr) Complete Part II of Sch L	6	
Assets	Notes and loans receivable, net	7	
8   8	Inventories for sale or use	8	
9	Prepaid expenses and deferred charges	15,458. 9	31,399
10a	Land, buildings, and equipment, cost or other		
	basis Complete Part VI of Schedule D	4	
t	752	10c	
11	Investments - publicly traded securities	3,202,492. 11	3,416,262
12	Investments - other securities. See Part IV, line 11	5,529,057. 12	5,930,620
13	Investments - program-related See Part IV, line 11	13	
14	Intangible assets	14	
15	Other assets See Part IV, line 11	54,098. 15	55,978
16	Total assets. Add lines 1 through 15 (must equal line 34)	9,486,878. 16	9,883,737
17	Accounts payable and accrued expenses	54,264. 17	69,044
18	Grants payable	793,087. 18	669,913
19	Deferred revenue		
20	Tax-exempt bond liabilities	20	
ဖွာ 21 ဖွာ 22	Escrow or custodial account liability. Complete Part IV of Schedule D	21	
Liabilities 52	Loans and other payables to current and former officers, directors, trustees,		
<u> </u>	key employees, highest compensated employees, and disqualified persons  Complete Part II of Schedule L		
<u>23</u>	Secured mortgages and notes payable to unrelated third parties	22	
24	Unsecured notes and loans payable to unrelated third parties	23	
25	Other liabilities (including federal income tax, payables to related third	24	
25	parties, and other liabilities not included on lines 17-24) Complete Part X of		
	Schedule D	25	
26	Total liabilities. Add lines 17 through 25	847,351. 26	738,957
120	Organizations that follow SFAS 117 (ASC 958), check here ► X and	047,331. 20	130,331
ဖွာ	complete lines 27 through 29, and lines 33 and 34.		
ဗို   <sub>27</sub>	Unrestricted net assets	3,731,584. 27	3,995,063
28	Temporarily restricted net assets	1,197,976. 28	1,240,659
29	Permanently restricted net assets	3,709,967. 29	3,909,058
<b>5</b>	Organizations that do not follow SFAS 117 (ASC 958), check here	27.027307.123	2,203,030
	and complete lines 30 through 34.		
30	Capital stock or trust principal, or current funds	30	
31	Paid-in or capital surplus, or land, building, or equipment fund	31	
27 28 29 30 31 32 32 32 32 32 32 32 32 32 32 32 32 32	Retained earnings, endowment, accumulated income, or other funds	32	
2 33	Total net assets or fund balances	8,639,527. 33	9,144,780
34	Total liabilities and net assets/fund balances	9,486,878.34	9,883,737
			Form <b>990</b> (2016

Form 990 (2016)

X Both consolidated and separate basis

Consolidated basis

review, or compilation of its financial statements and selection of an independent accountant?

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,

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

За

2c X

X

Separate basis

Act and OMB Circular A-133?

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2016

Open to Public Inspection

lan	e of t				STATE UNIVER	SITY				identification number
Do	rt I			TION, INC	Il organizations must co	loto the		o inetaletien		2-2117814
		<del></del>						e instruction	<b>&gt;.</b>	
	organ	•			For lines 1 through 12, o					
1	님	•		•	n of churches described			)(A)(i).		
2	닏				Attach Schedule E (Forn					
3	닏	•			ınızatıon described in <b>s</b> e			•	_	
4			rganizatio	n operated in cor	njunction with a hospita	described	ın sectio	n 170(b)(1)(A	)(iii). Enter i	the hospital's name,
	<del></del>	city, and state:								
5	$\mathbf{x}$				lege or university owner	d or operat	ed by a go	overnmental i	ınıt describ	ed in
		section 170(b)(1)(A)	<b>(iv).</b> (Com	plete Part II.)						
6	Ш	A federal, state, or loc	cal govern	ment or governm	nental unit described in	section 17	'0(b)(1)(A)	(v).		
7	Ш	An organization that i	normally r	eceives a substai	ntial part of its support t	rom a gov	ernmental	unit or from t	he general	public described in
		section 170(b)(1)(A)(	<b>(vi).</b> (Comp	olete Part II)						
8	Ш	A community trust de	escribed in	section 170(b)(	1)(A)(vi). (Complete Par	t II )				
9	Ш	An agricultural resear	rch organi	zation described	in section 170(b)(1)(A)(	ix) operate	ed in conju	nction with a	land-grant	college
		or university or a non	n-land-gran	t college of agric	ulture (see instructions)	Enter the	name, city	, and state o	f the colleg	e or
		university								
10		An organization that	normally r	eceives: (1) more	than 33 1/3% of its sup	port from	contribution	ons, member	ship fees, a	nd gross receipts from
		activities related to its	s exempt	functions - subjec	ct to certain exceptions,	and (2) no	more that	n 33 1/3% of	its support	from gross investment
		income and unrelated	d business	s taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the o	rganızatıon	after June 30, 1975.
		See section 509(a)(2	<b>2).</b> (Comple	ete Part III.)						
11		•		-	vely to test for public sa	-				
12		An organization organ	nızed and	operated exclusi	vely for the benefit of, t	perform t	he functio	ns of, or to c	arry out the	purposes of one or
		more publicly suppor	rted organ	ızatıons describe	d in <b>section 509(a)(1)</b> 0	r section (	509(a)(2)	See section	<b>509(a)(3)</b> . C	theck the box in
	_	_			f supporting organization					
а					upervised, or controlled					
		the supported orga	anızatıon(s	) the power to re	gularly appoint or elect	a majority o	of the direc	ctors or trust	es of the s	upporting
	_	organization. You r		•						
b		• •			or controlled in connec					
		control or manager	ment of th	e supporting orga	anization vested in the s	ame perso	ons that co	ontrol or man	age the sup	ported
	_	organization(s). Yo	u must co	omplete Part IV,	Sections A and C.					
C			lly integra	t <b>ed.</b> A supporting	g organization operated	in connec	tion with, a	and functions	ılly ıntegrate	ed with,
	_	_ ''		•	). You must complete	-	-	-		
d			tionally in	t <b>egrated.</b> A supp	orting organization ope	ated in co	nnection v	vith its suppo	rted organi	zation(s)
		that is not function	ally integra	ated The organiz	ation generally must sa	tisfy a disti	ribution re	quirement an	d an attent	veness
	_	_ ' '		•	nplete Part IV, Section	•				
е					written determination fro			ι Type I, Type	II, Type III	
					nally integrated support	ing organiz	zation			
		er the number of supp	•							
g		vide the following infor i) Name of supported	rmation ab	out the supporte	d organization(s) (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount o	f monetary	(vi) Amount of other
	,	organization		(11) =114	(described on lines 1-10	in your govern	ng document?	support (see i	-	support (see instructions)
					above (see instructions))	Yes	No			
										<del></del>
			<u> </u>		<del></del>				<del></del>	
		-								
						<del> </del>			<del></del>	
Tate	a I					1		1		

	HOMAS EDI		UNIVERSI	TY	00 0115	7014
Schedule A (Form 990 or 990-EZ) 2016 F Part II Support Schedule for	Organizations	, INC.	Sections 170/	h)(1)(Δ)(iv) and	1 170(b)(1)(A)(vi	7814 Page 2
(Complete only if you checke	_					•
fails to qualify under the tests			-	Trailed to quality t		organization.
Section A. Public Support		<del></del>	<del></del>		·	
Calendar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and	(a) ZO IZ	(6) 2010	(0) 20 14	(4) 2010	(6) 2010	
membership fees received. (Do not						
include any "unusual grants ")	490.534	547,014.	1,976,109.	721,096.	876,165.	4,610,918.
2 Tax revenues levied for the organ-	230,002	01//0110	1,5,0,105,			
ization's benefit and either paid to						
or expended on its behalf						
3 The value of services or facilities		-				
furnished by a governmental unit to	1					
the organization without charge	224,849.	224,590.	243,726.	254,146.	255,791.	1,203,102,
4 Total. Add lines 1 through 3	715,383.		2,219,835.	975,242.		5,814,020.
5 The portion of total contributions	-	-				
by each person (other than a	1					
governmental unit or publicly						
supported organization) included						
on line 1 that exceeds 2% of the						
amount shown on line 11,						
column (f)						1,226,186.
6 Public support. Subtract line 5 from line 4						4 587 834.
Section B. Total Support		<u> </u>				
Calendar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	715,383.	771,604.	2,219,835.	975,242.	1,131,956.	5,814,020.
8 Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties	170 202	160 003	222 472	275 412	104 520	
and income from similar sources	178,293.	109,003.	344,4/3.	4/5,413.	194,528.	1,139,790.
9 Net income from unrelated business						
activities, whether or not the						
business is regularly carried on  10 Other income Do not include gain				<del></del>		
or loss from the sale of capital						
assets (Explain in Part VI)						
11 Total support. Add lines 7 through 10						6,953,810.
12 Gross receipts from related activities	, etc. (see instructi	ons)			12	0,300,010,
13 First five years. If the Form 990 is fo			d, fourth, or fifth ta	ax year as a sectio		· <u></u>
organization, check this box and sto	-	, ,	. ,	•	. , , ,	▶□
Section C. Computation of Pub	ic Support Pe	rcentage				
14 Public support percentage for 2016 (	line 6, column (f) d	ivided by line 11, c	olumn (f))		14	65.98 %
15 Public support percentage from 2015	5 Schedule A, Part	II, line 14			15	66.13 %
16a 33 1/3% support test - 2016. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
stop here. The organization qualifies	as a publicly supp	orted organization				$\triangleright x$
h 22 1/2% support test - 2015. If the	organization did no	t check a hov on I	ing 13 or 16a and	line 15 is 33 1/3%	or more, check the	s hoy

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

Schedule A (Form 990 or 990-EZ) 2016

17a 10% -facts-and-circumstances test - 2016. 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

b 10% -facts-and-circumstances test - 2015. 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

and stop here. The organization qualifies as a publicly supported organization

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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Schedule A (Form 990 or 990-EZ) 2016 FOUNDATION, INC.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(C	omplete	on	ly rf	yo	u ch	ieck	ed t	the l	box (	on line	10 (	of Pa	rt I	or if	the	orgai	nızatıc	n fa	uled to	o qual	ıfy ι	ınder	Part I	l If th	ео	rgan <sup>i</sup>	izatıo	n faıl	ls to
				_		_																							

qualify under the tests listed	below, please com	plete Part II.)				
Section A. Public Support			T	<del></del>	<del></del>	·
Calendar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<ol> <li>Gifts, grants, contributions, and</li> </ol>						
membership fees received. (Do not						
include any "unusual grants ")						<u></u>
2 Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities	- 1- 11/1					
furnished by a governmental unit to						
the organization without charge	<b>'</b>					
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and	a					<del> </del>
3 received from disqualified person						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesse acquired after June 30, 1975	s					
c Add lines 10a and 10b						
11 Net income from unrelated busines activities not included in line 10b, whether or not the business is regularly carried on	s					
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 Total support. (Add lines 9, 10c, 11, and 12	· · · · · · · · · · · · · · · · · · ·	<u>L</u>				<u> </u>
14 First five years. If the Form 990 is	for the organization'	s first, second, thir	d, fourth, or fifth t	ax year as a section	i 501(c)(3) organi	zation,
check this box and stop here						
Section C. Computation of Pul	olic Support Pe	ercentage				
15 Public support percentage for 2016	• • • • • • • • • • • • • • • • • • • •	•	column (f))		15	<u>%</u>
16 Public support percentage from 20					16	%
Section D. Computation of Inv						<del></del>
17 Investment income percentage for			ne 13, column (f))	_	17	%
18 Investment income percentage from	•	,		L	18	%
19a 33 1/3% support tests - 2016. If the						17 is not
more than 33 1/3%, check this box	and stop here. The	e organization qual	ifies as a publicly	supported organiza	tion	
b 33 1/3% support tests - 2015. If the	-					. $\square$
line 18 is not more than 33 1/3%, c		-				
20 Private foundation. If the organiza	ion did not check a	box on line 14, 19	a, or 19b, check ti	his box and see inst	ructions	

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### Schedule A (Form 990 or 990-EZ) 2016 FOUNDATION, INC.

Part IV Supporting Organizations

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

	tion A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		1.00	110
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
За	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			1
	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	ļ	ļ <u>.</u>
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
_	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b 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? If "Yes," describe in Part VI how the organization had such control and discretion			
_	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
50	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	40		
Ja	answer (b) and (c) below (if applicable) Also, provide detail in <b>Part VI</b> , 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			ļ
	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		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?		1	
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	ļ	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	ın section 509(a)(1) or (2))? İf "Yes," provide detail in <b>Part VI.</b>	<u>9a</u>	<u> </u>	
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	-	
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
40	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		<del> </del>
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	40-		
L	supporting organizations)? If "Yes," answer 10b below.	10a	+	<del>                                     </del>
IJ	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to		1	i

determine whether the organization had excess business holdings)

		211/81	4 Pa	<u>age 5</u>
га	rt IV   Supporting Organizations (continued)			Γ
	Here the argenization accounted a gift or contribution from any of the fallering a group of		Yes	No
11	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?	440		
l.		11a	-	$\vdash$
	A family member of a person described in (a) above?	11b		<del></del>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	l	<u> </u>
000	Mon D. Type I dupporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	140
•	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	-		
2	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		
Sec	stion C. Type II Supporting Organizations		l	
	nion of Type in cupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			1
	the supported organization(s)	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see Instruction	s).		
а	The organization satisfied the Activities Test Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instructions	:)	
2	Activities Test Answer (a) and (b) below.		Yes	No
а	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		ļ
b	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.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	1		
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		<u> </u>

Schedule A (Form 990 or 990-EZ) 2016

<u>Sche</u>	dule A (Form 990 or 990-EZ) 2016 FOUNDATION, INC.			22-2117814 Page 6
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7_	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	-	
2	Enter 85% of line 1	2		
3	Mınımum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrat	ed Type III supporting or	ganization (see
	lea automateur			

Schedule A (Form 990 or 990-EZ) 2016

	dule A (Form 990 or 990 EZ) 2016 FOUNDATION, I			2-211/814 Page 7
	1 Type III Ttoll 1 allotterially liftegrated eco	(a)(3) Supporting Orga	inizations (continued)	
	ion D - Distributions			Current Year
_1_	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	<u>s</u>	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)		<del></del>	
6	Other distributions (describe in Part VI) See instructions	<del></del>		
7	Total annual distributions. Add lines 1 through 6		<del></del>	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	,	
	(provide details in Part VI). See instructions			<del>-</del>
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	(n)		(111)
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1_	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI) See instructions		·	
3	Excess distributions carryover, if any, to 2016:			
a				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i_	Carryover from 2011 not applied (see instructions)			
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$		***	
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
_8_	Breakdown of line 7:			
a				
b	Excess from 2013			
_ <u>c</u>	Excess from 2014			
d	Excess from 2015			
e	Excess from 2016			J

Schedule A (Form 990 or 990-EZ) 2016

### THOMAS EDISON STATE UNIVERSITY Schedule A (Form 990 or 990-EZ) 2016 FOUNDATION, INC. 22-2117814 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information. (See instructions)

### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

### Supplemental Financial Statements

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

OMB No 1545-0047

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. THOMAS EDISON STATE UNIVERSITY

**Employer identification number** Name of the organization FOUNDATION, INC. 22-2117814 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last 2 day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2h Number of conservation easements on a certified historic structure included in (a) 2¢ Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) R and section 170(h)(4)(B)(ii)? Yes Nο In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

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

632051 08-29-16

Schedule D (Form 990) 2016

THOMAS EDISON STATE UNIVERSITY

Schedule D (Form 990) 2016 FOUNDATION, INC.

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

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

Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	easures, or Oth	<u>er Simila</u>	r Asset	S(contir	nued)	
3	Using the organization's acquisition, accessing	on, and other records	s, check any of the	following that are a	significant u	se of its c	ollectio	n item	s
	(check all that apply)								
а	Public exhibition	d	Loan or excl	hange programs					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further th	ne organization's exe	empt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, historical treas	sures, or other simila	ar assets				_
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arran		te if the organization	n answered "Yes" o	n Form 990,	Part IV, II	ne 9, or		
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodi	an or other intermed	ary for contribution	s or other assets no	t included			_	7
	on Form 990, Part X?					لــا	Yes	_	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table.						
							Amoun	<u>t</u>	
	Beginning balance				1c				
	Additions during the year				1d				
e	Distributions during the year			•	1e				
f	Ending balance	000 Dad V Las	04		1f				1
	Did the organization include an amount on Fo				•		Yes	<u> </u>	∐ No
	If "Yes," explain the arrangement in Part XIII  T V Endowment Funds. Complete if								
	Endownient i dras. Complete					are back	(a) Four		hack
10	Beginning of year balance	(a) Current year	(b) Prior year	(c) Two years back	(d) Three ye	7.707.	(e) Four		
_	Contributions	4,907,943.	5,030,845.	4,501,169.					656,
b	Net investment earnings, gains, and losses	199,226.	<u>58,246,</u>	415,721.	1	7 146.			189.
ч С	Grants or scholarships	236,916, 113,913,	69,616. 165,262.	366,818. 115,630.	l	7.405. 18.395.			427.
	Other expenditures for facilities	113,913.	103,202.	113,630,	1	10,393.		141,	071.
٠	and programs			50,787.					
f	Administrative expenses	80,455.	85,502.	86,446.	12	2 694		8.4	494.
g	End of year balance	5,149,717.	4.907.943.	5,030,845.		1 169.	3		707.
2	Provide the estimated percentage of the curr				1 4,50	,1,102.		<u>, , , , ,</u>	707.
a	Board designated or quasi-endowment	on your one balance	%	-,, <u></u>					
	Permanent endowment ► 76.00	%	<b>-</b> ^~						
		4.00 %							
•	The percentages on lines 2a, 2b, and 2c sho								
За	Are there endowment funds not in the posse	· ·	tion that are held a	nd administered for	the organiza	ation			
	py.	3			Ŭ		[	Yes	No
	(i) unrelated organizations						3a(i)		X
	(ii) related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?				3b		
4_	Describe in Part XIII the intended uses of the	organization's endo	wment funds						
Par	rt VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a S	See Form 990, Part X	(, line <u>10</u>				
	Description of property	(a) Cost or ot basis (investm	, , ,	' '	Accumulated epreciation	i (	( <b>d)</b> Boo	k valu	B
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment								
е	Other								
otal	l. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, column (B), line 1	0c.)					0.

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 FOUNDATION,	INC.		22-2117814 Page 3
Part VII Investments - Other Securities.			
' Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. See Form 990, Part X, line 1:	2
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cos	t or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) OVERLAY A PORTFOLIO CLASS			
(B) <b>I</b>	1,907,253.	END-OF-YEAR MAI	RKET VALUE
(C) BERNSTEIN INTERMEDIATE			
(D) DURATION PORTFOLIO (1)	1,537,032.	END-OF-YEAR MAI	RKET VALUE
(E) BERNSTEIN INTERNATIONAL			
(F) PORTFOLIO (1)	1,032,741.	END-OF-YEAR MAI	RKET VALUE
(G) AB GLOBAL BOND FUND-	2,002,7220		
(H) ADV(1)	1,453,594.	END-OF-YEAR MAI	RET VALUE
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	5,930,620.		
Part VIII Investments - Program Related.	2,25,0,020,1		· · · · · · · · · · · · · · · · · · ·
Complete if the organization answered "Yes"	on Form 990 Part IV line 1	1.c. See Form 990 Part Y line 1	a
(a) Description of investment	(b) Book value		st or end-of-year market value
	(5) 20011 14.40	(0)	
(1)			
(2)			
(3)			·-·
(4)			
(5)			
(6)			
(8)			
(9)		<del> </del>	
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
<u></u>	F 000 D- + IV I 4	14 d O F 000 Bt V b 1	-
Complete if the organization answered "Yes"	Description	11d See Form 990, Part X, line 1	5. (b) Book value
	Description		(b) Book value
(1)			
(2)			
(3)			
(5)			
(6)		<del></del>	
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"			, line 25.
1. (a) Description of liability	(	b) Book value	
(1) Federal income taxes			
(2)			
(3)		<del></del>	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X Schedule D (Form 990) 2016

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Schedule D (Form 990) 2016 FOUNDATION, INC.			<u> 22-2</u>	<u> 2117814</u>	Page 4		
Part XI Reconciliation of Revenue per Audited Financial	Statements With	Revenue per R	eturn	l•			
Complete if the organization answered "Yes" on Form 990, Part I	/, line 12a						
1 Total revenue, gains, and other support per audited financial statements			1	1,672	<u>753.</u>		
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12.							
a Net unrealized gains (losses) on investments	2a	279,881.					
b Donated services and use of facilities	2b	255,791.					
c Recoveries of prior year grants	2c						
d Other (Describe in Part XIII)	2d	125,372.					
e Add lines 2a through 2d			2e		<u>,044.</u>		
3 Subtract line 2e from line 1			3	1,011	<u>,709.</u>		
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1						
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		1				
b Other (Describe in Part XIII.)	4b				_		
c Add lines 4a and 4b			4c		0.		
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			_5	1,011	<u>,709.</u>		
Part XII Reconciliation of Expenses per Audited Financial		h Expenses per	Retu	rn.			
Complete if the organization answered "Yes" on Form 990, Part I	V, line 12a						
1 Total expenses and losses per audited financial statements			_1	1,167	<u>,500.</u>		
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1						
a Donated services and use of facilities	2a	255,791.					
<b>b</b> Prior year adjustments	2b		}				
c Other losses	2c	<del></del>					
d Other (Describe in Part XIII.)	2d	125,372.					
e Add lines 2a through 2d			2e	381	<u>,163.</u>		
3 Subtract line 2e from line 1			3	786	,337.		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1						
a Investment expenses not included on Form 990, Part VIII, line 7b	<u>4a</u>						
b Other (Describe in Part XIII.)	4b				_		
c Add lines 4a and 4b			4c		0.		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 18.)		_5	<u>.                                    </u>	,337.		
Part XIII Supplemental Information.							
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a a			4; Part	X, line 2, Part	XI,		
lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide	de any additional infor	mation.					
DADE U ITHE A.							
PART V, LINE 4:		<del></del>					
ENDOUNCEME COMES THE THE COMES OF	A COOTINIES T		mue				
ENDOWMENT FUNDS HELD ARE IN INVESTMENT	ACCOUNTS, F	CETURNS ON	THE	<del></del>			
TANGER MANUAL AND THE THE MANUAL COURT AND CHILD	דים של משנדים	משונים אווונים	יסמת		ATD C		
INVESTMENTS ARE USED TO FUND SCHOLARSHI	PS TO STUDE	ENTS OR TO	PRO	AIDE LOI	פֿעאַ		
MO MUD MUONA O DOTGON CMAMO INTURDOTMU A	ND THE DDGG		DOT.	7177 MBD 1	737		
TO THE THOMAS EDISON STATE UNIVERSITY A	ND ITS PROG	RAMS, AS D	EST	SNATED I	3 Y		
THE OPTOTAL ENDOUGHENT OFF							
THE ORIGINAL ENDOWMENT GIFT.							
	<del></del>	<del></del>					
DADE W ITHE O							
PART X, LINE 2:				<del></del>			
ACCOUNTING DRIVING TO CONTRACT ACCORD	D TN MIIN IN	TIMED COAME	a 0.	n awant	~ ~		
ACCOUNTING PRINCIPLES GENERALLY ACCEPTE	D IN THE UN	NITED STATE	<u>S</u> 0.	F. WWEKTO	<u>:A</u>		
REQUIRE MANAGEMENT TO EVALUATE TAX POSI	TIONS TAKEN	BY THE FO	UND	ATION AL	עע		
	~~~~~~~~~						
RECOGNIZE A TAX LIABILITY IF THE FOUNDATION HAS TAKEN AN UNCERTAIN							
2007 TOWN BY WORD	D MAR DE 2-		<b>~~</b> .	m.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DT 031		
POSITION THAT MORE LIKELY THAN NOT WOUL	NOT BE SU	ISTALNED UP	ON :	EXAMINA'	TTON		
DI MANTANA ANIMANDAMANA ANIMANDAMANDA		\TTXTD 3 MT ^\T \	m 3 ·	u boatm	T 0370		
BY TAXING AUTHORITIES. MANAGEMENT EVALU	ATED THE FO	NUNDATION S					
632054 08-29-18			Sched	dule D (Form 9	990) 2016		

Schedule D (Form 990) 2016 FOUNDATION, INC.	22-2117814 Page 5
Part XIII Supplemental Information (continued)	
AND CONCLUDED THAT THE FOUNDATION HAD TAKEN NO UN	CERTAIN TAX POSITIONS
THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMEN	ITS TO COMPLY WITH THE
TIME THANCIAL STATEMEN	AIS TO COMPET WITH THE
PROVISIONS OF THIS GUIDANCE.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES	125,372.
	W
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
EINDEATCING EVDENCEC	105 270
FUNDRAISING EXPENSES	125,372.
<del></del>	
	-

Schedule D (Form 990) 2016

### SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

2010

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Name of the organization

Name of the organization

Name of the organization

Name of the organization

THOMAS EDISON STATE UNIVERSITY

Employer

Employer identification number

FOUNDATION, INC. 22-2117814 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Internet and email solicitations □ Solicitation of government grants X Phone solicitations g X Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? X Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts (or retained by) to (or retained by) (ii) Activity have custody or entity (fundraiser) fundraiser from activity or control of organization listed in col (i) contributions? LESTER INC. - 19 BUSINESS Yes No PARK DRIVE BRANFORD CT FUNDRAISING EFFORTS 38,378 24.494. 38,378 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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2016

Schedule G (Form 990 or 990-EZ) 2016 FOUNDATION, INC.

22-2117814 Page 2

	ırţ ı	of fundraising events. Complete if the	=		·	
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
		'	GALA	GOLF OUTING		col. (c))
ne			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	142,260.	103,815.		246,075.
	2	Less: Contributions	81,095.	55,675.		136,770.
	3	Gross income (line 1 minus line 2)	61,165.	48,140.		109,305.
	4	Cash prizes				
Š	5	Noncash prizes	9,595.	3,175.		12,770.
Direct Expenses	6	Rent/facility costs				
Irect E	7	Food and beverages	39,223.	49,908.		89,131.
	8	Entertainment	4,000.			4,000.
	9	Other direct expenses	17,811.	1,660.		19,471.
	10	Direct expense summary Add lines 4 through	n 9 ın column (d)		<b>•</b>	125,372.
		Net income summary. Subtract line 10 from li	ine 3, column (d)			<16,067.
Pa	art		answered "Yes" on Forr	n 990, Part IV, line 19, or i	reported more than	
	_	\$15,000 on Form 990-EZ, line 6a	T	T		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col (c))
B	1	Gross revenue				
ses	2	Cash prizes			440	
Expen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes %	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 ın column (d)		•	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>	
		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming a				└── Yes └── No
t	) If '	'No," explain:				
	_			- T		
		ere any of the organization's gaming licenses re				Yes No
	, it . —	"Yes," explain.				
	_	<u></u>				
6320	82 0	99-12-16			Schedule G (Fo	rm 990 or 990-EZ) 2016

	THOMAS EDISON STATE UNIVERSITY			
		<u> 21178</u>		Page 3
	Does the organization conduct gaming activities with nonmembers?	L Ye	es	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	L Y	es	L No
	Indicate the percentage of gaming activity conducted in	1		0.4
	The organization's facility	13a		%
	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records.			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Y	es	∟ No
b	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party > \$			
C	: If "Yes," enter name and address of the third party			
	Name			
	Address			
16	Gaming manager information			
	Name	<del></del>		<del></del> _
	Gaming manager compensation > \$			
	Decomption of convece provided			
	Description of services provided			<del></del>
		_		
	Director/officer Employee Independent contractor			
17	Mandatory distributions			
	I Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	□ Y	es	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		-	
	organization's own exempt activities during the tax year > \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (v), and Part III, II 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	ines 9, 9	b, 10	b, 15b,
	100, 10, and 170, as applicable. Also provide any additional morniation occurred			
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISE	₹S:		
(I	) NAME OF FUNDRAISER: LESTER INC.			
7=	THE OF CONDUCTION. BODIES INC.			
(I	) ADDRESS OF FUNDRAISER: 19 BUSINESS PARK DRIVE, BRANFORD, CT	064	05	
				<u> </u>

632083 09-12-16

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Part IV Supplemental Info	FOUNDATION, INC. rmation (continued)	22-2117814 Page 4
a civ Supplemental into	Tination (continued)	
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		<del></del>
		<del></del>

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

2016
OMB No. 1545-0047
Open to Public Inspection

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

2 | **Employer identification number** 22-2117814 SCHOLARSHIPS TO STUDENTS ROGRAMS AS SPECIFIED BY THE REQUIREMENTS OF THE (h) Purpose of grant AS DESIGNATED BY THE SRANTS TO UNIVERSITY REQUIREMENTS OF THE or assistance X Yes 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 CONORS. ONORS, Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) o, (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant 106,336, 512,167, Enter total number of section 501(c)(3) and government organizations listed in the line 1 table THOMAS EDISON STATE UNIVERSITY (c) IRC section (if applicable) 501(A) 501(A) Enter total number of other organizations listed in the line 1 table 22-2942727 22-2942727 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? FOUNDATION, 1 (a) Name and address of organization THOMAS EDISON STATE UNIVERSITY THOMAS EDISON STATE UNIVERSITY or government 111 WEST STATE STREET 111 WEST STATE STREET Name of the organization TRENTON, NJ 08608 TRENTON, NJ 08608 Part I Part

Schedule I (Form 990) (2016)

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

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Schedule I (Form 990) (2016) FOUNDATION, INC.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III Grants and Other Assistance to Bomestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV   Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b), and any other additional information.	quired in Part I, lin	e 2; Part III, column	(b), and any other ad	dditional information.	
SCHEDULE I, LINE 2, PART 1					
THE FOUNDATION DISCLOSES THE AMOUNT OF		TRIBUTIONS	CONTRIBUTIONS AND ASSISTANCE	TANCE	
GRANTS MADE TO THE UNIVERSITY THROUGH		LOSURE IN	DISCLOSURE IN THE BOARD MINUTES	MINUTES	
AND ITS FINANCIAL STATEMENTS. GRA	GRANTS ARE	APPROVED B	ARE APPROVED BY THE BOARD AND	D AND	
TH	SCHOLARSH	IP COMMITT	EE TO ENSU	RE	
INDIVIDUALS FIT THE DESIGNATED REQUIREMENTS.	QUIREMENT	ς.			

Schedule I (Form 990) (2016)

### **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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Part I Questions Regarding Compensation

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. THOMAS EDISON STATE UNIVERSITY

FOUNDATION, INC.

22-2117814

**Employer identification number** 

Schedule J (Form 990) 2016

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items			
	X First-class or charter travel X Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  X Health or social club dues or initiation fees			
	X Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	х	ĺ
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	х	ĺ
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's	(	ĺ	(
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to		ŀ	
	establish compensation of the CEO/Executive Director, but explain in Part III.		1	<b>!</b>
	Compensation committee X Written employment contract			ļ
	Independent compensation consultant  X Compensation survey or study	İ		ĺ
	Form 990 of other organizations  X Approval by the board or compensation committee	!		}
			Ì	
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			Ì
	organization or a related organization		i	
а	Receive a severance payment or change-of-control payment?	_4a_		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	<u> </u>
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	!		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	ļ		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		1	
	contingent on the revenues of.	ļ		ļ
а	The organization?	<u>5a</u>	<u> </u>	X
b	Any related organization?	_5b	⊢—	X
	If "Yes" on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	ļ		Į.
	contingent on the net earnings of.			
а		_6a_	<u> </u>	X
b	Any related organization?	_6b		X
	If "Yes" on line 6a or 6b, describe in Part III.	ļ	ļ	
7				
	not described on lines 5 and 6? If "Yes," describe in Part III	<del>-7</del>		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	_		
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8_		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	١.		
	Regulations section 53 4958-6(c)?	9	1	l

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

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22-2117814

FOUNDATION, INC.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2016

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 aren't listed on Form 990, Part VIII.

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.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	ple	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denems	(a)-(i)(a)	in column (b) reported as deferred on prior Form 990
(1) DR. GEORGE A. PRUITI	(	0	0	0	0	0	0	0
SIDENT, TESU	E	361,939.	0	0	35,786.	120,594.	518,319.	0
(2) CHRISTOPHER STRINGER	ε	0	0	0		0	• 0	0
Tr.	(ii)	216,375.	0.	0	17,310.	71,296.	304,981.	0.
(3) JOHN P. THURBER	(3)	0	0	• 0	• 0	0.		0
PUBLIC	: E	215,09	0	0	21,832.	66,248.	303,171.	0
ļ	Ξ		0	0	0	0	0	0
-	(E)	150,709.	0	0	12,057.	49,659.	212,42	0
(5) STEVEN D. ALBANO	ε		0	0	0	0	0	0
Ą	(ii)	133,82	0.	0	10,706.	44,096.	188,628.	0
	(i)	0	0	0	0	0.	0	0
H	(ii)	111,818.	0.	0	11,350.	34,440.	157,608.	0.
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Schedule J (Form 990) 2016

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FOUNDATION, INC.

Part III Supplemental Information

Schedule J (Form 990) 2016

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. ORGANIZATION, THOMAS EDISON STATE UNIVERSITY. SOCIAL DUES OF \$3,366 FOR DR. NONQUALIFIED DEFERRED COMPENSATION OF \$6,831 PROVIDED TO DR. GEORGE PRUITT GEORGE PRUITT OF \$68,700 BY RELATED GEORGE PRUITT WERE PAID BY RELATED ORGANIZATION, THOMAS EDISON STATE BY RELATED ORGANIZATION, THOMAS EDISON STATE UNIVERSITY HOUSING ALLOWANCE PROVIDED TO DR. PART I, LINE 4B: LINE 1A: UNIVERSITY. PART I,

Schedule J (Form 990) 2016

### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Inspection

Name of the organization

THOMAS EDISON STATE UNIVERSITY

Employer identification number

FOUNDATION, INC.   22-2117814
FORM 990, PART VI, SECTION A, LINE 4:
THE FOUNDATION'S BOARD OF DIRECTORS APPROVED A RESOLUTION TO CHANGE THE
NAME OF THE FOUNDATION TO THOMAS EDISON STATE UNIVERSITY FOUNDATION, INC.,
EFFECTIVE JANUARY 1, 2016. THE FOUNDATION REVISED THE BYLAWS AND OTHER
REQUIRED DOCUMENTS FOR THE NAME CHANGE ACCORDINGLY.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FOUNDATION'S AUDIT COMMITTEE INITIALLY REVIEWS AND APPROVES THE FORM
990. THE FORM 990 IS THEN DISTRIBUTED TO THE ENTIRE BOARD FOR REVIEW BEFORE
IT IS FILED WITH THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C:
THE FOUNDATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE
WITH THE CONFLICT OF INTEREST POLICY BY BOTH REQUIRING ANNUAL SIGNED
STATEMENTS FROM EACH DIRECTOR, PRINCIPAL OFFICER OR COMMITTEE MEMBER AND BY
CONDUCTING PERIODIC REVIEWS.
FORM 990, PART VI, SECTION C, LINE 19:
THE FOUNDATION MAKES GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL
STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.
FORM 990 PAGE 12 PART XII QUESTION 2C
WITH RESPECT TO THE FOUNDATION'S RESPONSIBILITY FOR OVERSIGHT OF THE
AUDIT, THE FOUNDATION HAS NOT CHANGED ITS OVERSIGHT OR SELECTION
PROCESS DURING THE TAX YEAR.

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

Schedule O (Form 990 or 990-EZ) (2016)

(g) Section 512(b)(13) controlled Schedule R (Form 990) 2016 ž Employer identification number 22-2117814Open to Public Inspection × OMB No 1545-0047 2016 entity? Direct controlling Yes entity 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 Direct controlling entity End-of-year assets status (if section Public charity 501(c)(3)) <u>e</u> Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. THOMAS EDISON STATE UNIVERSITY Total income Related Organizations and Unrelated Partnerships Exempt Code ਉ section ਉ 501(A) Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or Legal domicile (state or foreign country) foreign country) ▶ Attach to Form 990. NEW JERSEY HIGHER EDUCATION FOR Primary activity Primary activity 9 WORKING ADULTS For Paperwork Reduction Act Notice, see the Instructions for Form 990. FOUNDATION, INC. THOMAS EDISON STATE UNIVERSITY - 22-2942727 Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity (a) 111 WEST STATE STREET Name of the organization FRENTON, NJ 08608 Department of the Treasury internal Revenue Service SCHEDULE R (Form 990) PartII Parti

THOMAS EDISON STATE UNIVERSITY FOUNDATION, INC.

22-2117814

Page 2

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Schedule R (Form 990) 2016 FOUNDATION, IN

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

(a)	(g)	(3)	(p)	(e)		€	(b)		3	ε	(0)		(K)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	itrolling y	Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of total income	S end	I	onate So	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	General or Percentage managing ownership partner?	entage ership
Part IV organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Related Organization of Relate	ganizations Taxable a	s a Corpo g the tax y Prima	corporation or Trust. Cotax year (b) Primary activity	(c) (c) Legal domicile (state or foreign country)	e organization ans (d) Direct controlling entity	lling Type or t	rered "Yes" on Form  (e)  Type of entity (C corp, S corp, or trust)	(f) Share of total	IV, line 34	(g) Share of end-of-year assets	d one or mo (h) Percentage ownership	more rela	(i) Section 512(b)(13) controlled entity?
				-									
							:						
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# Schedule R (Form 990) 2016 FOUNDATION, INC.

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes ,No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more r	elated organizations listed	ın Parts II-IV?	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	•			1a X
b Gift, grant, or capital contribution to related organization(s)				ф Х
c Gift, grant, or capital contribution from related organization(s)				1c X
d Loans or loan guarantees to or for related organization(s)				1d X
e Loans or loan guarantees by related organization(s)				1e X
f Dividends from related organization(s)				×
g Sale of assets to related organization(s)				19 X
h Purchase of assets from related organization(s)				th X
i Exchange of assets with related organization(s)				i=
j Lease of facilities, equipment, or other assets to related organization(s)				1; X
k Lease of facilities, equipment, or other assets from related organization(s)				٦ X
Performance of services or membership or fundraising solicitations for related organization(s)	ınızatıon(s)			
m Performance of services or membership or fundraising solicitations by related organization(s)	ınızatıon(s)			# X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			부
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				10 X
p Reimbursement paid to related organization(s) for expenses				1p X
				1g X
<ul> <li>other transfer of cash or property to related organization(s)</li> <li>Other transfer of cash or property from related organization(s)</li> </ul>				1 X X
	who must complete t	his line, including covered	relationships and transaction thresholds	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	peviovn
(1)				
[2]				
<b>+</b>				
(9)	}			
(9)				
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## THOMAS EDISON STATE UNIVERSITY FOUNDATION, INC.

Schedule R (Form 990) 2016

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.

	(4)	3			(2)	3	5	6	3
(a) Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income partners sec (related, unrelated, 501(g)(3)	Share of total	(9) Share of end-of-vear	Dispropor- tonate	Dispropor Code V-UBI General or Percentage bottle amount in box 20 managing ownership	Seneral or managing	
		country)	excluded from tax under sections 512-514) Yes No	_	assets	Yes No	of Schedule K-1 (Form 1065)	Yes No	
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Schedule R (Form 990) 2016

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